

HEALTHCARE WASTE COLLECTION REFERRAL FORM

Sections to be completed by a Healthcare Professional – Strictly Confidential

PATIENT'S DETAILS

Patient's Name	
Patient's Address (Including Postcode)	
Patient's Telephone Number	

HEALTHCARE ASSESSMENT OF INTENDED WASTE RESULTING FROM TREATMENT	Tick category
YELLOW SHARPS BOX	Infectious sharps contaminated with medicines
YELLOW SHARPS BOX PURPLE LID	Infectious sharps contaminated with cytotoxic / cytostatic products
ORANGE SACK	Infectious waste that can be treated
OFFENSIVE	Waste that is not infectious and does not require specialist treatment or disposal

HEALTHCARE PROFESSIONAL DETAILS

(To include Healthcare Professional; Name, contact number, address, fax or email - stamp may be used)

THE CAMBRIDGE PRACTICE
 276 LOWER FARNHAM ROAD
 ALDERSHOT HAMPSHIRE
 GU11 3RB
 TEL 01252 344868
 FAX 01252 311623

**Declaration to be completed by PATIENT if PATIENT is submitting referral form to Local Authority
Only waste as described above should be presented by the Patient under this referral**

Print Name	Signature	Date
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**Once complete Healthcare Professional or Patient to send form to
Local Authority collection service (details on reverse of form)**

Additional information for Hampshire Local Authority use only

Local Authority Reference Number	
Property type and Pick up location	
Likely frequency and duration of requirement <i>(e.g. weekly, on request)</i>	
Sharps Box collection service (tick requirement)	Sack collection service (tick requirement)
Deliver sharps box	Deliver sacks
Collect and replace box	Collect and replace sacks
Collect only no replacement	Collect only no replacement

HEALTHCARE WASTE COLLECTION REFERRAL FORM - HAMPSHIRE LOCAL AUTHORITY CONTACT DETAILS

Local Authority	Department Contact	Postal Address	Telephone Number	Healthcare Professional use only	
				Fax Number	Email address
Rushmoor Borough Council	Contracts Team	RBC Healthcare Waste, Council Offices, Farnborough Road, Farnborough, Hampshire, GU14 7JU	01252-398399	n/a	healthcare.waste@rushmoor.gov.uk