

Clinical Waste Collection

Confirmation of need for Collection

(This form is to be completed by General Practitioner)

Name of patient:
Address:
Telephone Number:
Type of waste generated:

I confirm that the above named patient requires a clinical waste collection which may contain any of the following: human tissue, blood or bodily fluids, excretions, drugs or other pharmaceutical products such as swabs, dressings, or syringes, needles or other sharp instruments, and is waste which unless rendered safe may prove hazardous or cause infection to any person coming into contact with it.

Sign (General Practitioner):

Date:

Print Name of General Practitioner:

Address Stamp:

Please return the completed form to: Basildon Borough Council, Street Scene, Barleylands Depot, Barleylands Road, Billericay, Essex, CM11 2UF or via recycling@basildon.gov.uk