

## Confirmation of need for Clinical Waste Collection



This form to be completed by the General Practitioner

<b>Name of patient</b>	
<b>Patient's address</b>	
<b>Type of waste being generated</b>	

I confirm that the waste being produced by the above name patient is waste, which consists wholly or partly of human tissue, blood or bodily fluids, excretions, drugs or other pharmaceutical products such as swabs, dressings, 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.**

Signed (General Practitioner):

\_\_\_\_\_

Print name of General Practitioner:

\_\_\_\_\_

Date:

\_\_\_\_\_

General Practitioner's address stamp:

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Note to patient: This form is to be completed and uploaded through the Request for Clinical Waste Collection service on 'Self'.