

# Clinical Waste Collection General Practitioner Confirmation

Please see overleaf for help completing this form

## 1. Patient requiring clinical waste collection

- a. Name: .....
- b. Address: .....
- c. Postcode: .....

## 2. Is the waste produced by the patient infectious or hazardous unless rendered safe or does it contain needles, syringes or other sharp objects? Please specify.

.....  
.....

## 3. Is medication self-administered by the patient?

- Yes
- No

## 4. How will the waste be presented for collection (tick all required)

- Sharps box for syringes, needles or other sharp instruments.
- Clinical waste sack
- Other, please specify

NB. GPs will need to continue to prescribe Sharps containers for patients needing to dispose of needles, syringes or other sharp objects.

## 5. Is this collection likely to be required for a limited period only?

- Yes – not required after date: .....
- No

I confirm that the waste being produced by the above named 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, 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.

6. GP Signed: ..... GP Name.....

Date: .....

Practice Stamp