Account Name – Isle of Wight Council SRCL Account ID **9022794**

1. Referring NURSE / GP



INFECTIOUS CLINICAL WASTE COLLECTION REQUEST FORM

For waste produced by patients in their homes

For waste produced by <u>Trust staff</u> please use the <u>NHS Isle of Wight Trust form</u>

Return <u>completed and signed</u> by email to <u>waste.contract@iow.gov.uk</u> or by post to: Isle of Wight Council, Waste Team, PCMU, Floor 5, County Hall, High Street, Newport, Isle of Wight, PO30 1UD

Consult and make yourself familiar with the decision chart for waste produced by patients in their homes. Any queries call the IoW NHS Trust's Waste Team on 01983 534524

Name of nurse / GP						
Telephone number						
Date of referral						
I confirm the waste produced by the patient has been assessed as presenting a risk of infection						isk of infection
SIGNATURE						
2. PATIENT'S DETAILS						
Name of patient						
Full Address of patient (Including Postcode)						
Telephone number						
3. WASTE COLLECTIONS DETAILS						
Type of waste		Infectious clinical waste (orange bags)				
Collection frequency – tick one option:						
One-off		Wed	ekly		Fortnightly	
Likely number of bags						
Pick up point (e.g. side gate, fr	ont door, plea	se knock	etc)			
Likely duration of requirement (e.g. up to 1 month, over 6 months etc.)						