

Healthcare waste

Healthcare waste collection referral form

Patient name:

EWC code:

Address:

Collection start date:

Duration:

Indefinite

Specified period
(Please state) _____

Telephone:

Frequency:

Weekly Fortnightly Monthly

Waste type:

Sharps

Soiled dressings/swabs (infectious)

Blood

Stoma bags (infectious)

Tissue

Ethanol

Other
(Please state) _____

Referrer:

Practice:

Please return the completed form to:
healthwaste@nhs.net

For more information on this service call
Lambeth Street Care on **020 7926 9000**.