



SERVICE & SUPPLY REQUEST FORM
Manitoba Medications Return and Sharps
Collection Programs

HEALTH PRODUCTS

STEWARDSHIP ASSOCIATION

to schedule services, send this form to Service Provider or HPSA by e-mail or fax

Stericycle Fax: 1-204-694-3158

e-mail: WSabanski@STERICYCLE.com

HPSA e-mail: info@healthsteward.ca

Pharmacy Information

 HPSA ID Request Date

 Pharmacy Name

 Address

 City Postal Code

 Phone Number

 E-mail

(Print) Name/Title of Pharmacist:

Signature:

New Supply Order

Item	Quantity
Medication Return Container	
Sharp Kit (24 sharp containers, 2 liners & 2 flat return boxes)	
Extra Sharp Over-Packaging (flat return boxes & liners only)	

Pick-up Request

Item	Quantity
Medication Return Container	
Sharp Return Box	

For Your Information

A courier vehicle will be dispatched to perform the supply and pick-up at your location within 10 business days.

Minimum delivery and pick up of two (2) items is required to schedule a service.

Containers and boxes must be full before requesting a pick-up (no more than 23 kg per container).

Please keep a copy of this form and the associated courier receipt on file at your pharmacy.

Program Criteria Questions

- Can you confirm that only consumer returns of medications and medical sharps have been placed in the containers?
Yes No
- Can you confirm that there are no free liquids or medical sharps within the medication return container? *Please note that all liquid and cream medications must be placed in the container in their original bottle or tube.*
Yes No
- Has the lid on the medication return container been properly sealed?
Yes No
- Has the plastic liner within the Sharp Over-Packaging been tied off and the box sealed with tape?
Yes No

Additional Comments:

