



# HEALTH PRODUCTS

STEWARDSHIP ASSOCIATION

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

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](mailto:WSabanski@STERICYCLE.com)

### 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

- I confirm that only consumer returns of medications and medical sharps have been placed in the containers.  
Yes No
- I 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
- I confirm that the lid on the medication return container been properly sealed.  
Yes No
- I confirm that the plastic liner within the Sharp Over-Packaging been tied off and the box sealed with tape.  
Yes No

### Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_