



HEALTH PRODUCTS
STEWARDSHIP ASSOCIATION

SERVICE & SUPPLY REQUEST FORM

Ontario Medications Return and Sharps Collection Programs

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

Phone: 1-844-535-8889

Fax: 1-855-228-2099

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
Medications Return Container	
Sharp Kit (24 sharp containers, 2 liner & 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 of four (4) 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 liquid 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:
