



HEALTH PRODUCTS
STEWARDSHIP ASSOCIATION

SERVICE & SUPPLY REQUEST FORM

Island Medications Return & 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
Sharp Kit (24 sharp containers, 2 liners & 2 flat return boxes)	
Extra Sharp Over-Packaging (flat return boxes & liners only)	
Medication Return Container (20L)	

Pick-up request

Item	Quantity
Sharp Return Box	
Medication Return Container	

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 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 medications' 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 medications' return container has been properly sealed.
 Yes No
- I confirm that the plastic liner within the Sharp Over-Packaging has been tied off and the box sealed with tape.
 Yes No
- I confirm that the pharmacy name and address are visible on the top or side of the pails or boxes ready for pick-up.
 Yes No

Additional Comments:

