Fax: 0113 270 9140



Quotation request for disposal of clinical or biological waste

Name of Management Unit requesting servi	ice	
Address		
Management Unit contact Name		Telephone
Location of waste to be uplifted		

Description of waste (give full details of type, number of items and weight. Do not use trade names or abbreviations)

Description of waste	Number of bags	Total weight	Number of rigid containers	Size of each container	Physical form of waste
e.g. Mouse brain tissue in formalin	0		40	10ml	Solid in liquid
e.g. Small animal bedding containing cytostatic material	3	15kg			Solid

AFTER RECEIVING THE QUOTATION THE DISPOSAL SHOULD BE INITIATED BY RAISING A PURCHASE ORDER OR BY PURCHASING CARD