



To: Street Scene, City Services, Cambridge City Council

Request for Domestic Clinical Waste Collection

Please will you arrange to make collections of clinical waste from my patient, as follows:

Patient details

Name:

Address:

Contact telephone:

Rationale for seeking a clinical waste collection

Type of waste:

Quantity of waste generated per week:

Occasional Sharps container: Yes / No

Referred by:

GP / Practice Nurse:

Surgery details:

I confirm that the patient's need for a clinical waste collection is in accordance with the agreed arrangements.

Signed Date:

This form, when completed, should be sent to:

Street Scene, City Services
Cambridge City Council
Mill Road Depot
Cambridge
CB1 2AZ
Email: StreetScene@cambridge.gov.uk
Fax: 01223 458289