



Needle Pick-Up Form

AGENCY:

DATE SUBMITTED:

AGENCY ADDRESS:

| ITEM | QUANTITY OF PACKAGE | AMOUNT |
|---|---------------------|--------|
| Sharps container - 1 L yellow square | Each | |
| | Case of 100 | |
| Sharps container - 5 L red round | Each | |
| | Case of 40 | |
| Sharps container - 18 gallon large yellow flip top | Each | |
| | Case of 5 | |
| Biohazard Box and Liner | Each | |
| Number of needles returned** | | |

**Please keep track of approximately how many needles are returned to you (not an exact count, just an estimate)

Email order to the following email address **at least 5 business days before supplies needed** to
SCOrders@wrha.mb.ca

We will notify you when your order is ready for pick-up.

☐ ORDER FILLED

FILLED BY:

ORDER PICKED UP BY: