

Appendix F. ULAR Pathological Waste Pick Up Request Form

University Laboratory Animal Resources Pathological Waste Pick Up Request Form					Date: _____						
Use this form to request a pick up of pathological waste. Fax at 432-2766, or mail the request to ULAR, C100 Clinical Center, attention Waste Supervisor. All waste must have a completed MSU Materials Pick Up Tag attached to each container or bag. Waste must be properly packaged in accordance with the Waste Disposal Guide. Please call the ORCBS at 355-0153 if you have any questions about hazardous waste disposal. Please call ULAR at 353-5064 for pick up information.											
Project Leader					Department			Account Number			
Building Where Pick Up is Located					Room Number			Requested Pick Up Date			
Contact Person					Telephone Number			Fax Number			
BIOHAZARD?	YES		NO		CHEMICALLY CONTAMINATED?			YES		NO	
Special Instructions											
Waste Description											
Container Size/Type					Number of Containers						
Waste Description											
Container Size/Type					Number of Containers						
REPLACEMENT FIBER BARRELS NEEDED?				YES		QTY		NO			

ULAR: This form is to be attached to the "Daily Miscellaneous Pick Up/Delivery Report"