

**THE UNIVERSITY OF MISSISSIPPI  
LABORATORY SERVICES**

Phone (662) 915-5433 FAX (662) 915-5480

**REQUEST FOR BIOMEDICAL WASTE DISPOSAL**

BIOLOGICAL HAZARDS: \_\_\_\_\_  
\_\_\_\_\_

CHEMICAL HAZARDS: \_\_\_\_\_  
\_\_\_\_\_

RADIATION HAZARDS: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF THE WASTE:           Medical Waste, Including Sharps           \_\_\_\_\_

  Pathological Waste, Animals           \_\_\_\_\_

AMOUNT OF WASTE - NUMBER OF TUBS \_\_\_\_\_ TOTAL WEIGHT \_\_\_\_\_ lbs. or kg

ADDITIONAL INFORMATION:

DEPARTMENT: \_\_\_\_\_

I hereby certify that the information on this form is correct to the best of my knowledge.

NAME: \_\_\_\_\_  
(PRINT)           FIRST                           MI                           LAST

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE