



Drug Disposal Guidelines, Instructions and Disposal Form for Care Providers

Please read the guidelines and instructions below.

Please complete the **Disposal Form** on the following page, photocopy for your records and return the form to PDC with your parcel.

Qualifying Drugs

- Only drugs sold and distributed by the PDC to Care Providers accessing home birth supplies through the PDC qualify for Drug Disposal service**
- Sharps (eg. Needles) and Medical devices are NOT accepted
- Narcotics and Controlled drugs are NOT accepted

Drug Disposal Kit

Please order the Drug Disposal Kit from PDC shopping cart material # **6505325140**

Drug Disposal Kit includes the following items:

- 1 size #30 boxes (8x8x6in)
- 1 packing slip windows/envelopes for use with the Disposal Form
- 1 10x15in size Ziploc bags
- 1 set of "Expired" decals (3 total)
- 1 "Returns Department" label with PDC's shipping address
- 1 Drug Disposal Guidelines, Instructions and Drug Disposal Form (back to back copy)

Instructions for Drug Disposal Service

1. Ensure ALL requested information is completed on the Drug Disposal Form.
2. Care Provider signs completed drug Disposal Form. Please photocopy for your records.
3. Insert and seal drug Disposal Form into supplied packing slip window/envelope and attach to side of box. Please ensure that drug information is not appearing in the packing slip window (ie. list of drugs should not be showing thru the window).
4. Ensure vials, syringes (without needles), etc. are properly sealed in the Ziploc bag included with the Drug Disposal Kit. The 10x15 Ziploc bag should act as a cushion for drug vials during transport.
5. Please ensure box is secured when assembled by using packing tape.
6. Attach each "Expired" decal (3) to different sides of box. Decals are to ensure clear and easy identification of expired drugs when received at the PDC.
7. Attach Returns Department label on top of box.
8. A Return Authorization Number is NOT required.
9. Arrange shipment to PDC. Care Provider will be responsible for shipping cost to PDC.

****PDC will only accept the return of the products listed below for disposal. If items returned to PDC are not on this list, they will be shipped back to the Care Provider.****



CARE PROVIDER DRUG DISPOSAL FORM

PDC ACCOUNT NUMBER :	DATE OF RETURN TO PDC:
NAME:	PHONE NUMBER:

MATERIAL #	DESCRIPTION	QUANTITY
6515110147	CEFAZOLIN INJ TEVA 1G/VIAL	
6505660506	CLINDAMYCIN INJ 150MG/ML SDZ 2ML/VIAL	
6505061828	EPINEPHRINE AMP INJ 1:1000 1ML EA	
6505162303	EPINEPHRINE SYR 1-10,000 10ML 20G MLL LS	
6505062308	ERYTHROMYCIN OINT 5MG/G 3.5G	
6515110150	LIDOCAINE HCL INJ 2% 20MG/ML 10ML AMP	
6515110151	LIDOCAINE HCL INJ 1% 10MG/ML 10ML AMP	
6505061040	MISOPROSTOL TAB 200MCG 100/BO	
6505061629	NALOXONE INJ 1MG/ML 2ML/VIAL SDZ EA	
6505066011	NAPROXEN TAB 250mg 100/BO	
6515110148	OXYTOCIN INJ 10IU/ML HOS 1ML/AMP	
6505061408	PENICILLIN G SOD INJ 5MIU/VIAL	
6515508646	VITAMIN K1 INJ 10MG/ML 1ML AMP EA	
COLD SHIP - NO NUMBER	ERGONOVINE IM:0.25MG/ML 1ML VIAL	
COLD SHIP – NO NUMBER	HEMABATE IM:0.25MG	

Signature:

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