

**Biohazardous Waste Disposal Request**

**Date**

**Generator Information**

**Name**

**Department**

**Phone #**

**Building & Room #**

**Type of Biological Waste (e.g. cultures/stocks, human blood or body fluids, animal waste, pathological waste, sharps)**

**Container Details (Number, size, type)**

**Waste Volume/Weight (estimated)**

**Method of Inactivation (e.g. 10% Bleach treatment, autoclaving)**

**Hazardous Mix (e.g. contaminated needles/sharps, liquid cultures mixed with chemicals, and biological waste containing fixatives)**

YES

NO

**Signature & Date**

Submit this form to the Biosafety Officer (BSO) by email [Biosafety@untdallas.edu](mailto:Biosafety@untdallas.edu).

**Printed form MUST be attached to or near waste to be picked up.**

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**For BSO use only:**

**Date Form Received**

**Date Picked up**