



PRODUCT  
DISTRIBUTION CENTRE  
A BRANCH *of* SHARED SERVICES BC

# 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.\*\***

[Type text]



PRODUCT  
DISTRIBUTION CENTRE  
A BRANCH of SHARED SERVICES BC

## CARE PROVIDER DRUG DISPOSAL FORM

<b>PDC ACCOUNT NUMBER :</b>	<b>DATE OF RETURN TO PDC:</b>
<b>NAME:</b>	<b>PHONE NUMBER:</b>

DESCRIPTION	QUANTITY
ACETAMIN CPLT 500MG BLPK TEVA 100/BX	
ANTISEPTIC CHL/GLUC 2% DEXIDIN2 450ML/BO	
CARBETOCIN DURATOCIN VL 100MCG/ML 1ML EA	
CEFAZOLIN INJ FRESENIUS 1G/VIAL	
CLINDAMYCIN INJ 150MG/ML SDZ 6ML/VIAL	
DIMENHYDRINATE INJ 50MG/ML SNDZ 1ML/AMP	
DIPHENHYDRAMINE HCL INJ 50MG/ML 1ML/VI	
EPINEPHRINE INJ 1MG/ML HIKMA 1ML/AMP	
EPINEPHRINE SYR 1MG/10ML 10ML/EA AGUETT	
ERYTHROMYCIN OINT 5MG/G 3.5G PENDO EA	
IBUPROFEN TAB 200MG UD BLPK APOTX 100/PK	
LIDOCAINE HCL INJ 2% 20MG/ML 10ML AMP	
LIDOCAINE HCL INJ 1% 10MG/ML 10ML AMP	
MISOPROSTOL TAB 200MCG 100/BO	
NALOXONE HCL INJ 0.4MG/ML SNDZ 1ML/AMP	
NAPROXEN TAB 250MG APOTEX 100/BO	
NITROGLYCERIN SPRAY 0.4MG 75 DOS EA CNCM	
OXYTOCIN INJ 10 USP/ML KABI 1ML/VIAL	
PENICILLIN G SOD INJ 5MIU/VIAL	
TRANEXAMIC ACID INJ 100MG/ML SDZ 10ML/VI	
VITAMIN K1 INJ 10MG/ML 1ML AMP EA	
ERGONOVINE IM:0.25MG/ML 1ML VIAL	
HEMABATE IM:0.25MG	

Signature:

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

Updated March 11, 2025