



Procedures for Handling/Disposing Biomedical Waste Materials

PLEASE READ ALL INFORMATION LISTED BELOW THOROUGHLY

These special instructions are important to those who will be working with the following:

Booth Skills Training Labs Tissue (permission is required to use human cadaver eyes)

Disposable needles, sharps, human blood, or products contaminated with blood

Your company will be responsible for the following pre-meeting requirements:

1. Notify ASCRS•ASOA via the Hazardous Waste Disposable Order form if you plan to use any of the above in your exhibits and to arrange for biomedical waste containers and collection.
2. Sign the Waiver of Liability on the next page and send to ASCRS•ASOA by the mentioned deadline date.
3. Carry ASCRS•ASOA, Walter E. Washington Convention Center, and GES on your certificate of insurance.

Objectives:

- To ensure proper care in handling and disposing biomedical waste materials used during skills training labs, mini courses and exhibit hall demonstrations.
- To protect convention participants, exhibitors, vendors, and convention hall management.
- To comply with individual state standards for disposal of biomedical and hazardous waste.

Supply Drop Off & Collection Procedure:

1. GES will drop your supplies to your booth Friday during exhibit hall move in.
2. GES will pick up the medical waste from your booth at close of the hall each evening.
3. Please provide your own gloves for skills training lab participants and staff.
4. Please dispose of animal eyes in sealed plastic bags, in boxes, and tape shut.
Place boxes in the aisle at the end of each day for special pick-up.
They will begin to smell within 24 hours.
DO NOT DISPOSE OF ANY TISSUE, CANNULAS, OR SHARPS IN NORMAL TRASH CONTAINERS.
If found, your company will have Priority Points deducted and/or be billed for cleanup.
5. Please dispose of blood-contaminated wipes, needles, and sharps in specially provided containers. Containers will be collected daily or at the end of the convention (depending on the amount) and disposed of by a local bio-waste disposal company.
6. ASCRS•ASOA will accept payment for containers and daily pick-up service. The fee is \$375.00, which includes delivery, pick-up, and incineration of containers indicated on request form. Excessive usage of containers will be billed to your company.

For more information concerning this procedure, please contact Jamie Barbera, Exhibits Manager, ASCRS•ASOA Meetings Department, (703) 591-2220.

YOUR CONCERN AND ATTENTION TO THIS MATTER IS APPRECIATED!



Biomedical Materials Liability Waiver Form (Due by: February 23, 2018)

_____ of _____ company hereby release and forever discharge American Society of Cataract and Refractive Surgery (ASCRS), American Society of Ophthalmic Administrators (ASOA), Walter E. Washington Convention Center, GES, its management, and employees from any and all actions, courses of actions, claims, and demands for or by reason of any damages, losses or injuries, illnesses or side effects including, but not limited to, those associated with the HIV antibody and virus, which may be sustained by or through wet labs, tissue, or biomedical/blood borne pathology, instruments, disposables, equipment or by any other means as a consequence of the above.

I also agree to carry the above-named organizations as additional insured on our insurance certificate. I will supply a copy to ASCRS•ASOA by February 23, 2018.

Signed: _____ Date: _____

Contact Name: _____ Booth: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Please email or fax this form to ASCRS•ASOA prior to Friday, February 23, 2018 to:

Jamie Barbera, ASCRS•ASOA Exhibits Manager
jbarbera@ascrs.org OR FAX directly to: (703) 547-8840

WAIVER AND ORDER FORM WITH PAYMENT ARE REQUIRED TO BE SUBMITTED AT THE SAME TIME.



Hazardous Waste Disposal Order Form (Due by: February 23, 2018)

Order Form and Liability Waiver must be submitted together.

Contact Name: _____ Booth: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please indicate below, the quantity of items required:

Item:	Quantity Needed PER DAY:
Cardboard Box with Plastic Bag	_____
Sharps Container	_____

Please indicate which days pick-up service is needed:

Saturday _____

Sunday _____

Monday _____

Payment Information:

Payment must accompany this order form by VISA, MasterCard or American Express. No other credit card will be accepted. By signing the below you authorize ASCRS•ASOA to charge your credit card \$375.00 (U.S. dollars only) for hazardous waste disposal services.

Name on Card: _____

_____ VISA _____ MasterCard _____ American Express _____ Discover

Credit Card Number: _____ Expiration Date: _____

Signature: _____

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Jamie Barbera, ASCRS•ASOA Exhibits Manager

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