

Date: [Insert Date]

To: [Recipient Name/Department]

Organization: [Waste Management Agency/Hospital Administration]

Address: [Insert Address]

Subject: Clinic Laboratory Reagent Disposal Clearance

Dear [Recipient Name],

This letter serves as official notification and clearance for the disposal of chemical reagents from [Clinic Name], located at [Clinic Address].

The reagents listed below have been inspected and prepared for disposal in accordance with hazardous waste regulations and safety protocols:

Reagent Name	Quantity	Hazard Classification	Expiry Date
[Example: Formaldehyde]	[Example: 5 Liters]	[Example: Flammable/Toxic]	[Example: 01/2023]
[Reagent Name]	[Quantity]	[Classification]	[Date]

Certification Statement:

I hereby certify that the materials mentioned above have been properly contained, labeled, and neutralized (where applicable) according to established laboratory safety standards. These items are now cleared for pickup and final disposal by the authorized waste management personnel.

For any questions regarding the chemical properties or handling of these materials, please contact the Laboratory Manager at [Phone Number].

Sincerely,

[Signature]

[Name of Laboratory Manager/Safety Officer]

[Title]

[Clinic Name]