

One-off donation

Ongoing donation

Oxford University Hospitals Milk Bank Donor Record

MOTHER

Name Date of birth

Address Tel: Home

..... Mobile

..... Email

Postcode Previous milk donor YES/NO

GP name

GP address

GP phone number

Hospital number

NHS number

SERIOLOGICAL SCREENING

Date bloods taken Date samples received

Hepatitis B Hepatitis C Syphilis

HIV 1&2 HTLV 1&2

Date results reported to donor.....

BABY

Name Age at enrolment weeks

Date of birth Birth weight Gestation age

Place of birth Admitted to NICU YES/NO

Number of other children Reason

Please initial the boxes if you agree with each statement

I understand the importance of hand washing and personal hygiene.	
I understand that I must sterilise my kit before expressing and I will be provided with sterilised bottles.	
I understand that milk must be frozen within 24 hours from expression, and I am happy to record my freezer temperature once daily. (We can only accept milk that has been expressed within the last 3 months).	
I understand that all bottles should be clearly labelled and dated.	
I consent to having blood tests necessary to become a breast milk donor and that the sample will be stored within the Microbiology Laboratory for 11 years.	

<p>I consent to my donated breast milk to be issued to babies following health professionals' requests. If my milk is unsuitable to be used as donor milk due to high bacterial counts I consent to my milk being discarded or occasionally used for research purposes within the Neonatal Unit.</p>	
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MOTHER'S QUESTIONNAIRE

Part A	COMMENTS	YES	NO
Do you smoke or use nicotine replacement therapy?			
How many units of alcohol do you drink in a week? Maximum 1-2 units once or twice a week.			
Do you use recreational drugs or have you used any recently?			
Have you ever tested positive for HIV1 or 2, Hepatitis B or C, Human T-lymphotrophic virus [HTLV], or Syphilis?			
Have you had any sexual partners known to be infected with the HIV virus or are bisexual?			
<p>IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE YOU WILL NOT BE ABLE TO DONATE MILK.</p>			
Part B	COMMENTS	YES	NO
Please describe any medical conditions you have.			
Have you had any illnesses in the last year?			
Are you currently taking any medication? Or were you taking any medication whilst expressing milk?			
Are you at increased risk of Creutzfeldt-Jacob disease [CJD], (have you had surgery involving a skin, bone or tissue graft)?			

Have you ever received Human Pituitary Growth Hormone?			
Have you received a blood transfusion, blood products or any piercings, tattoos or acupuncture within the last 4 months?			
Have you had any recent medical intervention, [for example diagnostic radioactive isotopes]?			
Do you live with a smoker, or are you exposed to a lot of passive smoke?			
Have you ever had donor eggs or sperm IVF (Invetro fertilisation treatment)?			
Have you been exposed to TB or any family history of TB?			
Have you recently returned from an area of the world where viral haemorrhagic fever (e.g. Ebola) is endemic?			
Have you ever suffered from hepatitis / jaundice / liver problems?			
Have you had any immunisations / vaccinations in the last 4 weeks? (Polio, Rubella, going abroad etc.)?			

Have you been exposed to any significant environmental or chemical contaminants?			
Are you taking any herbal remedies / medication, or were you taking any herbal medication / remedies when you were expressing milk?			
Do you have a restricted diet e.g. vegetarian, vegan etc.?			
Part C Questions about your baby	COMMENTS	YES	NO
Please describe any illnesses your baby has had.			
Are there any concerns about your baby's weight?			
Are you still exclusively breastfeeding your baby?			
Part D Expressing and storage of milk	COMMENTS		
Do you have a freezer to store milk that is consistently below -18 °C?			
How are you collecting your expressed breast milk?			

Thank you for answering these questions.

As with blood donors, we need to ensure that all milk donors have tested negative to **Human Immunodeficiency Virus (HIV), Hep C, Hepatitis B, HTLV1 & 2 and Syphilis**. These tests are required to be taken at the time you would like to register to donate your milk. **Please talk to the Milk Bank manager.**

As this would be a routine screening test (as with blood donors) no declaration is necessary on insurance forms.

Declaration

I have read the special health precautions needed and to the best of my knowledge there is no reason why I should not donate my milk. I agree to my blood being tested and to inform the Milk Bank of any lifestyle changes during the donation period.

Signed:

Name (please print):