

SURNAME .....	NHI .....
FIRST NAME .....	DOB .....
ADDRESS .....	POSTCODE .....
(or affix patient label)	

## Mother Wishing to Donate Human Milk: Consent

As a mother exclusively breastfeeding her baby I consent to donate my <b>surplus</b> milk to the Human Milk Bank.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the information leaflet about donating milk to babies to the Human Milk Bank.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have understood the process for collecting, storing and the transportation of my milk to the Human Milk Bank.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read and signed the health and lifestyle questionnaire and to the best of my knowledge there is no reason why I should not donate my milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that once donated, the milk cannot be returned to me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to my breast milk being used for research purposes in the event it cannot be used as donor breast milk and would otherwise be discarded.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand I will need to be screened for the following blood infections prior to donating my breast milk: Human Immunodeficiency Virus 1 & 2 (HIV) Hepatitis B & C Human T Cell Lymphotropic Virus 1 & 2 (HTLV)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The results of my blood tests can be shared with my GP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to all information collected in relation to my donation being shared with CDHB staff as appropriate. I also consent to this information, except personal information about the recipients of my milk, being placed on my general medical record and shared with my GP as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I will not receive any personal information relating to the recipients of my milk, including their identities.	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
 Mother's name

\_\_\_\_\_  
 Mother's signature

\_\_\_\_\_  
 Date

**STAFF USE ONLY**

**Statement of health care professional with an appropriate knowledge of the human milk bank policies.**

I have discussed the process with the mother and explained the following:

- The benefits of human milk for the sick and preterm baby
- Information about donating human milk
- How to collect and store the milk
- Reasons for temporarily stopping donation
- The screening process

\_\_\_\_\_  
 Name of Health Care Professional

\_\_\_\_\_  
 Job Title

\_\_\_\_\_  
 Signature of Health Care Professional

\_\_\_\_\_  
 Date

*The original copy will be placed in the donor mother's notes and a copy for the donor milk bank records*