



NHI	WARD
SURNAME	
FIRST NAME	
GENDER	DOB
AGE	
<i>(or affix patient label)</i>	

Recipient of Human Donor Milk: Consent

<input type="checkbox"/>	The importance of pasteurised breast milk has been explained to me.
<input type="checkbox"/>	The alternative choices to pasteurised donor breast milk their risks and benefits have been explained to me.
<input type="checkbox"/>	The potential risks of pasteurised donor breast milk have been explained to me.
<input type="checkbox"/>	I am aware that the donor mother has been carefully screened for infectious diseases such as Hepatitis B, Hepatitis C or HIV and has been asked questions about her general wellbeing and lifestyle.
<input type="checkbox"/>	I am aware that all information collected in relation to my baby's use of donor milk could be shared with CDHB staff and access holders and will be placed on my baby's general medical record.
<input type="checkbox"/>	I am aware that I will not receive any personal information relating to the donor mother and her family, including their identities.
<input type="checkbox"/>	I am aware that pasteurised donor milk usage will be reviewed at 7 days. Consequently I have been advised to express at least 8 times in 24 hours as providing colostrum/milk is a critical component to the overall care and health of my baby.
I hereby authorise the use of pasteurised human donor milk for my baby.	

I hereby authorise the use of pasteurised human donor milk for my baby in the Neonatal Unit and on the Maternity Ward should my baby be transferred there.

PARENT'S NAME

PARENT'S SIGNATURE

DATE

STAFF USE ONLY

Neonatal Unit

I have taken consent for the use of pasteurised donor breast milk for:

NAME

Neonatal staff that are able to consent for PDM have been given permission to initiate PDM on the 'Prescribed Nutritional Additives' form (Ref.9907) with review date 7 days from today.

CLINICIAN'S NAME

CLINICIAN'S SIGNATURE

DATE