

NHI	WARD
SURNAME	
FIRST NAME	
GENDER	DOB
AGE	
(or affix patient label)	

Consent to Donate Breastmilk for Use as Unpasteurised Donor Milk

(This document is to be filed in the clinical notes of the donor)

I _____ have read the information 'Sharing Breastmilk' about donating breastmilk that is surplus to the needs of my own thriving pēpi. My LMC or other health professional has answered any questions to my satisfaction. It has been recommended that I complete a health screen and to have my blood tested for infections.

I have agreed to a health screen Yes No
 I have agreed to a blood test Yes No

I consent to my health screen and blood test results to be filed in my medical records. These can be shared with my GP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand I will be informed of my blood test results and if these do not meet the requirements for donating milk my milk will not be accepted for donation and I will be counselled appropriately about why.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will complete a Donor Breastmilk Card with every donation , and let the health professional involved with my donations know if my health situation changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For the purposes of milk tracking, I agree to add my NHI number to every Donor Breastmilk Card and I give my consent for this number to be recorded on the recipient's consent form and infant feeding record filed in their clinical notes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the process for collecting, storing, labelling and transporting my milk for donation as detailed in the 'Sharing Breastmilk' information leaflet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I will not receive any personal information relating to the recipients of my donated milk.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I can cease breastmilk donations at any time without needing to provide a reason for this.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that I may also be able to donate my breastmilk to the Human Milk Bank in NICU or the Rotary Community Breast Milk Bank to be pasteurised.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DONOR SIGNATURE _____

DATE _____

STATEMENT OF HEALTHCARE PROFESSIONAL

I have discussed the process of milk donation including the screening process for donating milk. I have provided information about how to safely collect, store and label the donations, and provided Donor Breastmilk cards and Donor Breastmilk labels for the donor to complete with every donation.

NAME OF HEALTH CARE PROFESSIONAL _____

JOB TITLE _____

SIGNATURE OF HEALTH CARE PROFESSIONAL _____

DATE _____

OFFICE USE ONLY
 Original: Donor mother's general medical record