

Rotary



Rotary Community Breast Milk Bank

SURNAME.....NHI.....

FIRST NAME.....DOB.....

ADDRESS.....

POST CODE..... PHONE:

EMAIL:

Baby's DOB..... Ethnicity.....

Woman Wishing to Donate Breast Milk: Consent

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| I consent to donate my extra breast milk to the Rotary Community Breast Milk Bank | 0 | 0 |
| I have understood the process for collecting, storing, and the transportation of my milk to the Rotary Community Breast Milk Bank (RCBMB) at St George's Hospital | 0 | 0 |
| I have read and signed the lifestyle questionnaire and to the best of my knowledge there is no reason I should not donate my milk | 0 | 0 |
| I understand I will need to be screened for the following blood borne infections prior to donating my breast milk: - HIV 1 & 2. testing twice; Hepatitis B antigen; Hepatitis C; HTLV-1 & 2; Rubella; and Syphilis. These tests are funded by the Rotary Community Milk Bank at a cost of at least \$130. | 0 | 0 |
| I understand I will need to be re-tested six months after my first tests if I am still donating. | 0 | 0 |
| Original Testing Date/s:Six month re-test Due Date: | | |
| NB: It is not recommended to have the Rubella vaccine until you have finished breastfeeding your baby as it may cross into your milk. For this reason, if you have had the vaccine there is a stand down period of two months after the vaccine before we can accept your milk again. | | |
| Name of LMC (Lead Maternity Carer)..... | | |
| I give consent for my first antenatal blood test records to be accessed by the RCBMB to check HIV, Hep B, Rubella and Syphilis status prior to becoming a donor. | 0 | 0 |
| I consent to all my test result information collected in relation to my milk donation being shared with RCBMB Staff as appropriate, and, if necessary when a screening test is positive, with my GP or an Infectious Diseases clinician. This is because rarely there may be a situation where a donor tests positive for an infectious disease that the donor is not aware of. In such circumstances it would be ethically appropriate that this result is discussed with the donor in the first instance and then by a qualified medical person with specific in depth knowledge of this. | 0 | 0 |
| I understand I will only receive general information about my donation | 0 | 0 |
| I understand I will be contacted if my milk does not meet laboratory standards because of a high bacterial count, and that the milk will be returned to me at my request. I understand that the milk returned to me under no circumstances should be given to my baby as it is not fit for human consumption and may lead to serious illness, even death. | 0 | 0 |

P.T.O.

I understand that I can cease donating at any time.

0 0

I consent to the RCBMB using my data but not my personal details for audit purposes.

Donor's signature:.....Date:

STAFF USE ONLY

Statement of volunteer with an appropriate knowledge of the Rotary Community Breast Milk Bank policies.

I have discussed the process with the donor, given training in the use of equipment, and education on the following:-

- Information about donating breast milk
- How to collect, store, and transport the milk
- Reasons for temporarily stopping donation
- The screening process

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Name of Volunteer:

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Signature of Volunteer:

.....
Date:

www.themilkbank.nz rotaryc9@gmail.com Ph: 03-3756281