

Donor No.: _____

Mother's Name: _____ Contact number: _____

Baby's name: _____ Boy/Girl Baby's birthdate: _____ Gestational age at birth: _____ weeks

Hospital baby born at: _____ Email: _____

Address: _____

Please note that the information on this form will be kept confidential, and will only be viewed by the screening officer of the Breastmilk Bank, for the sole purposes of safeguarding the milk supply.

Please only proceed with this form if you are mentally well, HIV negative and both you and your baby are healthy with no infections, including skin infections.

#	Question	Reply	
		Yes	No
1.	Have you ever received a blood transfusion or blood products in the last 12 months?		
2.	Do you regularly have more than 50ml hard liquor or its equivalent in a 24-hour period?		
3.	Regular use of medications which are contra-indicated during breastfeeding, or use of radio-active drugs or cytotoxins?		
4.	Are you a total vegetarian/vegan with NO supplementation of B12 vitamins?		
5.	Do you use recreational or habit forming drugs?		
6.	Do you smoke or use snuff?		
7.	Have you had hepatitis B or C (jaundice) or syphilis/other STD's or TB in the last 5 years?		
8.	Have you had a sexual partner in the last 12 months who is at risk for HIV, takes habit-forming drugs, or is a haemophiliac?		
9.	Have you had a piercing/scarring of any part of your body or a tattoo in the past year? If the only piercing you have had is a sterile ear-stud was this done more than 3 months ago?		
10.	Have you had a MMR vaccine in the past month?		

Please either attach your recent (not more than three weeks old) HIV test results to the screening form or ask your doctor to email the results to breastmilkbank@ithembalethu.org.za or ask the person doing the HIV screening to fill in the following for you:

I _____ (name) _____ (designation/clinic) confirm that I have tested the above donor and she tested HIV negative.

Signed: _____ Place: _____ Date: _____

Donor declaration and signature. Please tick boxes to acknowledge declaration:

- I am not under 18 years of age and I hereby give consent for my donated breast milk to be given to premature, sick or orphaned infants.
- I am unaware of any reason why my donated breast milk should not be safe for iThemba Lethu to use for these babies.
- I confirm I have been educated about hygienic breast milk expression and storage and if I use a breast pump, I confirm I strictly adhere to sterilising instructions.
- I confirm that if my health status or medication intake changes, I will inform the milk bank and discuss whether to discontinue donating.

Signature: _____

Date: _____

Cell: 083 861 6717

Office: 031 261 7723

Fax: 031 261 1351

Email: breastmilkbank@ithembalethu.org.za

www.ithembalethu.org.za