



Mothers' Milk Bank

RECIPIENT Registration Form

For Pasteurised Donor Human Milk Feeds

Thank you for undertaking the
Recipient Registration Process.

Please answer all applicable questions
truthfully and to the best of your ability.

YOUR NAME _____

RELATIONSHIP TO THE RECIPIENT BABY _____

If you are not the mother of the baby,

MOTHER'S NAME _____

ADDRESS _____

PCODE _____

PHONE (H) _____ (M) _____

EMAIL _____

DOCTOR (GP/SPECIALIST) _____

DOCTOR CONTACT Ph. _____

PART A

I require pasteurised donor human milk for a baby who has already been born.

NO
☐

YES
☐

If NO, proceed to PART B. If YES, please answer the following questions.

1. Date of Birth of the child _____ Age _____

2. Was the child born prematurely? ☐ NO ☐ YES If YES, number of weeks at birth _____

3. Is this child one of multiple births? ☐ NO ☐ YES If YES, one of _____

[Please fill out a separate registration form for each child of multiple births requiring PDHMFedds.]

PART B

I require pasteurised donor human milk for an upcoming birth.

NO
☐

YES
☐

If NO, proceed to PART C. If YES, please answer the following questions.

1. Due date of infant _____

2. Gestation (No. of weeks) _____ on today's date, the _____

3. Place of Birth (ie. hospital, maternity unit, birthing centre, homebirth) _____
Details _____

4. Will this child be one of a multiple birth? ☐ NO ☐ YES If YES, one of _____

[Please fill out a separate registration form for each child of multiple births requiring PDHMFedds.]



Mothers's NAME _____

PART C

Reason(s) for request for pasteurised donor human milk.

Please give details (ie. illness, premature birth, no or little milk supply, surrogacy, adoption, allergies, other).

I wish to speak with a Mothers' Milk Bank consultant to discuss this in further detail.

NO
☐

YES
☐

PART D

I, _____ hereby certify that, to the best of my knowledge,
all of the information I have provided is correct and I have answered all questions truthfully.

Signed _____

PRINT FULL NAME _____

DATE _____

OFFICE USE ONLY

RECIPIENT REGISTRATION REVIEWED BY

PRINT FULL NAME

Signed

DATE



Mother's NAME _____

The following section is optional, but we would really appreciate your assistance and consideration in taking the time to answer these additional questions.

Thank you!

PART E

I would like to join the Mothers' Milk Bank **Mailing List** and be updated on Mothers' Milk Bank news and events.

NO
☐

YES
☐

I would like to register as a Mothers' Milk Bank **volunteer**, if and when I can be of assistance.

NO
☐

YES
☐

I would be interested in assisting the Mothers' Milk Bank in their **fundraising** endeavours.

NO
☐

YES
☐

How did you hear about the Mothers' Milk Bank?

(Please check any or all of the following)

- ☐ HOSPITAL
- ☐ MIDWIFE/LACTATION CONSULTANT
- ☐ GP/SPECIALIST
- ☐ EARLY CHILDHOOD NURSE
- ☐ WEBSITE
- ☐ ONLINE
- ☐ MEDIA
- ☐ AUSTRALIAN BREASTFEEDING ASSOC.
- ☐ ALCA
- ☐ FRIEND/FAMILY MEMBER
- ☐ OTHER _____

Please return your Recipient Registration Form to the Mothers' Milk Bank.

BY POST: Mothers' Milk Bank, PO Box 806, Banora Point NSW 2486 Australia.

BY EMAIL: Save to your computer, fill out and sign form (digital signature is ok) save, then email to: receive@mothersmilkbank.com.au



**CONSENT FOR
PASTEURISED DONOR
HUMAN MILK RECIPIENT**

Name:
Address: P/C.....
Contact Ph: Mob
Email:
Baby:DOB..... Gestation.....weeks GP.....

INFORMATION FOR PARENTS

DONOR HUMAN MILK

Human milk is the standard food for infants and young children, including premature and sick newborns, with rare exceptions. Human milk provides optimal nutrition, promotes normal growth and development, and reduces the risk of illness and disease. The unique composition of human milk, which includes nutrients, enzymes, growth factors, hormones and immunologic and anti-inflammatory properties, has not been duplicated. When mother's own milk is not available or there is not sufficient volume, pasteurised donor human milk from a recognised donor human milk bank is the next best option. Pasteurised donor human milk retains most of its bioactive properties, which protect the baby from infection while the nutritional components of the milk are easy for the baby to digest. Do **not** add anything to a donor milk feed unless ordered by your baby's Doctor or Lactation Consultant. Once defrosted the milk is to be given to your baby within 24hours or discarded. Do **not** refreeze pasteurised donor milk.

Mothers Milk Bank Charity

The Mothers Milk Bank Charity provides Pasteurised Donor Human Milk (PDHM) for babies who do not have human milk available. The mothers' milk bank has developed strict guidelines for their operation and administration, which are consistent with the guidelines of the Human Milk Banking Association of North America, to ensure that the safest possible product is provided. All donors provide milk on a voluntary basis. Only healthy women who are non-smokers and have a healthy lifestyle are accepted as donors. All potential donors are screened by verbal and written medical health questionnaire and blood screening. The blood screening tests for donors includes tests for HIV, HTLV, syphilis and Hepatitis B and C. The donor is screened, the milk is pasteurised, and the milk is screened to ensure it is free of microbiological growth, before it is released from the milk bank. The mothers milk bank keeps a record of all milk supplied from donor to recipient baby

There is no cost to infants for pasteurised donor human milk provided.

The Mothers Milk Bank Charity asks for a donation in support of pasteurised human milk giving life to human babies

Go to www.mothersmilkbank.com.au

Please sign the attached authority so that your baby can receive donor milk:

I give consent for my baby to receive
Pasteurised Donor Human Milk (PDHM). I understand that due to its limited supply pasteurised donor human milk can only be supplied to my baby when available.

Signed:..... (Parent/Guardian) Date:.....