



# Donor Breast Milk Recipient Consent Form

**MUST ATTACH BABY'S LABEL HERE**

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_

Please ensure you attach the correct visit patient label

## CONSENT FORM

Interpreter:  Yes  No

Name of Interpreter: \_\_\_\_\_ Language: \_\_\_\_\_

## DONOR BREAST MILK RECIPIENT CONSENT FORM

I, \_\_\_\_\_ have been given information on using donor breast milk for my baby \_\_\_\_\_. I am aware of the benefits of breast milk and also the risks of receiving donor breast milk. Yes / No

I am aware the donor has been screened for blood borne viruses and health risks. I have seen the list of screening that is required and realises it comes from international guidelines on the use of donor milk. Yes / No

I understand all health information on the donor mother is confidential. Yes / No

I understand the information given and give my consent to use this breast milk. Yes / No

The Health Professionals have answered my concerns regarding the use of donor milk. Yes / No

Recipient: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(name) (signature)

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