

## Donor Screening Form

Please complete and return this form to Milk Matters. It may be handed in at a Milk Matters depot or directly to Milk Matters personnel.

• donor number:					
• name:					
<ul> <li>address:</li> </ul>					
• phone:	(H)		_(W)		
• (cell):					
<i>c</i>					
• email address:					
2		birthdate:			
		2			

• your doctor's name and telephone number:

	Question	Reply					
1	Have you received a blood transfusion or blood product in the last 12 months?						
2	Do you regularly have more than 50ml of hard liquor (e.g. whiskey/brandy) or more than 2 glasses of wine or beer in a 24-hour period?						
3	Are you using any regular medications?						
4	Have you ever been treated with radioactive drugs or cytotoxins?						
5	Do you use habit-forming drugs?						
6	Were you in a malaria-infested area during the last 6 months?						
7	Have you ever been treated for TB?						
8	Do you have hepatitis B?						
9	All breastmilk donors are required to present a written, recent HIV test result to Milk Matters Are you willing to have this test done and provide the result to Milk Matters?						
10	It is important that you inform Milk Matters immediately of any new medication you start using while you are donating breastmilk, and any breast conditions, such as mastitis, thrush and sore or cracked nipples. Do you agree to this?						
11	Would you like to receive the Milk Matters newsletter via email?						
12	Where did you hear about donating breastmilk to Milk Matters? Please mark appropriate:						
	Poster 🗆 Pamphlet 🗆 Article 🗆 Hospital 🗆 Clinic 🗔 Friend/family 🗆						
	Other D please specify						

I hereby give Milk Matters permission to use my donated breastmilk for sick, premature and/or orphaned babies.

I am unaware of any reason why my donated breastmilk should not be safe to be used by Milk Matters for sick, premature and/or orphaned babies.

Signature: \_

Date: \_

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