



Saskatchewan Milk Bank
9267 Wascana Mews, Regina, SK, S4V 2W4
1.888.601.8009 • info@saskmilkbank.com

SASK. MILK BANK DONOR RECORD

Date: ____ / ____ / ____

MOTHER

FIRST NAME

LAST NAME

DATE OF BIRTH

EMAIL

HOME PHONE

MOBILE PHONE

ADDRESS LINE 1

ADDRESS LINE 2

CITY

PROVINCE

POSTAL CODE

GP/DOCTOR

HOSPITAL NUMBER

Previous Milk Donor: YES NO

SERIOLOGICAL SCREENING

DATE BLOOD TAKEN

DATE SAMPLES RECEIVED

DATE RESULTS RECEIVED

Hepatitis B:

Hepatitis C:

Syphilis:

HIV 1&2:

HTLV 1&2:

BABY

NAME

AGE AT ENROLMENT (WEEKS)

DATE OF BIRTH

PLACE OF BIRTH

ADMITTED TO ICU: YES NO

REASON

BIRTH WEIGHT

GESTATION AGE

OF OTHER CHILDREN

NAME/AGE OF OTHER CHILDREN

MOTHER'S QUESTIONNAIRE

PART A	COMMENTS	YES	NO
Do you smoke or use nicotine replacement therapy?			
Do you consume alcohol often? (Please specify frequency of consumption.) *You MUST wait at least 12 hours after consuming alcohol before pumping and storing breast milk. If you are considering being a donor, try to keep a log of any alcohol consumption dates.			
Do you use recreational drugs , or have you used any recently?			
Have you ever tested positive for HIV 1 or 2, hepatitis B or C, Human T-lymphotrophic virus [HTLV], or syphilis?			
Are you at an increased risk of Creuzfeldt-Jacob disease [CJD]? (Have you had any surgery involving a skin, bone, or tissue graft; ever received Human Pituitary Extract; or received any blood transfusion or blood products since 1980?)			
If you have answered YES to any off the questions above, you will NOT be able to donate milk.			

PART B: Questions about your health	COMMENTS	YES	NO
Have you had any illnesses in the past year?			
Are you currently taking any medication? Were you taking any medication whilst expressing milk?			
Have you had any fertility treatment?			
Are you taking any herbal medication/remedies, or were you taking any whilst expressing milk?			
Do you live with a smoker, or are you exposed to a lot of passive smoke?			
Have you been exposed to any significant environmental or chemical contaminants?			
PART C: Please describe any medical conditions you have			
PART D: Questions about your baby	COMMENTS	YES	NO
Are there any concerns about your baby's weight?			
Are you still exclusively breastfeeding your baby?			
Please describe any illnesses your baby has had.			
PART E: Expressing & storage of milk	COMMENTS	YES	NO
Do you have a 3 star freezer?			
How are you collecting your expressed breast milk?			

Thank you for answering these questions!

As with blood donors, we need to ensure that all milk donors have tested negative to **Human Immunodeficiency Virues (HIV), Hepatitis C & B, HTLV 1 & 2, and Syphilis**. These tests are required to be taken at the time you would like to register to donate your milk. Please talk to the Milk Bank manager.

As this would be a routine screening test (as with blood donors) no declaration is necessary on insurance forms.

DECLARATION

I have read the special health precautions needed and to the best of my knowledge, there is no reason why I should not donate my milk. I agree to my blood being tested.

SIGN

PRINT NAME

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*Thank you so much for choosing to sponsor the Saskatchewan Milk Bank!  
With your help, we will make a difference in the lives of mothers and young children in  
our province.*

**Eileen Chen**

FOUNDER, SASK. MILK BANK