**DEPOTS**

 **For Office Use Only:**



Depot Donation Form

**Please return this form stapled to each bundle of donor’s milk.**

**Please answer all questions.**

 Date Shipped: Donor #:

**Questions for Depot Staff**

Depot Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date and Time Donation received at depot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Does Depot need more boxes? □ yes □ no

If yes, what size and how many? Small \_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_ Large \_\_\_\_\_\_\_

**Questions for Donor**

Donor #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm this milk was frozen within 48 hours □ yes □ no, **within** 96 hours (4 days) □ no, **after** 96 hours
Earliest pump date for this donation? \_\_\_\_\_\_\_\_\_\_\_ Most recent pump date? \_\_\_\_\_\_\_\_\_\_\_

 **Is this your last donation? □ yes □ no**

 □ **I was not ill** or taking any new (as in, not listed on my donor screening forms) medications, supplements or herbals during the time period that the milk I am donating today was pumped.

 □  **I** **was taking medications, supplements or herbals** not listed on my donor screening forms during the time period that the milk I am donating today was pumped.

 Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ **I received a vaccine** during the time period that the milk was pumped

 Type of vaccine:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of vaccine:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you need pumping bags or steam clean bags for cleaning pump parts email donate@milkbankne.org*

(Rev. 4/13/22 AS)