

Consent for human milk donation

Surname:

First name: Date of birth:

Address:

Phone: Mobile phone:

E-Mail:

Child's name: Inpatient:

Child's date of birth: Child's gestational age:

Many thanks for allowing us to use your donated milk for sick children. Please bear in mind that various medical tests are required beforehand. The data will be handled confidentially and used exclusively for the activities of the human milk bank.

Please answer the following questions

Please answer these questions carefully. If you are not sure about the answer to a particular question, please mark it accordingly. We will discuss it together with you.

I have carefully read and understood the information leaflet for interested human milk donors.	<input type="checkbox"/> yes	<input type="checkbox"/> I'm not sure	<input type="checkbox"/> no
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Are you healthy in general?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Do you suffer from any chronic illnesses?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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If yes, which ones?

Have you ever had hepatitis (inflammation of the liver, jaundice)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Have you ever had a severe infectious disease (e.g., tuberculosis)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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If yes, which ones?

Have you taken or received injectable medications since the delivery of your child? yes no

If yes, which ones and in which time frame?.....

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Have you taken vitamin supplements or herbal or natural medicines since the delivery of your child? yes no

If yes, which ones and in which time frame?.....

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Are you vegetarian? yes no

If yes: do you consume eggs or egg products? several times a week rarely no

Do you consume milk or milk products? several times a week rarely no

Are you vegan? yes no

Questions related to smoking and nicotine use

Do you use nicotine replacements (such as patches or gum)? yes no

Do you smoke? yes occasionally no

Does anyone else in your household smoke? yes occasionally no

Do you drink alcohol? yes occasionally no

Do you drink more than three cups of caffeinated beverages (such as coffee) or more than three energy drinks daily? yes no

Have you or your partner ever taken, smoked or injected drugs? – such as cannabis (hashish, marijuana), methamphetamine (crystal meth), MDMA (ecstasy), heroin, cocaine, crack.

You yes many years ago no

Your partner yes many years ago no

Have you ever been informed that you are not allowed to donate blood? yes no

Have you ever received a blood transfusion (such as red blood cells, platelets, blood plasma)? yes no

If yes, when approximately and in which country?.....

Do any of the following apply to you? no

- You have had a transplant.
- You have received growth hormone therapy in the past.
- There is a known case of the Creutzfeldt-Jakob disease in your family.

Have you been vaccinated in the last four weeks (e.g., against rubella or the flu)? yes no

If yes, when approximately and against which disease?

Do any of the following apply to you? yes no

- Acupuncture in a hospital, at a doctor's office
- elsewhere
- Tattoo, piercing or body modification

Have you ever lived outside of Switzerland for longer than six months? yes no

If yes, in which countries?

Tests for infectious diseases

- I consent to my blood being tested for the following diseases or pathogens: hepatitis B, hepatitis C, HIV and syphilis. Other pathogens may also be included as an exception. We will inform you of this separately.
You will be informed by the doctor if the results are positive.

Please confirm the following by ticking the box

- I agree to donate my surplus milk to the human milk bank.
 I have been informed of the necessary blood tests for evaluation as a human milk donor and I agree to have these done.
 I have been informed that my milk will be bacteriologically tested after donation. I will be informed if the bacterial count exceeds the threshold limit, and potential hygiene measures will be discussed with me.
 I will inform a professional responsible for the milk donation or for my child in case there is any change in the answers provided above or if I develop an acute illness or infection.

Consent to milk donation and confirmation of informed consent by donor

- I hereby confirm that I have answered all the questions truthfully and carefully. I have had the opportunity to clarify all my questions related to milk donation in a personal conversation with the concerned professional.

Place, date:

Signature:

This page must be filled in together with the concerned professional during the briefing!

Other topics discussed during the informed consent discussion, specifications of the donor's answers

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Informed consent discussion conducted by

Name/title:

Place, date:

Signature:

This page is to be filled out by the attending doctor!

Medical evaluation of the blood test results

HIV-1/2	<input type="checkbox"/> negative	<input type="checkbox"/> positive
Hepatitis B	<input type="checkbox"/> negative	<input type="checkbox"/> positive
Hepatitis C	<input type="checkbox"/> negative	<input type="checkbox"/> positive
Syphilis	<input type="checkbox"/> negative	<input type="checkbox"/> positive

The tests for HIV, hepatitis B and C were done on

and need to be repeated on:

This donor's milk is acceptable: yes no

The donor has been informed about the test results. yes no

Date:..... Neonatologist's signature:

Human milk bank

The donor's milk that is not needed for her own child will be added to the human milk bank and assigned an identity number (ID).

ID NO.

