



# Whāngai Ora Milk Bank – Initial Questionnaire

Thank you for considering becoming a donor.

Just like donating blood in Aotearoa NZ, we cannot accept milk from mothers who have lived in the UK and parts of Europe for longer than 6 months up until 1996, due to the risk of CJD (the human form of ‘mad cow disease’).

We also cannot accept milk from mothers who use nicotine, because of how sick and vulnerable some of our recipients may be.

Certain medications are not able to be accepted either, but many medications are acceptable - just list whatever medications you take on the screening form when you receive it.

**If you would like us to email you the forms to complete, please fill in the details below.**

Name:.....Date.....

Email: ..... Phone.....

Are you prepared to answer a health and lifestyle questionnaire? .....

Are you prepared to have blood taken for testing? .....

Baby’s Date of birth..... Baby’s Gender M / F

Is your baby breastfeeding well?.....

Are there any health issues with either you or your baby?.....

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Do you have a breast pump? ..... Model of your pump? .....

Is this the first baby that the pump has been used for or subsequent baby? .....

Did you purchase your pump new or secondhand? .....

Do you have freezer space to store your breast milk?.....

What type of freezer do you have? Circle: Chest, upright with separate door, inside fridge

How did you find out about us? .....