



Questionnaire For Human Donor Milk (New order required every 6 months)

Initial Request Renewal

1. Participant Information:

Participant Name: _____ RIN: _____

Date of Birth _____ Weight: _____

Estimated gestational age at birth: _____

2. Clinical Assessment: (choose appropriate age category)

Please answer if under 6 months of age:

Birthweight below 1,500 grams YES NO

Presence of a congenital/acquired condition* that increases risk for development of necrotizing enterocolitis YES NO

Active treatment of hypoglycemia* YES NO

Presence of congenital heart disease* YES NO

On list to receive/has received an organ transplant YES NO

Active treatment for sepsis YES NO

Present of congenital/acquired condition* for which use of human milk confers a medical advantage to support treatment and recovery YES NO

* Specify condition/underlying diagnosis for affirmative answers:

Please answer if 6 months - 12 months of age:

- Birthweight below 1,500 grams with a long-term feeding/gastrointestinal condition* that has arisen as a complication related to prematurity YES NO
- On list to receive/has received an organ transplant YES NO
- Presence of a congenital/acquired condition* for which use of human milk confers a medical advantage to support treatment and recovery YES NO
- Diagnosis of spinal muscular atrophy YES NO

*** Specify condition/underlying diagnosis for affirmative answers:**

Please answer if 12 months of age or over:

- Diagnosis of spinal muscular atrophy YES NO

3. Nutrition Orders:

Frequency of feedings: _____

Amount of each feeding: _____ (ounces)

Total daily intake _____ (ounces)

Duration of need: _____ (months)

Administration Technique: NG Tube Gastrostomy Jejunostomy Oral

Method of Administration: Syringe Gravity Pump

Reason donor human milk is the only appropriate source of milk for this participant including explanation why the mother of the participant is unable to produce her own milk:

This information must be substantiated by written documentation in the clinical record of why the participant cannot survive and gain weight on any appropriate formula, such as an elemental formula or enteral nutritional product, other than donor human milk, and that a clinical feeding trial of an appropriate nutritional product has been considered with each authorization.

4. Human Donor Milk Bank Information:

Name: _____

Address: _____

Milk Bank Representative's Name: _____

Phone: _____

Practitioner's Name with degree: _____ NPI #: _____

Practitioner's Signature: _____ Date: _____