

Interested in Being a Milk Donor?

Please fill in this form and fax or email it to us. We will be in touch in the next week or so.

- Fax: 604-875-2371
- E-mail: mbscreening@cw.bc.ca. Please note that the internet is not a secure communications channel and any personal information you include about yourself may be intercepted and viewed during transfer. To reduce your privacy risk, do not include sensitive personal medical information.

Date: _____

Mother's Name: _____ Mother's Birth Date: _____

Partner's Name: _____

Address: _____

E-mail Address: _____

Phone Number: (H) _____ (W) _____ Other _____

On which of these numbers may the Milk Bank leave a message on your voice mail?

Baby's Name: _____ Birth Date: _____ Sex: _____

Mother's Physician's Name (GP): _____ Phone Number: _____

Address: _____ Fax Number: _____

Have you any questions about milk donation?

The Provincial Milk Bank is authorized to collect personal information under the authority of section 26 (c) of BC's *Freedom of Information and Protection of Privacy Act*. The information is used to make sure your milk is safe to give to other babies and to monitor the quality of services provided by the Provincial Milk Bank. Any questions regarding the collection of the information can be directed to the Coordinator, BC Women's Provincial Milk Bank, Room 1U50 - 4500 Oak Street, Vancouver, BC, V6H 3N1 or phone (604) 875-2424, local 6013.

This communication is intended only for the use of the BC Women's Provincial Milk Bank. It may contain information that is confidential. If you receive this communication in error, please notify us immediately at: 604-875-2282.