

Breast Pump Loan Request Form

For office use only

DONORFLEX NUMBER: _____

NAME OF PERSON REQUESTING PUMP (If different from mum): _____

CONTACT NUMBER: _____

WARD: _____

HOSPITAL: _____

DATE REQUESTED: _____

MUM'S NAME: _____

DAD'S NAME: _____

MOBILE: _____

MOBILE: _____

HOME TEL NO: _____

!!E.MAIL: _____ **very important!**

ADDRESS: _____ BT _____

BABY/IES NAME/S: _____

DOB: _____ GESTATION: _____ Weeks SEX: _____

ANY OTHER COMMENTS:

Are there any cross infection issues that we should be aware of?: **NO**

YES (please state)

For completion by TinyLife Breast Pump Loan administrator:

PUMP SERIAL NO: _____ REQUEST DEALT WITH BY: _____

DATE ALLOCATED: _____ DUE DATE OF RETURN: _____

(8 week loan)

PRIVACY STATEMENT: Any information you give to us will be held securely and in accordance with the rules on data protection. We will treat personal details as private and confidential and safeguard them. We will not disclose them to anyone unconnected with the Charity unless you have consented to their release.