



RECEIPT OF PASTEURIZED HUMAN DONOR MILK SHIPMENTS

Each shipment of PHDM must be inspected upon receipt. Check the condition of each bottle and document below. Scan and return this form to orders@midatlanticmilkbank.org. Retain a copy for your records.

Date: _____ Total Bottles: _____

BATCH NUMBER	EXPIRATION DATE	NUMBER OF BOTTLES	CONDITION OF BOTTLES
			<input type="checkbox"/> frozen <input type="checkbox"/> cap intact
			<input type="checkbox"/> frozen <input type="checkbox"/> cap intact
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			<input type="checkbox"/> frozen <input type="checkbox"/> cap intact

Staff (print)

Staff (signature)

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A copy of this form was emailed to the milk bank ☐