



3127 Penn Avenue  
 Pittsburgh, PA 15201  
[orders@midatlanticmilkbank.org](mailto:orders@midatlanticmilkbank.org)  
 phone: 412-281-4400  
 fax: 412-281-4236

### 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](mailto:orders@midatlanticmilkbank.org). Retain a copy for your records.

Dispensary name: \_\_\_\_\_

Today's 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
			<input type="checkbox"/> frozen <input type="checkbox"/> cap intact
			<input type="checkbox"/> frozen <input type="checkbox"/> cap intact

\_\_\_\_\_  
 Staff (print)

\_\_\_\_\_  
 Staff (signature)

Today's date: \_\_\_\_\_ Total bottles: \_\_\_\_\_

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\_\_\_\_\_  
 Staff (print)

\_\_\_\_\_  
 Staff (signature)

A copy of this form was emailed to the milk bank