Donor Milk Bank

Neonatal Unit

6th Floor North Wing

St Thomas Hospital

Westminster Bridge Road

London

SE! 7EH

Telephone: 020 7188 8846

Email: milkbank@gstt.nhs.uk

**Request for Donor Breast Milk**

**Date Requested:**

**Name of Person Requesting:**

**Requesting Hospital:**

**Department:**

**Delivery Address:**

**Postcode:**

**Telephone Number:**

**Cost Centre Code:**

**Number of litres required (£150 per litre):**

(in 50 ml volumes)

I understand that, We, the requesting unit will be invoiced for the above number of litres at the cost of £150 per litre.

**Signed: Name:**

**Position:**

Please initially request your milk by telephone and then e-mail this completed form to milkbank@gstt.nhs.uk

Please note that if we receive 48 hours’ notice, we may be able to facilitate a free courier. If milk is needed urgently, please note that this is something we are unlikely to be able to offer.