

For Office Use Only	
Participant #	_____
<b>Visit</b>	<b>#</b> _____

**National Children’s Study**  
**Breast Milk Data Collection Form**

As part of the National Children’s Study, we are asking you to provide a breast milk sample.

You have been provided materials for collecting breast milk, including breast pump accessories (breast shields, tubing, valves, membranes, and collection bottles), a pre-labeled plastic conical tube, and a pre-labeled brown glass bottle.

Questions for Breast Milk Collection	Response
1) What is today’s date?	____/____/_____
2) What time did you last pump or nurse before collecting your breast milk sample?	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm
3) What time did you pump your breast milk sample?	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm
4) What time did you place the samples in the freezer?	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm
5) Comments/Notes:	_____ _____

Please be sure to include this form when shipping the sample to the repository.

**Thank you for providing this information!**

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Date received: ____/____/_____	Condition: <input type="checkbox"/> Frozen <input type="checkbox"/> Thawed
Conical tube volume: _____ml	Brown glass bottle volume: _____ml

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