

**Standard Operating
Procedures
for
Human Milk Banks
in
Low Resource Settings
August 2012**

Human Milk Bank Protocols and Procedures

1. MISSION STATEMENT:	3
2. RESPONSIBILITIES OF STAFF	4
3. DONOR MOTHER SCREENING QUESTIONNAIRE	6
4. REGISTER OF DONOR MOTHERS	7
5. PRESCRIPTION FOR DONOR MILK	8
6. CONSENT FOR DONOR MILK	9
7. CONSENT FOR PRE-TERM FORMULA (NON-HUMAN MILK)	10
8. INSTRUCTIONS TO DONOR MOTHERS	11
Label 1	11
9. PROCEDURE OF PASTERUISING DONOR MILK BY FLASH HEATING	12
10. PASTEURISATION OF DONOR MILK USING A TEMPERATURE MONITOR	13
11 . RANDOM MICROBIOLOGY TESTS ON DONOR MILK	16
12. DONOR MILK RECIPIENT INFORMATION	17
13. GUIDELINES FOR PRESCRIBING OF PASTEURISED DONOR BREAST MILK	18
14. GUIDELINES FOR USING PASTEURISED DONOR BREASTMILK	19
15. Register for recipients of donor milk	20
16. Stock Book.....	21
17. Tracking Donor Milk.....	22
Appendix 1: Operational Plan for start up and equipping affordable human milk banks.....	24
Appendix 2: Inventory of items needed for Breastmilk Bank.....	26

1. MISSION STATEMENT:

To provide pasteurized donor breast milk to infants who do not have access to their mother's own breast milk in order to provide optimum nutrition and health.

Doctor in charge:

Sisters in Charge:

..... (alternate)

Milk Bank Co-ordinator:

..... (alternate)

Donor Co-ordinator:

..... (alternate)

External Consultant (optional):

The 2 designees for each post should endeavour to take leave at different times so there is always one designee on duty

- **Donor Milk Stocks are stored in the chest freezer.**
- **The chest freezer key is held by the Milk Bank Co-ordinator and the Sister in Charge. There should also be a spare key on the bunch of drug keys.**
- **When the Sister in Charge will not be on duty she should leave the key with the alternate Sister in Charge.**
- **At the end of each day Sister in Charge to hand key to the night nurse who will be responsible for dispensing the donor milk stocks.**

2. RESPONSIBILITIES OF STAFF

RESPONSIBILITIES OF DOCTOR IN CHARGE:

- To provide guidance around issues of prescribing donor milk and provide mentorship to sisters in charge and breastmilk bank co-ordinator.
- To encourage possible donors and facilitate recipient prescriptions.
- Feedback to doctors not following protocols around:
 1. Appropriate prescribing of donor milk/formula milk
 2. Filling out the prescription form completely and accurately
 3. Filling the 2 copies of the prescription form – one in patient chart and 1 in file

RESPONSIBILITIES OF SISTER IN CHARGE:

- Provide mentorship and supervision to milk bank co-ordinator and donor co-ordinator
- Ensure all registers are filled in correctly
- Ensure all babies receiving donor milk in NPN or other wards have a valid prescription form in the baby's chart and that the duplicate copy has been filed in the prescription file. There should be 2 files one for infant's currently on donor milk and one for past scripts. When an infant has stopped receiving donor milk – write date of stopping on bottom of script take out of current file and place in file with past scripts.
- Check that donor milk is handled correctly i.e. not left under the cot or on the table tops – ensure that ALL MILK IS RETURNED TO FRIDGE IN BETWEEN FEEDS
- **Daily checks that ONLY milk is stored in milk fridge – remove and discard any other substances/products**
- Random checks to ensure that once milk is defrosted it is used within 24 hours
- Random checks that milk is labelled correctly.
- At the end of the day, hand over to the night sisters and ensure that they know which infants are on donor milk and that they know how to access the milk, label it, fill in the registers etc.
- Set up ongoing education to educate all nurses and doctors around the protocols of Donor Breastmilk Banking
- **Ensure that sisters do not use the mothers' room – this room is solely for the purpose of the mothers who are expressing breastmilk or are being counselled and they should be encouraged to use it – they become intimidated if sisters are using the room.**
- **Supervise DVD player in seminar room and create educational opportunities for health workers as well as for mothers.**

RESPONSIBILITIES OF MILK BANK CO-ORDINATOR:

- On arrival, take inventory of donor milk and account for breastmilk used.
- Wash all used bottles and lids with hot water and soap and leave to dry
- Wipe down all surfaces and equipment with sterilizing agent
- Prepare bottles and lids for sterilization in the autoclave
- Record numbers of bottles sent to autoclave.
- Each day check that you have enough milk to last for approximately 1 week – when stocks are low, make arrangements to replenish.
- Receive donor milk and pasteurize, cool, label and store as per protocol.
- Ensure that donor screening form is filed and the register of donor mothers is updated.
- Update the register of donor mothers
- Update the register of infants receiving donor milk
- All breaks and leaves need to be reported to the Sister in charge and alternate back-up relief need to be arranged.
- Before leaving in the afternoon, ensure bank is clean and the cupboard and chest freezer are securely locked. Take care of all property and ensure broken equipment reported and all equipment and forms are available and re-ordered promptly.

RESPONSIBILITIES OF DONOR CO-ORDINATOR:

- Recruit donors
- Ensure donors screened as follows – fill in life-style risks questionnaire, check ANC HIV test results if negative, repeat HIV testing; only negative moms can be recruited.
- Ensure that donor mothers receive thank you card
- Check that mothers of all HIV exposed infants admitted to the ward have received infant feeding counselling if not counsel on current guidelines encouraging 12 months breastfeeding while infant receives daily nevirapine.
- Ensure that there are copies of all pamphlets in the mothers' room and wards.
- Ensure posters are in good condition – i.e. not falling off walls
- Monitor stocks of:
 - All original forms and stocks must be given to sister in charge to make more copies (Pamphlets, Thank you cards, Adhesive Labels and Self-carbonating prescription forms).

3. DONOR MOTHER SCREENING QUESTIONNAIRE

Donor Number..... Gestational age of baby.....

Note: Only proceed with screening if donor has documented proof of being HIV negative at ANC and had had a rapid test today which is negative.

Donor's details:

Name..... Hospital Number.....

Date of screening:..... Baby's Birth date:.....

This information will be treated as confidential.

#	Question	Reply
1.	Have you received a blood transfusion in the last 12 months?	
2.	Do you regularly have more than 50ml of alcohol in a 24-hour period?	
3.	Regular use of medications or use of radio-active drugs or cytotoxins?	
4.	Do you use habit-forming drugs?	
5.	Do you smoke?	
6.	Have you ever had hepatitis B or TB?	
7.	Have you ever had a sexual partner who is at risk for HIV, takes habit-forming drugs, or is a haemophiliac?	
8.	Have you had a piercing or scarring of any part of your body or a tattoo in the past year?	
9.	Has baby or you tested positive for cultures in the past week? <i>(Counsellor to check chart)</i>	
10.	Has mum has normal or sceptic Caesar? <i>(Counsellor to check chart)</i>	

If donor mother answers yes to any of the above screening questions than we are unfortunately not able to receive breastmilk from this mother.

If mother is eligible for donation then please enter her name on the donor register and determine what the next donor number is, and write this donor number and the child's gestational age in the top right hand corner of the form. The form should then be filed in alphabetical order on mother's surname

Self-carbonating Form – one form in patient file + one form in prescription

5. PRESCRIPTION FOR DONOR MILK

Patient Name:

Hospital number:

Ward:

Infant Diagnosis/ Problem list:.....

Gestation:.....

Current age: **Weight:**

Explanation of medical necessity for donor milk:.....

.....
.....

Estimated amount needed: (eg. 20ml x 8)

Day 1..... Day 2..... Day 3.....

Total volumes estimated per day:

Day 1..... Day 2..... Day 3.....

Anticipated length of time donor milk will be needed:

Doctor's Name: **Signature:**

Date:

6. CONSENT FOR DONOR MILK

..... HOSPITAL

Human Milk provides the best nutrition for infants and young children it promotes normal growth and development and helps to reduce the risk of illness. Human milk has a unique composition of nutrients, enzymes, growth factors, anti-inflammatory and immune properties which have never been replicated. The best option for a baby is its mothers own milk. When this is not available, the next best option is pasteurised donor milk from a milk bank. Pasteurised milk retains most of the nutrients and properties which protect the baby from infections.

The Milk Bank which processes the milk follows strict guidelines to ensure the safest possible product. The donors are healthy mothers who have been screened and the milk is pasteurized and checked for bacterial growth.

I understand the above information and I

_____ (legal guardian)

Give consent for my baby _____

to receive pasteurized human donor milk.

Signature: _____

Date: _____

7. CONSENT FOR PRE-TERM FORMULA (NON-HUMAN MILK)

..... HOSPITAL

Human Milk provides the best nutrition for infants and young children it promotes normal growth and development and helps to reduce the risk of illness. Human milk has a unique composition of nutrients, enzymes, growth factors, anti-inflammatory and immune properties which have never been replicated. The best option for a baby is its mothers own milk. When this is not available, the next best option is pasteurised donor milk form a milk bank. Pasteurised milk retains most of the nutrients and properties which protect the baby from infections.

Where mother's own breastmilk or donor breastmilk is not available then infants will be given preterm formula. However you need to be informed that the preterm formula which is modified cow's milk carries a potential risk of infection and allergy for the infant.

I understand the above information and I

_____ (legal guardian)

Give consent for my baby _____

to receive preterm formula.

Signature: _____

Date: _____

8. INSTRUCTIONS TO DONOR MOTHERS

Expressing and storing your breast milk

1. Please do wash your hands very carefully with soap and running water before expressing milk.
2. Use a sanitized wipes to wipe your nipple all the way around. Turn wipe over and use on the other breast.
3. Always use a sterile bottle to collect your milk and mark the bottle with your donor number and the date. Seal the lid as soon as possible after expressing.
4. Newly collected milk should be chilled immediately, either in the freezer straight away or in the fridge if it is going to be pasteurized immediately.
5. Store the bottles of milk in a separate container (box or plastic bag) in the freezer, preferably at the back or near the bottom of the freezer.
6. When you are expressing sit somewhere comfortable, relax have your baby close by and if necessary warm your breasts. You can gently massage your whole breast by rolling using your knuckles working from the outside towards your nipple. Twiddle your nipples to stimulate them. Using a warm cloth on your breast also helps the milk to flow.

Remember: When you first start expressing you may only get a few drops of milk. This improves with practice and as you do it more regularly. Hand expression is the most effective and efficient way to express your milk.

Note to hospital staff: When donor mother gives you a jar of milk put **label** (see below) on jar with donor number and date of expression. Either freeze immediately or place in fridge if it is going to be pasteurised within 6 hours.

Note: Have labels preprinted on Redfern blank stickers (available from Waltons)
The label will have to be formatted on the computer so it will print onto the size of the sticker purchased. Then the label must be covered with a waterproof transparent sticker or tape prior to freezing.

Label for expressed milk

Donor number:

Expressing date: /..... /.....

9. PROCEDURE OF PASTEURISING DONOR MILK BY FLASH HEATING

1. First determine mother has negative HIV ANC results, then do a rapid test today, if also negative then proceed with screening questionnaire.
2. Give her a donor number; file the form in donor file, alphabetically by surname.
3. Explain to her about washing her hands and wiping her breasts.
4. Ask her to express into a sterile glass jar(450-500ml glass peanut butter jar)
Wipe the outside of the rim of the bottle with a bactericidal wipe/alcohol swab. Gloves must be worn while pasteurising milk.
5. Screw lid on until ready for flash heating.
6. Up to 120ml of milk can be pasteurised at a time.
7. When ready to flash heat remove lid, place in a 1 litre pot and add **cold water** sufficient to cover the level of milk by 2 fingers widths.
8. Place the pot containing water and jar in the middle of heat source.
9. Wait until the water reaches a **rolling boil for one minute** and remove the jar with the breastmilk and screw on new sterile lid.
10. Place jar in a bowl of cold water with 4 ice bricks to cool rapidly for 10 minutes.
11. Pour milk into smaller glass bottles for freezing.
12. Label bottle- (see label below) Add pasteurisation date and batch number and expiry date to label.
13. Expiry date is **3 months after date of expression**.
14. **Freeze immediately.**
15. Wash all glass bottles and jars in hot soapy water with sunlight liquid, rinse and allow to drain. Once dry, pack 1 bottle and lid together in a packet for autoclaving.

Note: If there is no one available to flash heat the donor milk on a particular day, place the milk in the freezer in a section marked “**Unpasteurised Donor Milk**”

Label for pasteurised milk

<i>Donor number:</i>	<i>Use Before:.....</i>
<i>Expressing date: /..... /.....</i>	<i>Freezing date: /..... /.....</i>
<i>Pasteurisation date: /...../.....</i>	<i>Batch no:.....</i>

10. PASTEURISATION OF DONOR MILK USING A TEMPERATURE MONITOR

This is more efficient technology further safe guardian flash heating.

For flash heating pasteurisation using fone astra, please consult the **Manual on Flash Heating** with the step-by-step instruction provided. A summary is provided below.

Preparation

1. Ensure that you have a supply of washed and autoclaved jars and lids.
2. Wash your hands before beginning the pasteurisation process and use gloves throughout the procedure.
3. Before pasteurising donor milk, all supplies must be ready to use:
 - An induction stove
 - Four 120 ml glass jars with lids
 - A stand for holding jars
 - A 18 cm induction- compatible pot
 - A water basin for cooling
 - Four frozen ice packs for cooling
 - A temperature probe secured in the lid
 - A temperature monitoring device with all the connections in place
4. Preparation of the pot for heating:
 - The pot needs to be compatible with the induction stove
 - This can be tested using a magnet to stick to the side of the pot
 - The pot should be 18 cm across
 - Be sure the pot has been marked to measure 800 ml
5. Fill pot to 800ml mark.
6. Fill the jars
For proper heating four jars are required. Pour donor milk into up to three of the clean, autoclaved jars and water into the fourth.
 - If breastmilk is frozen and thawed, water must be cold
 - If breastmilk is fresh, water must be a room temperature
 - If there is not enough milk to fill 3 jars, fill the extra jars with the same amount of water.
 - There must always be at least one water –filled jar for the temperature probe.
 - All jars should be filled up to the upper lip, as indicated by the red arrow in the manual.

7. Secure the temperature probe lid.
Place the lid with the temperature probe onto the water control jar. Screw the lid on tightly.
8. Place the lids on jars in the stand.
Ensure that the lids are tightly screwed on and gently place the jars into the stand.

Pasteurisation

9. Set up the pot
Place the pot with 800 ml of water onto the stove. Place the stand with jars into the pot.
10. Prepare the basin with cold water for the cooling process. Water must only come to the level of the lip of the jars and not touch the lids.
11. For instructions on operating the temperature monitor refer to manual
12. Once all the donor data has been entered on the monitor, turn the stove on by pressing the top right button.
13. Press the **Hot Pot** button to start heating the pot. **Do not** use any other settings
14. Press the start button on the temperature monitor to start the pasteurisation process.
15. Heat the milk
The temperature rises as the pot is heated. Wait for instructions from the monitor.
16. Prepare to remove the stand
Just before the high temperature threshold (73°C) is reached, the monitor beeps twice and the instructions change. Prepare to remove the stand from the pot.
17. Remove the stand from the pot
At 73° C the monitor beeps continuously. Remove the stand from the pot. The beeping turns off automatically when the milk starts to cool, OR it can be turned off by pressing the **stop beeping** button.

Cooling

18. Place the stand in the bath of water for cooling. **Do not** add ice packs until prompted.
19. Turn off the stove by pressing the top right **ON/OFF** button.
20. Wait for milk to cool as instructed by the screen.

21. Add four ice packs to water bath when prompted to do so by the monitor.

22. When cooled print report and milk labels

- Cooling completes at 25 °C. The monitor beeps and shows printing options
- Print donor labels for each bottle of milk that was pasteurised
- Write appropriate expiry date on each donor label
- Expiry date is **3 months after date of expressing**
- Print report and add to register
- Label each bottle and cover label with waterproof transparent label/tape

23. Exit application on monitor to start new batch.

24. See manual for monitoring cycles on website and for trouble shooting

25. The phone has to be recharged with Vodacom airtime recharge vouchers. To recharge enter *100*01* recharge voucher number # and press call button.

11 . RANDOM MICROBIOLOGY TESTS ON DONOR MILK

This should be done on the first sample of each new mother.

Discuss with your micro lab

How:

After pasteurizing and cooling and before freezing take the sample:

- Using a disposable, sterile plastic Pasteur pipette, remove about 1ml from the bottle of milk and place in a cryotube or sterile container and label with donor number and date.
- Place in freezer in a box marked "for micro testing"
- Arrange with the NHLS/micro lab that once a week when samples are sent to them for culturing they will also test the donor milk for any pathogenic bacteria. Remember there will be numerous commensal bacteria.

12. DONOR MILK RECIPIENT INFORMATION

.....HOSPITAL

Dear Parents/Caregivers

You have been offered donor breast milk for your child. If a mother's own breast milk is not available for her baby then pasteurised donor breast milk is the *next best thing*.

- All donated milk is pasteurised. Studies have shown that pasteurisation kills any viruses or bacteria (germs) that may be in the milk, yet does not destroy the beneficial properties of breast milk. It still provides your baby with immunity, vitamins, minerals and the other beneficial properties of breast milk.
- Healthy mothers, who fill in a screening questionnaire regarding their health status, donate the breast milk.
- Every donor has been tested for the HIV virus.
- The containers recommended for the mothers to store their milk in have been sterilised before use.
- The doctor has recommended pasteurised donor breast milk for your baby because:
 - Breast milk is superior nutrition for babies.
 - Breast milk is 100% natural and has unique properties that cannot be duplicated.
 - It is perfect for babies to digest.
 - It protects your baby against infection.
 - It has important substances necessary for brain growth.
 - It protects the gut from foreign proteins.
 - It allows for optimal growth.

For further information please contact:

13. GUIDELINES FOR PRESCRIBING OF PASTEURISED DONOR BREAST MILK

Please note that the best milk for a baby is **always a MOTHER’S OWN BREASTMILK**. However, in the event that a mother is not available or is too sick to produce breastmilk the next best option is to provide donor milk from mothers who have been screened and found to have no infections, including HIV - this milk is then pasteurised as an additional safety measure.

WHO GETS DONOR BREASTMILK?

*To qualify for donor milk, each case must have a maternal **AND** a baby indication.*

All other cases should be getting their mum’s own milk, or formula for specific indications.

MATERNAL INDICATIONS	BABY INDICATIONS
<ul style="list-style-type: none"> Mum not yet able to provide sufficient EBM for her infant’s feeds Mum is post c-section and cannot come to the ward yet 	<ul style="list-style-type: none"> All babies <1.5 kg (at very high risk of NEC with formula or mixed feeding) Baby is ill, eg. ?NEC on formula

Donor milk can also be prescribed in the following cases:

- Medical contraindications for breastfeeding AND infant <1.8 kg and <14 days of age.
- Maternal death/mother critically ill AND infant <1.8 kg and <14 days of age.

Note 1:

Donor milk should usually only be prescribed for up to 14 days, but each case must be individualized and in special circumstances donor milk can be given for extended periods after discussion with Dr.

Note 2:

Mothers whose infants are receiving donor breastmilk must be encouraged to start expressing as soon as possible so that they can establish a good supply of milk. This milk should be used as soon as possible after expressing. It can be kept in the fridge for 2 days.

Note 3:

Mother’s expressed breastmilk (even if it is not sufficient to meet the infant’s full daily needs) **MUST** be given to the baby and the balance of the daily requirement can be made up with donor breastmilk. If mum is HIV-positive, she must be taught to **HEAT-TREAT** her EBM.

When donor milk is taken out of freezer for a particular baby, place in fridge to defrost and place following label on bottle.

Label for pasteurised milk taken out freezer to defrost

Recipient name:	
Number:	
Thawing date: /..... /.....	Time of thawing: h
Expiry date: / /.....	Expiry time: h
Store for less than 24 hours after thawing	

14. GUIDELINES FOR USING PASTEURISED DONOR BREASTMILK

Note 1:

Donor milk must be kept frozen until needed. Each morning take out as many bottles as you will need for the day and place in the fridge to defrost. If you are in a hurry for the milk you can defrost at room temperature or in a bowl of hot water. **Never heat breastmilk in a microwave.**

Note 2:

- Place a sticker with the name of the recipient baby on the bottle of donor milk.
- **Just before removing milk for the infant mix the bottle gently- do not shake vigorously.**
- When you are withdrawing milk for use, pour out what you will need for that feed into a cup with volume markings and return the rest of the bottle of donor milk to the fridge immediately.
- If the baby is taking feeds via NG tube use sterile syringe to draw up milk from the feeding cup and give via NG tube.
- If milk is not used within 24 hours of being defrosted it must be discarded.
- Never leave milk at bedside. ALWAYS RETURN TO FRIDGE IN BETWEEN FEEDS.

THERE ARE ONLY 3 PLACES MILK SHOULD BE KEPT:

- 1. IN THE BREAST**
- 2. IN THE FRIDGE**
- 3. IN THE BABY**

Dear Donor Mother,



Thank you so much for your very important and generous donation. Your breastmilk will make a huge difference in the lives of these babies, and will help them to grow and thrive.

We greatly appreciate your generosity and love.



With best wishes,
Hospital Milk Bank Staff

Appendix 1: Operational Plan for start up and equipping affordable human milk banks

KEY AREA	REQUIREMENTS	BASIC EQUIPMENT	ACTIVITIES/OUTPUTS
Infrastructure	Space/room	Identify room (2.7 x 2.7m)	Provide work surfaces that are easy to keep clean (lab standards). Tap/basin, multiple plug points
	Equipment	Heat resistant work top for electric induction stoves and storage cupboard	
		Two induction stoves	Purchase 2 (approx R385 each) or donated.
		Upright fridge with lower freezer compartment	Purchase or get donated by business
		Chest Freezer for storing frozen breastmilk – must be lockable	Purchase or get donated by business
		50 x peanut butter jars and lids (plus extra 50 lids) – for expressing milk 50 x glass storage jars and lids (plus extra 50 lids)	Purchase from Consol (product no. BN 300) - R3.60 each Purchase from Consol (product no. BN 813) - R3.60 each
		4 x light weight 1 litre stainless steel pots (to test if they will work on stove see if a magnet sticks to them)	Purchase. R30 each from local market in Durban or local source
		Sundries: Dishwashing liquid, soap, disinfectant, paper towels, disinfectant wipes, bottle brush, drying rack	Set up arrangement with hospital for supplies to be sourced from regular hospital supplies
Staff	Paediatrician/neonatologist – medial manager – to oversee all functioning of bank and prescribing and use of donor milk. Counsellor to recruit and screen donors. Trained Layperson to carry out all processes and documentation – Operations Manager Dieticians & nurses to provide back up support		Identify appropriate personnel and provide training. The layperson will probably not be available as a current member of staff and would ideally be brought on as a new dedicated member of staff for the breastmilk bank. An HIV counsellor could double up as the counsellor in charge of donors Protocol for training
Staff	All nurses, medical officers, interns and night staff to be trained		Attend training

Infection Control	Consult infection control officer in hospital		Inspect and provide guidelines
Safety	Consult health and safety officer, fire extinguisher		Inspection and safety advice
Microbiology	Consult with NHLS lab or other to discuss random testing of samples after pasteurisation to ensure safety		Samples from milk to be tested post flash heating
Sterilization of bottles	Consult with hospital CSSD to set up process for sterilising of bottles		Bottles to be sterilised after use

Notes:

1. Each hospital/unit should make a decision based on finances available and anticipated quantities of breastmilk, that will need to be pasteurised, as to whether they should invest in a commercial pasteuriser or in Flash Heating of individual bottles of breastmilk. Commercial pasteurisers prices can range from R70,000 to R200,000 depending on whether they are automated and whether they include a cooling cycle. For this plan we have assumed that the majority of banks in the public sector would process up to 20 bottles of milk a day and would have limited finances and have therefore chosen to use Flash Heating.
2. All banks will be provided with a detailed Operating Procedures Manual for small breastmilk banks using Flash Heating (produced by UKZN, Dept Paediatrics and Child Health) as well as the general HMBASA guidelines for operating human milk bank

Appendix 2: Inventory of items needed for Breastmilk Bank

<i>1.Documents</i>	<i>5.Equipment</i>
Screening	Cooler box
Donor prescription	White vacuutainers
Donor and Formula consent forms	swabs
Thank you letter Donor mums	steri wipes
Standard Operating Procedures Manual	pasteurisation pipettes, cryotubes
Donor and recipient pamphlets	70% ethanol
	250ml storage bottles
<i>2.Register (Book)</i>	125ml storage bottles
Stock	pots
Flash heating Training	Sterilization Bucket
Screening forms file	Curtains for privacy
Prescription forms file	
	6. Big equipment and appliances
<i>3.Labels</i>	hot plate stoves (pref induction)
Donor bottle 250ml	Fridge
Storage bottle 125ml	Freezer
Recipient plastic	Storage cabinet
	Glass cabinet
<i>4. Stationery</i>	Table
Pens fine liner (red and black)	
ruler	
prestik	
box tape	
A4 hard cover	
labels	
White preterm storage plastics	
Yellow term storage plastics	
clear recipient plastics	
Diary	
Buddy File system	