PremieLact® Human Milk for Trophic Feeds (10 mL) Product Preparation Log Sheet

This log sheet should be completed by the staff who will prepare PremieLact donor human milk (10 mL) for administration and feeding.



Patient Name and MR# or Patient Label	Lot/Serial#	Date/Time Frozen Bottle Removed from Freezer	Discard Bottle by Date/Time*	mL Dispensed/ mL Remaining	mL Discarded	Signature of Preparer/ Co-Signer
Example: J. Doe ABC123XYZ	CPL10801USA	Date: XX/XX/XX	Date: XX/XX/XX	4 mL	O mL	J. Smith
	5951	Time: 8:00 am	Time: 8:00 am	6 mL		S. Jones

^{*}Product must be administered within 48 hours of the start of thawing or according to hospital policy regarding human milk – whichever time frame is shorter.

To provide your preterm patient with a 100% human milk-based diet, call 1-888-PROLACT (1-888-776-5228) or visit www.prolacta.com.

