

Receiving and Storage Log Sheet



PremieLact® and ProLact HM® Standardized Donor Human Milk	ProLact CR® Human Milk Caloric Fortifier	ProLact+ H²MF® Human Milk-Based Human Milk Fortifiers	ProLact RTF Human Milk-Based Premature Infant Formulas
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Condition of Shipment**	Lot #/ Quantity Received	Product Name (Use a separate line for each product type being received and stored.)	Date/Time Frozen Bottle Placed into Freezer*	Expiration Date	Temperature of Freezer (must be stored at -20° C/-4° F)	Name of Staff Logging and Storing Milk Shipments
Dry Ice Frozen Upon Receipt? YES / NO Condition of Bottles: Frozen, Intact? YES / NO	Lot: <u>ABC123XY</u> Qty: <u>36</u>	<input checked="" type="checkbox"/> PremieLact 10 mL <input type="checkbox"/> ProLact HM 118 mL (4 fl oz) <input type="checkbox"/> ProLact CR 10 mL <input type="checkbox"/> ProLact+4 H ² MF 10 mL <input type="checkbox"/> ProLact+4 H ² MF 20 mL <input type="checkbox"/> ProLact+6 H ² MF 15 mL <input type="checkbox"/> ProLact+6 H ² MF 30 mL <input type="checkbox"/> ProLact+8 H ² MF 40 mL <input type="checkbox"/> ProLact+10 H ² MF 50 mL <input type="checkbox"/> ProLact RTF 24 100 mL <input type="checkbox"/> ProLact RTF 26 100 mL <input type="checkbox"/> ProLact RTF 28 100 mL	Date: <u>MM/DD/YY</u> Time: <u>8:00AM</u>	Date: <u>MM/DD/YY</u>	-4° F	J. Smith
Dry Ice Frozen Upon Receipt? YES / NO Condition of Bottles: Frozen, Intact? YES / NO	Lot: _____ Qty: _____	<input type="checkbox"/> PremieLact 10 mL <input type="checkbox"/> ProLact HM 118 mL (4 fl oz) <input type="checkbox"/> ProLact CR 10 mL <input type="checkbox"/> ProLact+4 H ² MF 10 mL <input type="checkbox"/> ProLact+4 H ² MF 20 mL <input type="checkbox"/> ProLact+6 H ² MF 15 mL <input type="checkbox"/> ProLact+6 H ² MF 30 mL <input type="checkbox"/> ProLact+8 H ² MF 40 mL <input type="checkbox"/> ProLact+10 H ² MF 50 mL <input type="checkbox"/> ProLact RTF 24 100 mL <input type="checkbox"/> ProLact RTF 26 100 mL <input type="checkbox"/> ProLact RTF 28 100 mL	Date: <u> / /</u> Time: _____	Date: <u> / /</u>		
Dry Ice Frozen Upon Receipt? YES / NO Condition of Bottles: Frozen, Intact? YES / NO	Lot: _____ Qty: _____	<input type="checkbox"/> PremieLact 10 mL <input type="checkbox"/> ProLact HM 118 mL (4 fl oz) <input type="checkbox"/> ProLact CR 10 mL <input type="checkbox"/> ProLact+4 H ² MF 10 mL <input type="checkbox"/> ProLact+4 H ² MF 20 mL <input type="checkbox"/> ProLact+6 H ² MF 15 mL <input type="checkbox"/> ProLact+6 H ² MF 30 mL <input type="checkbox"/> ProLact+8 H ² MF 40 mL <input type="checkbox"/> ProLact+10 H ² MF 50 mL <input type="checkbox"/> ProLact RTF 24 100 mL <input type="checkbox"/> ProLact RTF 26 100 mL <input type="checkbox"/> ProLact RTF 28 100 mL	Date: <u> / /</u> Time: _____	Date: <u> / /</u>		
Dry Ice Frozen Upon Receipt? YES / NO Condition of Bottles: Frozen, Intact? YES / NO	Lot: _____ Qty: _____	<input type="checkbox"/> PremieLact 10 mL <input type="checkbox"/> ProLact HM 118 mL (4 fl oz) <input type="checkbox"/> ProLact CR 10 mL <input type="checkbox"/> ProLact+4 H ² MF 10 mL <input type="checkbox"/> ProLact+4 H ² MF 20 mL <input type="checkbox"/> ProLact+6 H ² MF 15 mL <input type="checkbox"/> ProLact+6 H ² MF 30 mL <input type="checkbox"/> ProLact+8 H ² MF 40 mL <input type="checkbox"/> ProLact+10 H ² MF 50 mL <input type="checkbox"/> ProLact RTF 24 100 mL <input type="checkbox"/> ProLact RTF 26 100 mL <input type="checkbox"/> ProLact RTF 28 100 mL	Date: <u> / /</u> Time: _____	Date: <u> / /</u>		

* 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.

** For product concerns (e.g., bottle thawed, broken, missing label, chipped lid), call 1-888-PROLACT (1-888-776-5228) or visit www.prolacta.com