**Pump Serial Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location (Clinic number and name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Contact to be made in the first 24-48 hours of issuance and contacts are to be made every month thereafter.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE**  **ISSUED** | **PARTICIPANT NAME,**  **PHONE NUMBER & ID** | **REASON**  **CODE** | **PUMP KIT**  **ISSUED?** | **ISSUANCE SIGNATURE** | **CONTACT DATES**  **AND INITIALS** | **DATE & SIGNATURE RETURNED, INSPECTED AND CLEANED** |
|  |  |  | □Yes □No |  |  |  |
|  |  |  | □Yes □No |  |  |  |
|  |  |  | □Yes □No |  |  |  |
|  |  |  | □Yes □No |  |  |  |
|  |  |  | □Yes □No |  |  |  |

**REASON CODES:**

A. Premature, hospitalized or special needs infant

B. Problems with latch and/or milk transfer

C. Mom hospitalized

D. Re-lactation

E. Full-time Work, School or other Separation