

LifeShare

BLOOD CENTER

PHYSICIAN ORDER: COVID-19 CONVALESCENT PLASMA COLLECTION

Please send completed for to SpecialDonations@lifeshare.org

DONOR INFORMATION

Name _____ DOB _____ (mm/dd/yyyy)
Address _____ Male Female

Telephone () _____

() _____

CONVALESCENT PLASMA REQUIREMENT

In addition to meeting all requirements for allogeneic donation, I understand the donor must meet the additional FDA criteria as follows:

- Prior diagnosis of COVID-19 documented by a laboratory test.
- Is a male donor, or a female donor who has never been pregnant, or a female donor negative for HLA antibodies.
- Have a SARS-CoV-2 neutralizing antibody titer >1:320 (if testing can be conducted).

And

- Complete resolution of symptoms at least 14 days prior to donation with a negative test for COVID-19 either from one or more nasopharyngeal swab specimens OR from a molecular diagnostic test performed using a blood sample.

Or

- Complete resolution of symptoms at least 28 days prior to donation and donor is healthy and well on the day of donation. When donor is symptom free for >28 days, a negative test for COVID-19 is not required to qualify for convalescent plasma donation.

Physician's statement: I certify that the donor meets the above criteria and the information provided is correct.

ORDERING PHYSICIAN INFORMATION

Printed name _____ Signature _____ Date _____
Address _____ Telephone () _____ Fax () _____

For any enquiries, please contact the
Special Donations Department @ (844) 370-9879

FOR LIFESHARE BLOOD CENTER USE ONLY

Review _____ Date _____