



PHYSICIAN ORDER:
COVID-19 CONVALESCENT PLASMA
COLLECTION

Please send completed form to: SpecialDonations@lifeshare.org

DONOR INFORMATION

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

CONVALESCENT PLASMA REQUIREMENT

Per FDA Guidance for Industry: Investigational COVID-19 Convalescent Plasma, May 1, 2020

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 or a positive serological test for SARS-CoV-2 antibodies after recovery, if prior diagnostic testing was not performed at the time COVID-19 was suspected
Male donors, or female donors who have not been pregnant, or female donors who have been tested since their most recent pregnancy and results interpreted as negative for HLA antibodies.
Complete resolution of symptoms at least 14 days before the donation. A negative result for COVID-19 by a diagnostic test is not necessary to qualify the donor.
Have a SARS-CoV-2 neutralizing antibody titer >=1:160 (if available).

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 inquiries, please contact:
Special Donations Department @ (844) 370-9879

FOR LIFESHARE BLOOD CENTER USE ONLY

Review _____ Date _____