

COVID-19 CONVALESCENT PLASMA DONOR FORM



Donor Information

Name (legal name as listed on ID, e.g., driver's license): _____
Phone #: _____ Email Contact: _____ Date of Birth: _____
Address: _____
City/State/Zip: _____ Positive SARS-CoV-2 Test Date: _____
First Symptom Date: _____ Last Symptom Date: _____

DONOR REQUIREMENTS – Please confirm each of the following

The donor is eligible with either:

prior laboratory-confirmed COVID-19 diagnosis OR

has demonstrated SARS-CoV-2 antibody

AND has been completely symptom-free for either:

14 – 27 days (requires a negative swab test result after the diagnostic positive result) OR

≥ 28 days (no addition swab test required)

The following test results MUST BE attached:

Nasopharyngeal swab, negative for SARS-CoV-2 **ONLY** for donors symptom-free for 14 – 27 days

Antibody test result, positive for SARS-CoV-2 antibodies **ONLY** if the donor did not have a laboratory-confirmed COVID-19 diagnosis and qualifies for CCP donation by demonstrated SARS-CoV-2 antibodies

I certify each of the above by checking all appropriate boxes

➤ Physician / licensed designee signature: _____ Date: _____

Printed name of signatory: _____

Donor Evaluation Physician Information

Name: _____ Physician (state) license #: (_____) _____
Monitored email: _____ 24/7 Phone Contact #: _____

Facility Information (complete only if blood products will be shipped to a specific hospital)

Facility Name: UC-Davis Medical Center Transfusion Services _____
Address: 2315 Stockton Boulevard Room 2P340 _____
City/State/Zip: Sacramento, CA 95817 _____
List IND Number (if the hospital has one): _____

➤ Please email completed form and required test results to ScheduleCovidFree@vitalant.org or fax 1-833-731-0304. Donors *cannot* schedule themselves through the usual online process.

➤ For questions, please call 1-866-CV-PLSMA (866-287-5762).

VITALANT Reviewer Signature: _____ Date: _____