



Convalescent COVID Plasma (CCP) Referral Check List

Date of referral: ___/___/___

Referred by: _____ Phone: _____ Email: _____

Patient: _____ Phone: _____ Email _____

Date of birth _____

Address _____

Inform prospective donors that they *MUST NOT* present at a donor center without a prescreen by the blood center. They must have a prescheduled appointment to donate.

Has patient had a positive molecular test (e.g. PCR) for infection with SARS-CoV-2?	Yes No
If yes, date of molecular diagnostic test	___/___/___
Date this patient became asymptomatic (baseline health with no requirement for supplemental O ₂)?	___/___/___
If 14-27 days from recovery, did donor have a repeat negative molecular test for SARS-CoV-2?	Yes No
COVID-19 antibody test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done

Provider signature _____
 (Your signature constitutes attestation to the accuracy of this information)

Email this scanned document to ccpdonors@lifeservebloodcenter.org

LifeServe Blood Center Use Only

Days from recovery: _____

Donor qualified? Yes No

Donor ID# _____

Once complete, forward to Donor Recruitment

Appointment Date/Time: ___/___/___ at ___:___

Donation location: _____