

SEEKING PLASMA DONATIONS FROM RECOVERED COVID-19 PATIENTS

Versiti™, the blood bank Northwest Community Healthcare (NCH) uses, is collecting plasma from recovered COVID-19 patients to help treat others who are having complications from the disease. To make this process easier for our patients, NCH is helping Versiti screen donors. The use of recovered patients' plasma to help treat others is investigational. This means it is not approved by the FDA, however there has been initial data to support its use and it could offer hope to patients who continue to suffer.

Participants must be eligible to donate blood. Potential donors must:

- Have had a laboratory confirmed diagnosis of COVID-19 and have been treated by a physician
- Must be at least 28 days from the testing date — or — have had a negative COVID-19 test following recovery

For NCH patients, to initiate this process, please complete the form on the next page and email it to covid19plasmainfo@nch.org.

If you were not diagnosed through NCH, please complete the form on the next page and have your physician sign it, then email it to covid19plasmainfo@nch.org.

More information about how your plasma can be used to help others can be found at uscovidplasma.org.

If you have any questions, please contact us at covid19plasmainfo@nch.org.



CoVID-19 Convalescent Donor Pre-Screening

Thank you for your interest in being a donor of CoVID-19 convalescent plasma

Please complete as much of the form as you can and forward to your doctor's office for review, completion, signature and return to the email address at the bottom of the page.

Once a completed form is received, you will be contacted by a blood center representative to answer a few pre-donation questions and to make an appointment

Donor Name: _____ Phone: _____

Address: _____ Email: _____

Address: _____ Male Female DOB _____

1. Did you (donor) have a positive CoVID-19 test result (molecular diagnostic test) while you were ill?

NO* YES: Date of test _____ (Copy needed)

2. Date when you (donor) became symptom-free? Date: _____

3. Have you (donor) been symptom-free for 14-27 days AND had a negative test for CoVID-19 virus?

NO YES: Date of test _____ (Copy needed)

4. Have you (donor) been symptom-free for 28 days or more? (No additional testing required)

NO YES

*If you did not have a positive molecular diagnostic test for CoVID-19, let us know your contact information, but we will not be able to proceed to donation until an antibody test for CoVID-19 becomes available.

Thank you for being willing to help others fight this disease.

Licensed Medical Professional Name: _____

Address: _____ Phone: _____

Address: _____ Email: _____

Licensed Medical Professional Signature Date

Return this form and test results (screen shots OK) to COVID19PlasmalL@versiti.org

If you have any questions, they can be directed to COVID19PlasmalL@versiti.org