Rotary Blood Bank Gurgaon
(An ISO 9001: 2015 Certified Blood Bank)

REPLACEMENT DONOR FORM

Dated____________

To,

The Nodal Officer
Incharge COVID Convalescent Plasma
Civil Hospital
Gurgaon

Dear Sir/Madam,

I, Dr./Mr./Ms. _________________, Nodal Officer COPLA Transfusion, _________________ Hospital have been authorized for availing COPLA Banking services from your COPLA Bank. The following Patient is admitted in our Hospital as a known COVID Patient and in need of COPLA Transfusion:

Name of Patient ………………………………. Age/Sex ………….. UHID No ……………………………. Ward/Bed ……………….
Blood Group ………….. Diagnosis …………………………………………………………………………………………………..

I have screened and interviewed the following individual as a REPLACEMENT DONOR to donate Plasma in lieu of the Plasma issued for the above-mentioned Patient. The particulars of the proposed REPLACEMENT DONOR are mentioned below:

REPLACEMENT DONOR NAME: _______________
Age/Sex: ______
Identification Type and Number (Govt. Issued Photo Identity): _______________(attach copy)
Blood Group: A / B / AB / O (tick one)
Date of COVID POSITIVE Result:______ (attach copy)
Date of COVID Negative Result:______ (attach copy)

I hereby declare that to the best of my knowledge this individual meets the eligibility criteria for being a Plasma Donor.
Kindly issue one unit of Plasma for the Patient in lieu of this Replacement Donation.

Stamp & Sign of Nodal Officer:-___________
Name:-________________________________
Designation: - _________________________
Hospital: - ____________________________

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ELIGIBILITY CRITERIA FOR REPLACEMENT COVID CONVALESCENT PLASMA DONOR

Criteria		
1. Male	YES	NO
2. Nulliparous Female (i.e. Female who has Never given birth to a Child)	YES	NO
3. Weight: >55Kg	YES	NO
4. Age: 18 to 60 Years	YES	NO
5. Prior Diagnosis of COVID-19 documented by a Laboratory Test (RT-PCR) with Symptomatic Disease (at least Fever and Cough)	YES	NO
6. a). Complete Resolution of Symptoms at least 28 days prior to donation	YES	NO
OR		
b). Complete Resolution of Symptoms at least 14 days prior to donation and One Negative Real Time PCR test for COVID-19 from Nasopharyngeal Swab.	YES	NO

I certify that the Donor **Satisfies / Not Satisfy** all the above Eligibility Criteria and is **Medically Fit/ Unfit** to donate COVID Convalescent Plasma as per ICMR Guidelines (Version 6 27.06.2020) and DCGI Guidelines (01.07.2020)

NAME, SIGN & STAMP OF NODAL OFFICER

……………………………HOSPITAL GURGAON