



# Convalescent Plasma COVID-19 Donor Referral Form

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Please complete this form and email it to [Shannon.Sanchez@nchmd.org](mailto:Shannon.Sanchez@nchmd.org) if you have a patient you would like to refer. The NCH Community Blood Center will determine if your patient is eligible to donate. If they are eligible to donate, your patient will be contacted to schedule an appointment.

Patient's First Name:

Patient's Last Name:

Patient's Email Address:

Patient's Phone Number:

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Referring Physician's Name:

Name of Institution or Practice:

Street Address:

Address Line 2:

City, State, Zip Code:

Comments or Notes: