LIFESOUTH
Community Blood Centers

Clear Fields

Convalescent Plasma Order Form

LifeSouth Community Blood Centers

Date:	**Facility:**
Primary Contact: Name Phone Number Email	**Shipping Address:** Street City State Zip code
Patient Name: (Last, First)	
EAP Number/Protocol:	
Patient ABO/Rh:	
Patient Status:	
Number of units requested:	
Acceptable Blood Types: (check all that apply) ☐ O= ☐ A= ☐ B= ☐ AB= ☐ O+ ☐ A+ ☐ B+ ☐ AB+	

FAX COMPLETED FORM TO (352) 334-1029 • CONFIRM FAX RECEIVED AT (352) 334-1028

For LifeSouth Use Only

Date/Time Received:	☐ Order entered

Effective: 25 May 2020