



Convalescent Plasma COVID-19 Donor Request Form

Please complete this form and email it to Shannon.Sanchez@nchmd.org. The NCH Community Blood Center will determine if you are eligible to donate. If you are eligible to donate, you will be contacted to schedule an appointment.

First Name:

Last Name:

Street Address:

Address Line 2:

City, State, Zip Code:

Email Address:

Preferred Phone Number:

Was your COVID-19 diagnosis confirmed by a lab test?

Do you currently have COVID-19 symptoms? Symptoms may include fever, cough, and shortness of breath.

Has it been at least 14 days since the last day of your symptoms?

Date of last symptom:

Have you had a follow-up test that was negative for COVID-19 or shows you no longer have COVID-19?