

## Donor Informed Consent form COVID-19- Convalescent Plasma (CCP)

Donor Name: .....	Age/Gender : .....	Blood Group:.....
Unique ID :.....	Father's name :.....	Mobile no:.....
Address.....		Date:.....

**I understand that:**

1. I, hereby volunteer to donate convalescent plasma by apheresis. The information about the procedure and adverse reactions associated with the procedure have been explained to me in my language, I understand.
2. I had opportunity to request further description, additional questions, information and explanation about this procedure from the physician and this was explained to me in my language, I understand.
3. I may withdraw from the procedure at any time, without prejudice.
4. Donation of convalescent plasma by apheresis is a medical procedure which might be associated with some risk or adverse reaction.
5. A small sample (5-10 ml) of my blood will be drawn for blood grouping, antibody screening, Complete blood count(CBC), Serum protein, IgG antibody specific to SARS-CoV-2 and testing of transfusion transmitted infectious (TTI) diseases like Hepatitis B, Hepatitis C, HIV/ AIDS, Malaria parasite and Syphilis which are required to ensure blood safety and safety of recipient.
6. I will be notified of any abnormal findings in these test results. Appropriate education, counselling, and referral will be offered. The information about abnormal result of TTI screening test are reported to the State/local health authorities.
7. The CCP donation procedure will take approximately 30-60 minutes. To prevent clotting during the procedure, citrate anticoagulant will be added to my blood.
8. Blood from a vein in my arm will be processed through special equipment (apheresis cell separator) where plasma, and red blood cells will be separated. The red blood cells will be returned to me through the same/other arm.
9. I have been informed that most of the risks associated with this procedure are similar to those involved in whole blood donation like hematoma (bruise at the needle site), and vaso-vagal reaction (includes pallor, fainting or dizziness, feeling of warmth, light headedness, nausea, vomiting, convulsions, seizures etc.).
10. In addition to these risks, the possible complications of this procedure include side effects resulting from the citrate such as tingling sensations in the fingers or lips, numbness, muscle cramping, tremor etc. and blood loss, red cell destruction and air embolism etc.
11. The procedure and associated risks have been explained to me by .....  
.....(Name of Medical Doctor/ Technical supervisor).
12. I am giving my consent to donate convalescent plasma by apheresis technique and use of my picture and video taken during apheresis to create social awareness for CCP donation.

	Donor	Witness	Medical Doctor
<b>Signature:</b>			
<b>Name:</b>			
<b>Date:</b>			