



### Eligibility for COVID-19 Convalescent Plasma

Dear Dr. \_\_\_\_\_  
Print Name

Your patient \_\_\_\_\_ graciously  
Print Name DOB Phone Number

wishes to participate in the Miller-Keystone Blood Center **COVID-19 convalescent plasma collection program** to treat critically ill COVID-19 patients. In order for us to accept this donor, I need you to attest to the following:

My patient named above meets one of the following conditions:

- 1) Tested positive for SARS-CoV-2 RNA, the virus that causes COVID-19 disease on (Date) \_\_\_\_\_, is now recovered from COVID-19 and has been symptom free for at least 28 days.
- 2) Tested positive for SARS-CoV-2 RNA, the virus that causes COVID-19 on (Date) \_\_\_\_\_ and has been symptom free for between 14 and 28 days **AND** has had one negative SARS-CoV-19 RNA test on (Date) \_\_\_\_\_.
- 3) Never was tested for SARS-CoV-2 RNA, is now recovered, and had a positive test for SARS-CoV-2 antibodies on (Date) \_\_\_\_\_.

Signed: \_\_\_\_\_  
Signature of Health Care Provider

Date: \_\_\_\_\_

Please fax this form to the HIPAA confidential fax number: 610-868-9877 or ask your patient to schedule an appointment by calling Traci Bacon at 610-691-5850 Ext. 1279 and bring this document when keeping the appointment.

Thank you for your participation in this process. Should you have any questions please do not hesitate to contact me at 610-691-1670 or [kkuttner@giveapint.org](mailto:kkuttner@giveapint.org).

Most Sincerely,

D. Kip Kuttner, D.O.  
Medical Director MKBC