Request for COVID-19 Convalescent Plasma

Parent document: SOP-01209

Customer Service Order		
Date:	**AHP Code:**	**Date/Time Despatch from Lifeblood:**
Ordered by:	**Phone:** **Fax:**	**COVID-19 Convalescent Study (Tick):** ☐ **REMAP-CAP** ☐ **ASCOT**
AHP Name:	**Study Participant Number:**	

NSW	**Victoria**	**Queensland**
Phone: 1300 478 348	Phone: 03 9694 0200	Phone: 07 3838 9010
Email: despatch@redcrossblood.org.au	Email: bloodnetvictoria@redcrossblood.org.au	Email: bloodnetkelvingrove@redcrossblood.org.au
Fax: 02 9234 2050	Fax: 03 9694 0245	Fax: 07 3838 9400
Western Australia	**Tasmania**	**South Australia**
Phone: 08 9421 2800	Phone: 03 6215 4122	Phone: 1300 136 013
Email: customerservicewa@redcrossblood.org.au	Email: bloodnettasmania@redcrossblood.org.au	Email: BloodNetSouthAustraliaSA@redcrossblood.org.au
Fax: 08 9221 1215	Fax: 03 6215 4197	Fax: 08 8225 8199

Components		**Group 0**	**Group A**	**Group B**	**Group AB**
COVID-19 Convalescent Fresh Frozen Plasma	Required				
	Agreed				

Additional Comments:

Lifeblood Use Only	
Delivery Details:	**Courier & Account No (if applicable):**
Order No:	