

Request for COVID-19 Convalescent Plasma

Parent document: SOP-01209

Customer Service Order					
Date:		AHP Code:		Date/Time Despatch from Lifeblood:	
Ordered by:		Phone:		COVID-19 Convalescent Study Name:	
		Fax:			
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 135 013	
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 O	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:					