Plasma Transfusion Form Quick Reference

Intended User: Physicians, Nurses, Research Coordinators, Support Personnel

First Plasma Transfusion Form

Select the “Begin survey” button next to the text label “Plasma Transfusion Form” after transfusing your patient to provide information regarding the transfusion and the 4 hours following it.

Confirm the information is correct.
If transfusion was started and then stopped, you will be prompted to provide additional information.

If multiple units transfused within 12 hours, report on single form. If time between exceeds 12 hours, fill out separate transfusion forms.

If you select a city/region blood bank, you will be prompted to select it from a drop down. **It is crucial that you provide the correct plasma unit identifying number.** A sample plasma label picture as well as sample number format has been provided to assist you in finding and reporting the proper plasma unit identifying number.
Review list of serious adverse events and confirm if any occurred within 4 hours of transfusion. If any Serious Adverse Events occur within 7 days of ANY EAP convalescent plasma transfusion, it is a regulatory requirement that you complete a Serious Adverse Event Report for each event.

Select “Submit” when you complete this form, as that is the only way to receive an email confirmation. You may return to edit this form later if needed.

Additional Transfusion Forms

After completing your transfusion form, you may select either of the options shown to complete an additional transfusion form.
View and Edit Transfusion Forms

After completing multiple transfusion forms, you may view the details of them in your patient dashboard. You may also select “Edit response” to review and edit any responses.

Help/Support

- Email: USCOVIDplasma@mayo.edu
- Website: https://www.uscovidplasma.org/