



Rotary Blood Bank Gurgaon
 (An ISO 9001: 2015 Certified Blood Bank)



FOR THE USE OF BLOOD BANK

Request receiving no. _____
 Received on _____ Time _____
 Signature _____

DEPARTMENT OF BLOOD BANK/TRANSFUSION MEDICINE
Authorization Form for Receiving Convalescent Plasma

Dated

To,
 Nodal Officer
 Civil Hospital
 Gurugram

Dear Sir/Madam,

I, Dr./Mr./Ms. _____, Nodal Officer COPLA Transfusion, _____ hospital have been authorized for availing COPLA Banking services from COPLA Bank at Rotary Blood Bank Gurgaon. The following patient is admitted in our Hospital as a known COVID Patient and in need of COPLA transfusion:

Name of Patient: _____ Age/Sex: _____ Ward/Bed: _____
 UHID No: _____ Diagnosis: _____ Blood Group: _____

I hereby grant Mr./Mrs./Ms _____ authorization to collect _____ units of Convalescent Plasma for above mentioned Patient on my behalf. In order to expedite the identification verification process, I am including method of Identity below:

Authorized Person: _____
 Identification Type (Govt Issued Photo Identity) : _____
 Identification Number mentioned on Photo ID: _____
 Sample of Signature (Hand-written Signature Sample): _____

Please contact on _____ for any concerns regarding the above.

Yours Sincerely

Sign & Stamp of State Nodal Officer:-

Name.- _____
 Designation :- _____
 Hospital:- _____

FOR USE AT ROTARY BLOOD BANK GURGAON ONLY

Authorization by Nodal Officer
 (Civil Hospital Gurgaon)

Authorization by I/C COPLA Bank
 Rotary Blood Bank Gurgaon
