



INSTITUTE OF LIVER & BILIARY SCIENCES

(An autonomous Institute under Government of NCT of Delhi)

DELHI PLASMA BANK

KEY REQUIREMENTS FOR ISSUANCE OF CONVALESCENT PLASMA (COPLA):

1. COVID 19 Convalescent plasma will be issued on replacement donation basis in order to ensure sustainability of the Plasma Bank
2. Convalescent plasma for COVID 19 patients will only be issued on signed and stamped requisitions/requests from the authorized nodal officers of the treating hospitals.
3. Requisition for COPLA shall be in the provided format accompanied by an authority letter from the nodal officer in the prescribed format.
4. Following documents / items will be verified at the plasma bank reception desk at ILBS:
 - a. Requisition form duly signed and stamped by the treating physician from treating hospital.
 - b. Authority letter signed and stamped by the nodal officer.
 - c. Blood sample (2-3 ml) in EDTA vial
 - d. Patient information sheet duly filled and signed and stamped by treating physician and counter signed by nodal officer.
 - e. Insulated box (usually thermocol) for carrying issued plasma.
 - f. Certification that the plasma is not available at the treating hospital is to be signed on form no.1 & 2
5. The replacement donor will be counseled and directed to the COPLA donation area on second floor of "Phase-2" of ILBS at D-1, Vasant Kunj, New Delhi.
6. The overall waiting time is around 4-5 hours, which involves cascade of investigations/ testing of the patient blood sample as well as exchange donor plasma for ascertaining the blood group/ plasma compatibility towards patient safety and to minimize adverse transfusion reactions.
It may take more time if there is a rush. Attendant / bearer are requested to wait in the designated waiting area
7. COPLA will be issued for the following location only :- Delhi, Noida, Gurugram, Ghaziabad and Faridabad and not beyond
8. Blood grouping report of patient is mandatory.
9. Not more than 2 units will be issued per patient; only one unit will be issued at a time.
10. For second unit form and sample is mandatory as required for the issue of first unit.
11. Donor eligibility criteria as laid down as per the Drugs and Cosmetics Act and Rules (amended March 2020) in addition to COVID-19 convalescent plasma donor eligibility parameters
12. Rights for issue of plasma reserved by Dept. of Transfusion medicine ILBS / GNCTD.

Working hours – 8am to 8pm on all days

Contact Details: - www.ilbs.in

Helpline - 011 46300000 Ext. 22200, 22201

8448884344;



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General Terms and Conditions for Issuance of Convalescent Plasma:

1. Each COVID-19 treatment centre/ hospital, whether in Government or Private, shall notify a **nodal officer** to co-ordinate for requisitioning of COVID-19 convalescent plasma from ILBS.
2. COVID-19 convalescent plasma would be issued on first come first served basis to both the government and private hospitals of NCT of Delhi against replacement COVID-19 convalescent plasma donation.
3. The COPLA would be issued to the concerned hospital with the understanding that there would be no commercial intent or profit motive in its usage.
4. COVID-19 convalescent plasma will be issued only on the request/prescription of the treating physician; no patient attendant shall solicit plasma for their patient without valid prescription.
5. The requisition of plasma along with blood sample for blood grouping and cross matching would be properly checked by the physician and the concerned hospital, and it would be their responsibility to check the plasma received from the Plasma Bank before usage in the patient.
6. It shall be the responsibility of the treating physician /Nodal officer to:
 - a. Assure that plasma is requisitioned and to be utilized as per the DCGI/ ICMR guidelines (Version 4, 27.6.2020 or as updated from time to time)
 - b. Requisition form (Form – 2) and blood sample is sent as per legal requirements to ILBS
 - c. All information requested on the patient information sheet (Form – 4) is filled and duly signed by the treating physician and countersigned by the nodal officer of the concerned hospital
 - d. Follow-up and outcome is reported to nodal officer ILBS in the designated format on a regular basis.
7. The COVID-19 convalescent plasma shall be used only for **off label** use on a compassionate basis as per prevailing DCGI/ ICMR guidelines and not as a part of any clinical trial. (Off-label use means, physicians can use an approved therapy for an as yet unapproved indication).
8. Outcomes of use of this COVID-19 convalescent plasma will not be used for any academic presentation or publication without prior permission of the GNCTD and/or Director, ILBS.
9. The physician and the concerned hospital requisitioning the plasma would be entirely responsible for the correct selection of the patients, plasma infusion, monitoring of the patients, management of adverse events and the outcomes, including mortality.
10. Every hospital would keep a record of all the patients, as per the guidelines set for the Blood Banks.
11. If the above conditions are not met, COVID-19 convalescent plasma will not be issued to the defaulting hospital.
12. Neither the GNCTD nor ILBS would be directly or indirectly, legally and/or financially liable for outcomes of the off-label use of plasma therapy.

Delhi Plasma Bank

THE PROCESS FOR COVID-19 CONVALESCENT PLASMA ISSUE

1. You have to initially present documents at Plasma Bank Reception, second floor, "Phase-2" of ILBS for verification.
2. After verification of forms at the Plasma Bank Reception submit the forms and sample at the Blood Bank in the basement of "Phase-1" of ILBS hospital.
3. Bring suitable COVID-19 recovered plasma donor to replace the plasma.
4. Donor has to meet eligibility criteria for being able to donate plasma. In case these conditions are not met, your request for plasma will not be processed further so please read carefully.
5. Plasma will be issued against successful donation of COVID-19 convalescent plasma by an eligible donor.
6. The process of plasma donation by the COVID-19 convalescent plasma donor followed by processing of sample and issue of plasma usually take 4-6 hours but may take a longer time, if there is a rush or any other contingency.
7. The Plasma Bank is functional for collection and issue of COVID-19 convalescent plasma 8 am to 8 pm.
8. Undertaking from Nodal Officer that plasma is not available in treating hospital.

FORMS & DOCUMENTS REQUIRED

- Bring all the 5 forms (signed and stamped) from the hospital where patient is admitted.
- And one set of following documents in photo copy along with originals.
 - a. COVID-19 Positive Report of donor (Rapid antigen test/RT PCR).
 - b. COVID-19 Negative Report of donor if available (Rapid antigen/RT PCR).
 - c. Donor's Aadhar card both sides printed.
 - d. Patient's Aadhar card both sides printed.
 - e. Aadhar card both sides printed of attendant of patient who has come to receive convalescent plasma.

Delhi Plasma Bank

Eligibility criteria for COVID-19 convalescent plasma donation

Healthy and medically fit individuals who have suffered from COVID 19 in the past and have developed sufficient antibodies in their blood against COVID 19 are eligible to donate COVID 19 Convalescent Plasma, but due to the highly complicated pathophysiology of the disease, a number of other conditions need to be met before a person can be considered for plasma donation. The following criteria are in addition to the Donor Eligibility Criteria laid down in the Drugs and Cosmetics Act and Rules (amended March 2020) and apply specifically to COVID 19 Convalescent Plasma donation.

1. Plasma donation can be done only within 4 months of turning Covid-19 positive, so the COVID 19 positive report of the donor must not be older than 4 months from the day of donation.
2. Bring a spare copy of the COVID-19 positive report (both Rapid Antigen Test and RT PCR reports are acceptable) as it will be submitted along with the rest of the documents.
3. If the Donor was **asymptomatic** during the course of the disease (meaning that he or she had no fever, cough or other symptoms of COVID 19), then he/she may donate after 14 days of a COVID-19 positive report (RAT / RTPCR).
4. If the donor was **symptomatic** during the course of the disease (meaning that he or she had one or more of the symptoms of COVID 19 like fever, cough, body ache etc), then he/she may donate only after 14 days have passed from the last day he / she experienced any of the symptoms.
5. Potential donors who want to donate within 28 days of turning positive must produce a COVID-19 negative report on the day of donation. Beyond 28 days, negative report is not required.
6. Persons who have received any COVID-19 vaccination (COVISHIELD/COVAXIN) will not be able to donate up to 14 days from the date of first or second dose of vaccination.
7. Please bear in mind that the candidate's COVID Antibody Titres will be measured at ILBS and there is a possibility that the donor gets rejected if he/she lacks adequate antibodies.
8. A photocopy of Aadhar card (both sides) is required for documentation
9. All laboratory tests to determine donor eligibility will be done as per rules prior to convalescent plasma collection.
10. This process usually takes 4- 5 hours but may take a longer time, if there is a rush or any other contingency.

The following donors are not eligible to donate convalescent plasma:

1. Weight less than 55kg
2. Females who have ever been pregnant
3. Diabetic on insulin
4. B.P more than 140 and diastolic less than 60 or more than 90
5. Uncontrolled diabetes or hypertension with change in medication in last 28 days
6. Any Cardiac disease
7. Cancer Survivors
8. Chronic kidney, lung or liver disease.

We are aware that donors and families of recipients have to make enormous efforts to arrange for Convalescent Plasma donation, but the above criteria, however stringent, are meant to protect the recipients from any kind of harm or adverse effects and hence are not negotiable. We would deeply appreciate your kind understanding, patience and cooperation in this endeavour. We also would advise you to arrange more donors than you need since there is a good chance that some of them may get rejected. You may end up saving valuable time in this period of crisis.

Thanks

ILBS Delhi Plasma Bank

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FORM FOR **NOMINATION** OF NODAL OFFICER BY MS/DMS
FOR REQUISITIONING CONVALESCENT PLASMA (COPLA) FROM DELHI
PLASMA BANK

1. Name of hospital proposing to use COPLA for COVID patients _____
2. Address: _____
3. Name of Medical Superintendent/Operational Head: _____
4. Name and Designation of Nodal Officer designated for requisition of COPLA:

5. Contact Number: _____
6. Agreement to Terms and Conditions _____

Terms and Conditions of Issue of Convalescent Plasma

1. I / we hereby notify the above mentioned **nodal officer** to co-ordinate and requisition COVID-19 convalescent plasma from ILBS.
2. I / We agree that COVID-19 convalescent plasma will be issued only on the request/prescription of the treating physician; no patient attendant shall solicit plasma for their patient without valid prescription.
3. I / We agree that the requisition of plasma along with blood sample for grouping and matching would be checked and verified by the physician, and it would be their responsibility to check, the plasma received from the plasma bank, before usage in the patient.
4. I / We agree that the ICMR guidelines (Version 4, 27.06.2020) and DCGI Guidelines (01.07.2020) or prevailing guidelines in this regard shall be followed.
5. I / We agree that it shall be the responsibility of the treating physician /Nodal officer to: -
 - a. Requisition form and blood sample is sent as per legal requirements to ILBS
 - b. All information requested on the patient information sheet (**Form – 4**) is filled and duly signed by the treating physician and countersigned by the nodal officer of the concerned hospital
 - c. Transfusion follow-up and treatment outcome is reported to nodal officer ILBS in the designated format as early as possible.
6. I / We agree that the COVID-19 convalescent plasma shall be used only for **off label** use on a compassionate basis as per ICMR guidelines (Version 4, 27.6.2020) and DCGI Guidelines (01.07.2020) and not as a part of any clinical trial. (Off-label use means, physicians can use an approved therapy for an as yet unapproved indication).
7. I / We agree that outcomes of use of this COVID-19 convalescent plasma will not be used for any academic presentation or publication without prior permission of the GNCTD and/or Director, ILBS.

8. I / We shall be entirely responsible for the correct selection of the patients, plasma infusion, monitoring of the patients, management of adverse events and the outcomes, including mortality.
9. I / We would keep a record of all the patients, as per the guidelines set for the blood banks.
10. COPLA issued should be transfused to the patient it is issued from Delhi Plasma Bank. In case it is not transfused for any reason it should be returned back to Delhi Plasma Bank.
11. Neither the GNCTD nor ILBS would be directly or indirectly, legally and/or financially liable for outcomes of the off-label use of plasma therapy.

DECLARATION: IT IS HEREBY CERTIFIED THAT {A / B / O / AB} (tick one) BLOOD GROUP PLASMA IS NOT AVAILABLE IN OUR HOSPITAL/BLOOD BANK

Nodal Officer:

Signature
Name
Designation
Contact Number
Email

Stamp of Nodal
Officer/Hospital

I, _____, Medical Superintendent/Operational Head, _____ Hospital do hereby declare that I have read and understood the conditions mentioned above and agree to abide by the same for the purpose of Convalescent Plasma Use in my hospital. Further, _____

_____ is hereby authorized as the Nodal Officer from this Hospital to requisition COPLA.

Stamp of Nodal
Officer/Hospital

Signature

For the use of Blood Bank

Request receiving no. _____

Received on _____ Time _____

Signature _____

DEPARTMENT OF BLOOD BANK/TRANSFUSION MEDICINE**Request for COVID 19 Convalescent Plasma (One unit)**

Patient's Name: - _____ Patient's UHID/I.P. No. _____

Father's / Husband's Name: - _____

Name of the Hospital indenting COPLA _____

Doctor In charge _____ Age/Sex: - _____ Ward/Room (Bed) No. _____

Clinical Diagnosis: _____

Reason for transfusion: _____

History of transfusion _____ Yes No if yes, ABO group _____ Rh (D) _____

Reaction if any: _____

If patient is female: Has she ever been pregnant Yes No : Para _____

History of HDNB, Still Birth, miscarriage: _____

Hb _____ gm/dl PT _____ sec. APTT _____ sec. Platelet Count _____ /ml

Date of Indent _____ at _____ Sample Collected by Name: _____ Sign: _____

Stamp of Physician
/Hospital

Sign of Physician: - _____

Name of Physician: - _____

Designation :- _____

Contact Number:- _____

DECLARATION: IT IS HEREBY CERTIFIED THAT{A / B / O / AB} (tick one) BLOOD GROUP PLASMA IS NOT AVAILABLE IN OUR HOSPITAL/BLOOD BANKStamp of Nodal
Officer
/Hospital

Sign of Nodal Officer:- _____

Name of Nodal Officer:- _____

Designation :- _____

Contact Number:- _____

INSTRUCTIONS

- 2-3 ml patient's blood should be sent in a properly labelled EDTA tube along with requisition form.
- The requisition must be complete in all respect. Details should be same both on the form and the label of the blood sample.
- Requisition forms are accepted from 8 am to 8 pm at COPLA Reception Desk at ILBS.
- Blood and its component must be taken when required for definite use; **it may be returned back if not used.**
- Blood grouping report of patient is mandatory.
- Validity of this form is 3 days from receiving if COPLA is not issued.



Institute of Liver & Biliary Sciences

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

To,
The Nodal Officer,
Convalescent Plasma
Bank,
Institute of Liver and Biliary
Sciences, D-1, Vasant Kunj, New
Delhi.

Dated _____

Dear Sir/Madam,

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

Name of Patient Diagnosis	Age/Sex	Ward/Bed Blood Group	UHID No
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I hereby grant Mr./Mrs./Ms _____ authorization to collect _____ units of Convalescent Plasma for above-mentioned patient on behalf of this Hospital. In order to expedite the identification verification process, the following is certified:

Identification Type (Govt. Issued Photo Identity): _____

Identification Number mentioned on Photo ID: _____

Sample of Signature (hand-written signature sample): _____



Sign of Nodal Officer:- _____

Name:- _____

Designation :- _____

Hospital:- _____

Contact No: _____

FOR OFFICIAL USE AT ILBS (authorization by either one of them would suffice)

Authorization by AHO/DHO

Authorization by OIC COPLA Bank

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PATIENT INFORMATION SHEET

(To be filled by Treating/Requisitioning Hospital)

Name of Hospital: _____

Patient Name: _____ Registration No.: _____ Age/ Sex: _____

Phone no: _____ Date of Testing Positive for SARS CoV 2: _____

Present complaints	Yes	No	If yes, duration
1. Fever			
2. Dry Cough			
3. Breathlessness			
4. Sputum production, if any			
5. Pain in abdomen			
6. Nausea			
7. Anorexia			
8. Diarrhoea			
9. Myalgia			
10. Fatigue			
11. Loss of smell			
12. Shock			
13. Any other:			

Patient Parameters	
1. Respiratory Rate	
2. Oxygen saturation level	
3. Partial pressure of oxygen (PaO ₂)/oxygen concentration (FiO ₂)	
4. Lung infiltrates	Present/Absent
5. Supplemental Oxygen	Yes/No
6. On Mechanical Ventilation	Yes/No
7. Any other specific information	

Sign of Treating Physician: - _____

Name: - _____

Designation:- _____

Contact Number:- _____

Countersigned:

Name & Signature of Nodal Officer

Stamp of
Physician/Nodal
Officer/Hospital



REPLACEMENT DONOR FORM

Dated_____

To,
 The Nodal Officer
 Convalescent Plasma Bank
 Institute of Liver and Biliary
 SciencesD1, Vasant Kunj, New
 Delhi

Dear Sir/Madam,

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

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

I have screened and interviewed the following individual as a REPLACEMENT DONOR to donate plasma in lieu of the plasma issued for the above-mentioned patient. The particulars of the proposed REPLACEMENT DONOR are mentioned below:

REPLACEMENT DONOR NAME: _____
 Age/Sex: _____
 Identification Type and number (Govt. Issued Photo Identity):_____ (attach copy)
 Blood Group: A / B / O / AB (tick one)
 Date of COVID Positive result:_____ (attach copy)
 Date of COVID Negative result:_____ (attach copy)

I hereby declare that to the best of my knowledge this individual meets the eligibility criteria * for being a plasma donor.

Kindly issue one unit of plasma for the patient in lieu of this replacement donation.

Stamp of Nodal
Officer/Hospital

Sign of Nodal Officer:- _____
 Name:- _____
 Designation :- _____
 Hospital:- _____