BioBridge GLOBAL
QUALTEX GENCURE South Texas Blood & Tissue Center

COVID-19 Convalescent Plasma Physician Documentation

Physicians, please complete and fax to BioBridge Global Headquarters, (210) 731-5501. If you have any questions, please call 210-731-2719.

Date: _____ **To: South Texas Blood & Tissue Center**

PATIENT INFORMATION

Name: _____
Last First Middle Initial

Date of Birth: _____

Address: _____
Street Apt. # City / State

Home Phone: (____)_____ Work Phone: (____)_____

EVALUATION

COVID-19 Diagnostic Testing

☐ Patient Tested Positive for COVID-19

Provide Date (if available): _____

☐ Patient has had a Follow-Up Negative COVID-19 Test

Provide Date (if available): _____

☐ Does this Patient have SARS-CoV 19 Titer Testing (if available)? Provide Titer: _____

Provide date (if available): _____

COVID-19 Symptoms

When is the last date the patient had symptoms? _____

PHYSICIAN/DESIGNEE INFORMATION

Name: _____ Office Phone: (_____)_____

Address: _____ FAX: (____)_____

Physician/Designee Signature: _____