DONATE PLASMA

👤	username

🔑	password

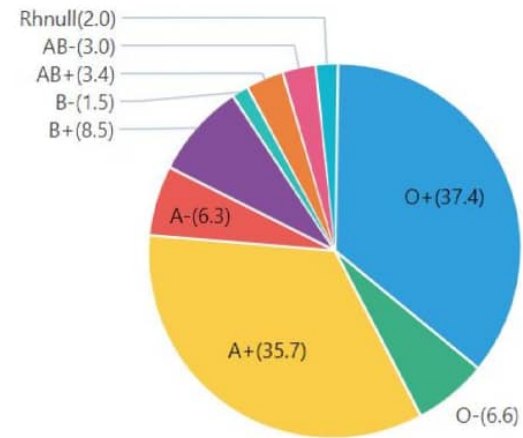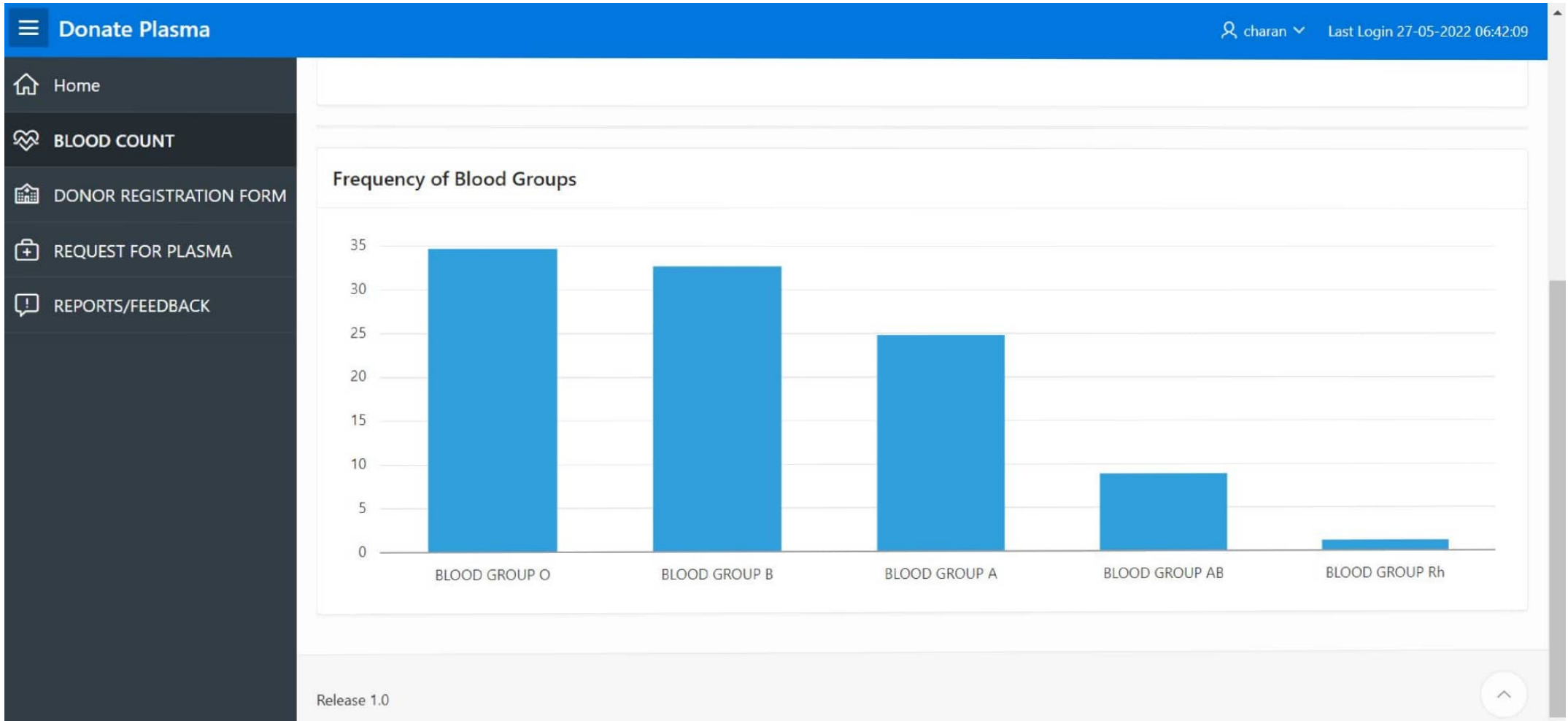☐ Remember username   ⑦

Forgot Password?

Sign In

Sign Up

Donate Plasma

⌂ Home

〰 **BLOOD COUNT**

▦ DONOR REGISTRATION FORM

⊞ REQUEST FOR PLASMA

▢ REPORTS/FEEDBACK

Availability of blood groups

Rhnull(2.0)
AB-(3.0)
AB+(3.4)
B-(1.5)
B+(8.5)
A-(6.3)
O+(37.4)
A+(35.7)
O-(6.6)

⌂ Home

∿ BLOOD COUNT

▦ DONOR REGISTRATION FORM

⊞ REQUEST FOR PLASMA

▢ REPORTS/FEEDBACK

Frequency of Blood Groups

35				
30				
25				
20				
15				
10				
5				
0				
BLOOD GROUP O	BLOOD GROUP B	BLOOD GROUP A	BLOOD GROUP AB	BLOOD GROUP Rh

Release 1.0

⌃

Donate Plasma

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- Home
- BLOOD COUNT
- DONOR REGISTRATION FORM
- REQUEST FOR PLASMA
- REPORTS/FEEDBACK

Registration Form

Name

Email

Age(18 - 65 years)

Weight(Above 50kg)

Address

Home

BLOOD COUNT

DONOR REGISTRATION FORM

REQUEST FOR PLASMA

REPORTS/FEEDBACK

Mobile No

Blood Type *

- ○ O +
- ○ O -
- ○ B+
- ○ B -
- ○ A +
- ○ A -
- ○ AB +
- ○ AB -
- ○ Rhnull

Recovered From Covid-19

- ○ Yes
- ○ Not Diagonised with COVID-19

Vaacination *

- ○ 1ST DOSE
- ○ 2ND DOSE
- ○ 3RD DOSE(BOOSTER)
- ○ NOT YET

⌂ Home

〰 BLOOD COUNT

🏛 **DONOR REGISTRATION FORM**

⊞ REQUEST FOR PLASMA

💬 REPORTS/FEEDBACK

○ AB +

○ AB -

○ Rhnull

Recovered From Covid-19

○ Yes

○ Not Diagonised with COVID-19

Vaacination *

○ 1ST DOSE

○ 2ND DOSE

○ 3RD DOSE(BOOSTER)

○ NOT YET

CONSENT:

I understand that:

- Plasma Donation is voluntary act and no inducement or renumeration will be offered.

- My Donated Plasma may be given to patient (currently ill with COVID-19), who is likely to benefit from it.

- I qualify the minimum criteria and give my consent on the above understanding for donating plasma.

Cancel   **Register**

- 🏠 Home
- 〰 BLOOD COUNT
- 🏫 DONOR REGISTRATION FORM
- ⊞ REQUEST FOR PLASMA
- 💬 REPORTS/FEEDBACK

Plasma Request Form

Name

Email

Age(18 - 65)

Weight(Above 50kg)

Reason For Requesting Plasma

Address

- ⌂ Home
- BLOOD COUNT
- DONOR REGISTRATION FORM
- **REQUEST FOR PLASMA**
- REPORTS/FEEDBACK

Mobile No

Blood Type *
- ○ A +
- ○ A -
- ○ AB +
- ○ AB -
- ○ B +
- ○ B -
- ○ O +
- ○ O -
- ○ Rhnull

Vaacination *
- ○ 1ST DOSE
- ○ 2ND DOSE
- ○ 3RD DOSE(BOOSTER DOSE)
- ○ NOT YET

Cancel   **Request plasma**

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⌂ Home

〰 BLOOD COUNT

🏨 DONOR REGISTRATION FORM

⊕ REQUEST FOR PLASMA

▢ REPORTS/FEEDBACK

Reports/Feedback Form

Name

Email

Feedback/Suggestion

Complaints

Cancel   **Submit**