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Department of Health & Family Welfare
KARNATAKA STATE AIDS PREVENTION SOCIETY

Arogya Soudha, 4th Floor, Leprosy Hospital premises, I Cross, Magadi Road,
Bengaluru -560 023.

No: KSAPS/BS/06/2020-21

Date: 29/09/2020

Official Memorandum

Sub: Details of CCP donors required for reimbursement reg.
Ref: Letter No. HFW/SAST/MM-32/2020-21 dt. 24.09.2020

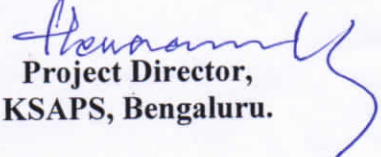
With respect to above mentioned subject and letter under reference, it is requested to share the details of COVID19 Convalescent Plasma (CCP) donors is needed to pay Rs. 5000/- towards the care and nutritional support.

1. Donor's name
2. Aadhar ID
3. SRF Number
4. Date of admission and Date of Discharge
5. Date of Donation of CCP
6. Bank account number with IFSC code of the donor.

Hence, the Medical Officers of concerned Blood Centres are hereby instructed to provide the above mentioned details of COVID19 Convalescent Plasma (CCP) donors and also necessary documents required for empanelment of Blood Centres to facilitate the disbursement of amount to the Executive Director, Suvarna Arogya Suraksha Trust, Bengaluru, Email directorsast@gmail.com. Phone 080-22536200.

With regards,

Yours faithfully,


Project Director,
KSAPS, Bengaluru.

To
All the Blood Bank Medical Officers.

Copy for information to:

1. The Additional Chief Secretary to Govt., Health & FW, Vikasa Soudha, Bengaluru.
2. The Commissioner, Health & FW Services, Anandrao Circle, Bengaluru.
3. The Executive Director, Suvarna Arogya Suraksha Trust, Bengaluru.
4. The Director, Directorate of Health & FW, Anandrao Circle, Bengaluru.
5. The Additional Project Director, KSAPS, Bengaluru.