

**COVID-19 Convalescent Plasma (CCP)**  
**Circular of Information**

**Indications:** CCP with high titers of anti-SARS-CoV-2 antibodies are used for the treatment of COVID-19 in outpatients or inpatients with immunosuppressive disease or on immunosuppressive treatment.

**Administration/Dosing:** Administer CCP following standard hospital procedures for blood product administration. Clinical dosing may first consider starting with one unit of CCP (about 200 mL), with the administration of additional CCP units based on the prescribing physician's medical judgment and the patient's clinical status. Patients at risk for Transfusion Associated Circulatory Overload may require a smaller volume and/or more prolonged transfusion time.

**Description of the Product and Donor Qualifying Criteria:** CCP is obtained from individuals who have recovered from symptomatic COVID-19 in the last 6 months, have developed antibodies against the virus and meet all donor eligibility requirements (21 CFR 630.10 and 21 CFR 630.15) and qualifications to be considered suitable for use. CCP must meet specific criteria for high titers of anti-SARS-CoV-2 antibodies. Qualification of CCP as high titer is based on serologic correlates of neutralizing activity, i.e., the ability of the donor antibodies to block infection by reference strains of the SARS-CoV-2 virus in laboratory tests. CCP donations collected at Stanford Blood Center are tested for anti-SARS-CoV-2 antibodies with the AdviseDx SARS-CoV-2 IgG II assay (Abbott Laboratories). The AdviseDx SARS-CoV-2 IgG II assay is a chemiluminescent microparticle immunoassay (CMIA) intended for the qualitative and semi-quantitative detection of IgG antibodies to SARS-CoV-2 in human serum or plasma. CCP donations with a result of  $\geq 1280$  AU/mL on this assay can be qualified as high titer and used for transfusion. CCP is stored frozen at -18C or colder and has a 6 month expiration.

**Side Effects and Hazards:** CCP may be contraindicated in certain patients with a history of severe allergic reactions or anaphylaxis to plasma transfusions. See side effects and hazards to Fresh Frozen Plasma, Whole Blood, and All Blood Components.

Rev 1.0 September 2025  
COI June 2024

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