**Supplementary files**

**Consent to donate plasma using an apheresis machine**

I voluntarily agree to donate plasma using the apheresis machine. I agree to all participate in all necessary procedures required to complete this donation, and I acknowledge that all possible complications have been explained. I have reviewed the educational materials provided to me regarding the donation procedures, and I have been given the opportunity to ask any questions that seem important to me. The researchers have explained my right to withdraw from plasma donation at any stage of the donation procedures, knowing that a full analysis of my plasma unit will be performed, even if I withdraw from the study, and if any infectious diseases are present, the relevant authorities will be notified.

I was previously diagnosed with COVID-19, and I do not currently suffer from any symptoms of the disease.

I authorise King Abdullah Hospital in Bisha to use my plasma for the treatment of any patient, as deemed appropriate. I also acknowledge the validity of the information that I have provided to the doctor.

Name of the donor:

Signature:

History:

**You can contact the blood bank on at any time to withdraw your donation.**

**Consent to receive convalescent plasma for the treatment of COVID-19**

I voluntarily agree to undergo treatment using convalescent plasma as part of this clinical trial. I agree to submit to all procedures that are required to complete this clinical trial, and I acknowledge that all possible complications associated with the required procedures have been explained to me. I have reviewed all of the supplied educational materials describing convalescent plasma therapy as it will be applied during this clinical trial. I have been allowed to ask all of the questions that were important to me. The researchers have explained to me my right to withdraw from the clinical trial at any stage of the study procedures, with the knowledge that a complete analysis of the donor’s plasma unit will be performed to verify that it is free of any infectious diseases.

I was diagnosed with COVID-19 and am currently suffering from symptoms.

Patient name:

Signature of the patient or his representative:

History:

**The patient or his representative can withdraw from the clinical trial at any stage.**