

## Individual Tracker Form



Vampire Cup  
Campaign

To IPSF Chairperson of Public Health,

I, \_\_\_\_\_ (name of person from blood donation agency i.e. John Smith) acting on behalf of the organization \_\_\_\_\_ (blood donation agency i.e. American Red Cross), am writing to verify the results from a blood donor representing association \_\_\_\_\_ (i.e. APhA-ASP, USA) from the International Pharmaceutical Student Federation (IPSF).

The donor donated blood on \_\_\_\_\_ (date of blood donation) and \_\_\_\_\_ (number of units of blood collected) were successfully collected.

Thank You,

---

*Signature*

---

*Printed name and title* (i.e. John Smith, American Red Cross Representative).

Please return this form to your IPSF associations' Contact Person and attach your blood donation photo(s) along with this form.

This form must be hand-signed, scanned and sent to [humanitarian@ipsf.org](mailto:humanitarian@ipsf.org) and [publichealth@ipsf.org](mailto:publichealth@ipsf.org)