

LOCAL PROCLAMATION REQUEST



The purpose of a local proclamation form is to request municipal or local government officials to formally declare or recognize a specific day, week, or month as significant within their community. This sample proclamation may be used as a guide for drafting a proclamation declaring the first full week of October International Plasma Awareness Week in your city or state. This sample proclamation should be sent with a letter requesting support.

Proclamation: First full week of October is International Plasma Awareness Week in [City/County/State]

WHEREAS, plasma, the straw-colored liquid portion of blood, can be transformed into lifesaving and life-sustaining medicines for people with rare and complex chronic diseases – often patients with a lifelong condition that has no other treatment option;

WHEREAS, plasma-derived medicines are different from traditional drugs and biologics as plasma can only be obtained from healthy human donors – it cannot be artificially reproduced – making it a scarce, life-changing resource;

WHEREAS, access to the plasma-derived medications that work best for each rare disease patient is an essential part of overall well-being, impacting individuals, families, and communities across [City/County/State] and the globe;

WHEREAS, the clinical need for plasma-derived medicines has risen dramatically over the last 20 years, making plasma donation centers critical. There are more than 1,200 plasma donation centers in the United States;

WHEREAS, plasma-derived medicines are not interchangeable and access is vital as prescribed;

WHEREAS, it can take 1,200 plasma donations to treat just one hemophilia patient for one year;

WHEREAS, the process of taking a plasma donation and manufacturing it into a medication can take up to one year;

WHEREAS, plasma is easily and quickly replaced by the body, and plasma donation is widely considered a safe practice.

NOW, THEREFORE, I, [Name of Official], [Title of Official], do hereby proclaim the first full week of October as International Plasma Awareness Week in [City/County/State].

I encourage all residents of [City/County/State] to:

- Educate themselves and others about plasma-derived medications and the rare diseases they treat.
- Consider donating plasma.
- Support patient advocacy groups that provide education and community for users of plasma-derived medicines.
- Create safe and supportive environments for open conversations about donating plasma.
- Work together to create a community where patients can live healthy, productive lives.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of [City/County/State] to be affixed this [Date] day of October, 2024.

[Signature]

[Name of Official]

[Title of Official]