

Vampire Cup Tracker Form

To the IPSF Chairperson of Public Health:

I, _____ (name of the person supervising the event i.e. John Smith) acting on behalf of the organization _____

(ie. American Red Cross/Blood Transfusion Center, etc.) am writing to verify the results from a recent blood drive conducted by this association:

APhA-ASP _____ (name of school).



The International Pharmaceutical Student Federation (IPSF) chapter in conjunction with the _____ (i.e. American Red Cross) held a blood drive from the dates of _____ to _____. During this time, the following donations were made:

Number of people who donated blood: _____

Number of units of blood collected: _____

Thank you,

Printed name and signature of the IPSF representative from your APhA-ASP chapter

Printed name and signature of the sponsoring organization (i.e. American Red Cross)

Please provide a short description of your activities involved in the event:

Guidelines for documentation of Vampire Cup (Humanitarian Campaign):

- Please complete and sign the form in its entirety prior to submission
- Please title the .pdf or .jpg file as Chapter name_VC (ex. UHouston_VC)
- Please e-mail completed form to the National Project Coordinator (usaipsfnpc@gmail.com) along with any event pictures or campaign materials
- Please do not contact the Humanitarian Coordinator or Chairperson of Public Health; questions should be directed to the APhA-ASP/IPSF National Project Coordinator