

**Blood Establishment: Confirmation of a Near Miss / Serious Adverse  
Event to National Haemovigilance Office**

<b>Reporting Establishment</b>
<b>Report Identification</b>
<b>Date of Serious Adverse Event</b>
<b>Root cause analysis (details)</b>
<b>Corrective measures taken (details)</b>
<b>Confirmation date (year/month/day) NHO Only</b>

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

*For National Haemovigilance Office use only*

HV No	HV/NM/Sequence/Year	Date received		Signature	
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