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

Reporting establishment				
Report identification				
Reporting date (year/month/day)				
Date of serious event (year/month/day)				
Serious adverse event, which may affect quality and safety of blood component due to a deviation in:	**Specification**			
	Product defect	**Equipment failure**	**Human error**	**Other (specify)**
Whole blood collection				
Apheresis collection				
Testing of donations				
Processing				
Storage				
Distribution				
Materials				
Others (specify)				

Short Description of event:

Signed:_____ **Date:**_____

E mail Address_____

For National Haemovigilance Office use only

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