

Hospital Blood Bank: Confirmation of a Near Miss Event to the National Haemovigilance Office

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|---|--|
| Reporting Establishment | |
| Report Identification | |
| Date of Serious Adverse Event | |
| Root cause analysis (details) | |
| Corrective measures taken (details) | |
| <i>For National Haemovigilance Office use only</i> Confirmation date (year/month/day) | |

Signed: _____ **Date:** _____

Email address: _____

For National Haemovigilance Office use only

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