

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

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

<b>Further Details:</b>          
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**Signed:** \_\_\_\_\_

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

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

*For National Haemovigilance Office use only*

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