

BT 0474: Blood Establishment: Confirmation of a Near Miss / Serious Adverse Event to National Haemovigilance Office

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

Signed: _____

Date: _____

Email address: _____

For National Haemovigilance Office use only

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