

BT 0473: 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	
-------	---------------------	---------------	--	-----------	--