

*For National Haemovigilance Office use only*

HV/NM/Sequence/Year	Date received		Signature	
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**Attachment 1: 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, due to a deviation in:</b>	<b>Specification</b>					
	<b>Component defect</b>	<b>Equipment failure</b>	<b>Human error</b>	<b>System Failure</b>	<b>Materials</b>	<b>Other (specify)</b>
<b>Component Selection</b>						
<b>Compatibility testing/Cross-matching</b>						
<b>Storage</b>						
<b>Issue</b>						
<b>Distribution</b>						
<b>Others (specify)</b>						

<b>Further Details:</b>		
<b>Has this event been reviewed by a Consultant Haematologist/Pathologist?</b>	<b>Yes</b>	<b>No</b>

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

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

<b>IBTS/HV/SOP/0013</b>	<b>Ver. 10</b>	<b>Attachment 4.4</b>	<b>Page 1 of 1</b>
<b>DC: Internal Use Only</b>	<b>DRP: 30 Years</b>	<b>Medium: Hardcopy</b>	