

For National Haemovigilance Office use only

HV/NM/Sequence/Year	Date received		Signature	
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Attachment 2: Hospital Blood Bank: Confirmation of a Near Miss Event to the National Haemovigilance Office

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: _____

IBTS/HV/SOP/0013	Ver. 10	Attachment 4.5	Page 1 of 2
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