*For National Haemovigilance Office use only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HV/NM/Sequence/Year | Date received |  | Signature |  |

**Attachment 1: Hospital Blood Bank: Notification of a Near Miss Event to the National Haemovigilance Office**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Reporting establishment** | | | | | | |
| **Report identification** | | | | | | |
| **Reporting date (year/month/day)** | | | | | | |
| **Date of serious event (year/month/day)** | | | | | | |
| **Serious adverse event, due to a deviation in:** | **Specification** | | | | | |
| **Component defect** | **Equipment failure** | **Human error** | **System Failure** | **Materials** | **Other**  **(specify)** |
| **Component Selection** |  |  |  |  |  |  |
| **Compatibility testing/Cross-matching** |  |  |  |  |  |  |
| **Storage** |  |  |  |  |  |  |
| **Issue** |  |  |  |  |  |  |
| **Distribution** |  |  |  |  |  |  |
| **Others (specify)** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Further Details:** | | |
| **Has this event been reviewed by a Consultant**  **Haematologist/Pathologist?** | **Yes** | **No** |

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

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