HV/NM/Sequence/Year	Date received		Signature	

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)	
For National Haemovigilance Office use only **Confirmation date (year/month/day)**	

Signed:_____ **Date:**_____

Email address:_____

For National Haemovigilance Office use only