

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

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 ☐