

For National Haemovigilance Office use only

HV/NM/Sequence/Year	Date received		Signature	
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Attachment 3: Blood Establishment: Notification of a Near Miss / Serious Adverse Event to 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)
Donor selection	☐	☐	☐	☐	☐	
Whole blood collection	☐	☐	☐	☐	☐	
Apheresis Collection	☐	☐	☐	☐	☐	
Testing	☐	☐	☐	☐	☐	
Processing	☐	☐	☐	☐	☐	
Component Selection	☐	☐	☐	☐	☐	
Compatibility testing/Cross-matching	☐	☐	☐	☐	☐	
Storage	☐	☐	☐	☐	☐	
Issue	☐	☐	☐	☐	☐	
Distribution	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	
Short Description of event:						
Has this event been reviewed by a Consultant Haematologist/Pathologist?				Yes	☐	No ☐

Signed: _____

Date: _____