For National Haemovigilance Office use only

HV/NM/Sequence/Year	Date received		Signature	

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:**_____

Email Address _____