

*For National Haemovigilance Office use only*

HV/NM/Sequence/Year	Date received		Signature
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**Attachment 4: Blood Establishment: Confirmation of a Near Miss /  
Serious Adverse Event to National Haemovigilance Office**

<b>Reporting Establishment</b>
<b>Report Identification</b>
<b>Date of Serious Adverse Event</b>
<b>Root cause analysis (details)</b>
<b>Corrective measures taken (details)</b>
<b>Confirmation date (year/month/day) NHO Only</b>

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

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