

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

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

Signed: _____

Date: _____

Email address: _____

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