*For National Haemovigilance Office use only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HV/NM/Sequence/Year | Date received  |  | Signature |  |

**Attachment 2: Hospital Blood Bank: Confirmation of a Near Miss Event to the National Haemovigilance Office**

|  |
| --- |
| **Reporting Establishment** |
| **Report Identification**  |
| **Date of Serious Adverse Event**  |
| **Root cause analysis (details)** |
| **Corrective measures taken (details)** |
| *For National Haemovigilance Office use only***Confirmation date (year/month/day)**  |  |

**Signed:** \_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

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