*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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_