

For National Haemovigilance Office use only

HV/NM/Sequence/Year	Date received		Signature	
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Attachment 1: Hospital Blood Bank: Notification of a Near Miss Event to the 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)
Component Selection						
Compatibility testing/Cross-matching						
Storage						
Issue						
Distribution						
Others (specify)						

Further Details:		
Has this event been reviewed by a Consultant Haematologist/Pathologist?	Yes	No

Signed: _____

Date: _____

Email address: _____

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