

*For National Haemovigilance Office use only*

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

**BT 0471: Hospital Blood Bank: Notification of a Near Miss Event to the National Haemovigilance Office**

|  |                         |                          |                    |                       |                  |                        |
|--|-------------------------|--------------------------|--------------------|-----------------------|------------------|------------------------|
| <b>Reporting establishment</b>                       |                         |                          |                    |                       |                  |                        |
| <b>Report identification</b>                         |                         |                          |                    |                       |                  |                        |
| <b>Reporting date (year/month/day)</b>               |                         |                          |                    |                       |                  |                        |
| <b>Date of serious event (year/month/day)</b>        |                         |                          |                    |                       |                  |                        |
| <b>Serious adverse event, due to a deviation in:</b> | <b>Specification</b>    |                          |                    |                       |                  |                        |
|  | <b>Component defect</b> | <b>Equipment failure</b> | <b>Human error</b> | <b>System Failure</b> | <b>Materials</b> | <b>Other (specify)</b> |
| <b>Component Selection</b>                           |                         |                          |                    |                       |                  |                        |
| <b>Compatibility testing/Cross-matching</b>          |                         |                          |                    |                       |                  |                        |
| <b>Storage</b>                                       |                         |                          |                    |                       |                  |                        |
| <b>Issue</b>   |                         |                          |                    |                       |                  |                        |
| <b>Distribution</b>                                  |                         |                          |                    |                       |                  |                        |
| <b>Others (specify)</b>                              |                         |                          |                    |                       |                  |                        |

|                         |
|-------------------------|
| <b>Further Details:</b> |
|                         |

|  |            |           |
|--|------------|-----------|
| <b>Has this event been reviewed by a Consultant Haematologist/Pathologist?</b> | <b>Yes</b> | <b>No</b> |
|  |            |           |

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

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

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