

## BLOOD SERIOUS ADVERSE EVENT (SAE) REPORT FORM

**ALL CONSUMER/PATIENT AND REPORTER INFORMATION WILL REMAIN CONFIDENTIAL**

Please complete as much information as possible. Do not be put off reporting if some details are not known.

**REPORT IDENTIFICATION NUMBER OF REPORTING ESTABLISHMENT:**

### DETAILS OF SERIOUS ADVERSE EVENT (SAE)

Date of SAE (DD/MM/YYYY):

Serious Adverse Event (SAE) which may affect quality and safety of blood component due to a deviation in:	Specification			
	Product defect	Equipment failure	Human Error	Other (please specify)
Whole blood collection				
Apheresis collection				
Testing of donations				
Processing				
Storage				
Distribution				
Materials				
Others				

### REPORTING ESTABLISHMENT

**Type** (please circle): blood establishment, hospital blood bank

**Name:**

**Address:**

**Telephone/Mobile:**

**E-mail address:**

Signature \_\_\_\_\_ Date of Report \_\_\_\_\_