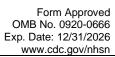


Hemovigilance Module Incident

*Required for saving				
*Facility ID#:	NHSN Incident #:	_ Local Incident # or Log #:		
Discovery				
*Date of discovery: // /				
*Time of discovery: : :(HI	H:MM) 🗌 Ti	ime approximate 🛛 🗌 Time unknown	l	
*Where in the facility was the incide	nt discovered?			
*At what point in the process was	s the incident first discovere	d? (check one)		
Product check-in Orde	er entry	ng 🔄 Satellite storage		
Product storage Sam	nple collection 🗌 Product mani	ipulation 🗌 Product administration		
🗌 🗌 Inventory management 🗌 Sam	nple handling 🗌 Request for p	oick-up 🗌 Post-transfusion review/aud	dit	
Product/test request Sam	nple receipt	e 🗌 Other		
*How was the incident first disco	overed? (check one)			
Uisual inventory review	Observation by s	staff of unit/reagent/sample/equipment		
Routine audit or supervisory review Comparison of product label to patient information				
Computer system alarm or war	ning 🛛 🗌 Comparison of p	roduct label to physician order		
Comparison of sample to paper	rwork 🛛 🗌 When checking p	patient ID band		
Repeat or sample re-testing Notification or complaint from floor (nurse, MD, etc.)				
Historical record/previous type check				
Communication from lab to floo	or 🗌 Patient transfusio	on reaction		
🗌 Human 'lucky catch'	Other (specify)			
Occurrence				
*Date initial incident occurred:	//			
*Time initial incident occurred: _	: (HH:MM) 🛛 Ti	ime approximate 🛛 Time unknow	/n	
Incident summary: (500 characters	s max)			
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).				
Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).				



Ĭ	·	Ν	Η	S	N
N				LTHC	
	SA	FEIY	NE	WOR	K

Exp. Date www.

*Incident code(s): (max 20) Use NHSN incide	nt codes in the surveillance	protocol.		
Incident Code Occurrence Location	Incident Code	Occurrence Location		
1				
2				
3				
4				
5				
6				
7				
8				
9				
	20			
MS 99 Miscellaneous, specify				
Job function of the worker(s) involved in the	e incident: (max 6) Use NHS	SN occupation codes in the protocol.		
Other Other (OTH), specify		Worker unknown		
*Incident result: (check one)				
1 – Product transfused, reaction	3 – No product transfus	ed, unplanned recovery		
☐ 2 – Product transfused, no reaction ☐ 4 – No product transfused, planned recovery				
*Product action: (check all that apply)				
Not applicable				
Product retrieved and returned to invert	ntory			
Product retrieved and destroyed				
^Single or multiple units destroyed?				
Single unit:				
Code system used: 🗌 ISBT-128	Codabar			
Unit #:				
OR Component code:				
Multiple units: (select code syster	m used)			
🗌 ISBT-128 🗌 Codabar 🛛 C	component code:	Number of units:		
🗌 ISBT-128 🗌 Codabar 🛛 C	component code:	Number of units:		
🗌 ISBT-128 🗌 Codabar 🛛 C	component code:	Number of units:		
Product issued but not transfused				
Product transfused				
^Was a patient reaction associated wit	th this incident?	🗌 No		
^Patient ID#(s):				



*Record/other action: (check all that apply)					
Record corrected Floor/clinic notified	Attending physician notified				
Additional testing Patient sample re-collected Other (specify)					
Investigation Results					
*Did this incident receive root cause analysis? Yes No					
Custom Fields					
Label	Label				
/ /	//				
Comments (2000 characters max)					