Form Approved
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Hemovigilance Module
Incident

*Required for saving

*Facility ID#: _____	NHSN Incident #: _____	Local Incident # or Log #: _____

Discovery

*Date of discovery: __ __ /__ __ / __ __ __ __

*Time of discovery: __ __ : __ __(HH:MM) ☐ Time approximate ☐ Time unknown

*Where in the facility was the incident discovered? _____

*How was the incident **first discovered**? (check one)

- ☐ Communication from lab to floor
- ☐ Comparison of product label to patient information
- ☐ Comparison of product label to physician order
- ☐ Comparison of sample to paperwork
- ☐ Computer system alarm or warning
- ☐ Historical record/previous type check
- ☐ Human 'lucky catch'
- ☐ Notification or complaint from floor (nurse, MD, etc.)
- ☐ Observation by staff of unit/plate/reagent/sample/equipment
- ☐ Patient transfusion reaction
- ☐ Repeat or sample re-testing
- ☐ Routine audit or supervisory review
- ☐ Visual inventory review
- ☐ When checking patient ID band
- ☐ When product/units returned to lab
- ☐ Other (specify) _____

*At what point in the process was the incident **first discovered**? (check one)

- ☐ Product check-in
- ☐ Product/test request
- ☐ Sample collection
- ☐ Sample handling
- ☐ Sample receipt
- ☐ Sample testing
- ☐ Product storage
- ☐ Available for issue
- ☐ Product selection
- ☐ Product manipulation
- ☐ Request for pick-up
- ☐ Product issue
- ☐ Product administration
- ☐ Post-transfusion review/audit
- ☐ Other (specify) _____

Occurrence

*Date incident occurred: __ __ /__ __ / __ __ __ __

*Time incident occurred: __ __ : __ __((HH:MM) ☐ Time approximate ☐ Time unknown

*Where in the facility did the incident occur? _____

Job function of the worker involved in the incident: (Use NHSN Occupation Codes on page 5.)

__ __ __ If Other (OTH), specify _____ ☐ Worker unknown

*At what point in the process did the incident **first occur**? (check one)

- ☐ Product check-in
- ☐ Product/test request
- ☐ Sample collection
- ☐ Sample handling
- ☐ Sample receipt
- ☐ Sample testing
- ☐ Product storage
- ☐ Other (specify) _____
- ☐ Available for issue
- ☐ Product selection
- ☐ Product manipulation
- ☐ Request for pick-up
- ☐ Product issue
- ☐ Product administration

*Incident code: __ __ __ __ (Use NHSN Incident Codes on page 4.)

Incident summary: (500 characters max)

_____

_____

_____

_____

*Incident result: (check one)

- ☐ 1 – Product transfused, reaction
- ☐ 2 – Product transfused, no reaction
- ☐ 3 – No product transfused, unplanned recovery
- ☐ 4 – No product transfused, planned recovery

*Product action: (check all that apply)

- ☐ Not applicable
- ☐ Product retrieved
- ☐ Product destroyed

^Single or multiple units destroyed?

- ☐ Single unit:

Code system used: ☐ ISBT-128 ☐ Codabar

Unit #: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

OR Component code: __ __ __ __ __

- ☐ Multiple units: (select code system used)
  - ☐ ISBT-128 ☐ Codabar Component code: __ __ __ __ __ Number of units: ____
  - ☐ ISBT-128 ☐ Codabar Component code: __ __ __ __ __ Number of units: ____
  - ☐ ISBT-128 ☐ Codabar Component code: __ __ __ __ __ Number of units: ____

- ☐ Product issued but not transfused
- ☐ Product transfused

Was a patient reaction associated with this incident? ☐ Yes ☐ No

If Yes, 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

If Yes, result(s) of analysis: (check all that apply)

☐ Technical ☐ Organizational ☐ Human ☐ Patient-related
☐ Other (specify) _____

Custom Fields

Label		Label	
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Comments

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