Produits sanguins
Cellules souches
Tissus humains
HÉMA-QUÉBEC

SERIOUS EVENT REPORTING

Hema-Quebec
Stem Cell Donor Registry
4045 Cote-Vertu, St-Laurent,
QC, Canada, H4R 2W7
Tel : + 514-832-1031
Fax : +514-832-0266
www.hema-quebec.qc.ca

Please fax or email a copy of this document as soon as possible after a serious adverse event is detected.
Fax : (514) 832-0266 Email : HQ-cases.managers@hema-quebec.qc.ca

☐ **Adverse event - Recipient**
☐ **Adverse event - Donor**
☐ **Accident / Error - Product**

Recipient ID: _____ Donor ID / CBU ID: _____

Transplant Date (dd/mm/yyyy) **:** _____

Date the event was detected (dd/mm/yyyy) : _____

Recipient file ID : _____

Hospital Name : _____ Code : _____

Physician Name : _____

Phone number: (_____)_____ _____ _____ ext : _____

Faxed on : _____ By : _____ ☐ S/O
dd/mm/yyyy

TO BE COMPLETED BY THE TRANSPLANT CENTER

Description of the event :

_____ Date : _____
Signature (physician or representative) (dd/mm/yyyy)

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À COMPLÉTER PAR HÉMA-QUÉBEC

Évaluation de la gravité : ☐ Sévère (déclarer dans SmartCAPA) ☐ Non-sévère (aucune action)

N° SmartCAPA : _____ ☐ S/O

À déclarer? ☐ Oui ☐ Non ☐ S/O

Signature / Date : _____