

# Final Report to the Minister

**To:** Canada Vigilance Program  
Marketed Health Products Safety and Effectiveness Information Bureau  
Marketed Health Products Directorate  
Health Products and Food Branch  
Health Canada  
Postal Locator: 0701E  
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**From:** **Name of Investigating Facility:** \_\_\_\_\_

*[Subject to Blood Regulations section 115, on completion of the investigation, the investigating facility must file a final report with the Minister.]*

This is a written final report to Health Canada for the serious and/or unexpected adverse recipient reaction concluded to be attributable to the quality and/or safety of a blood component(s) and related to a Health Canada-regulated activity carried out by our establishment.

Attached is the completed Saskatchewan Transfusion Adverse Event Report Form. *[Edit the patient identifier so that only the patient's age, gender and date of transfusion/reaction are sent.]*

<b>File/Case #:</b>			
<b>Results of the Investigation:</b> Was the root cause of the adverse recipient reaction attributable to an activity carried out in the facility?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Final Disposition of Implicated Blood Component</b>			
<input type="checkbox"/> Transfused	<input type="checkbox"/> Quarantined	<input type="checkbox"/> Expired	<input type="checkbox"/> Discarded
<b>Reason(s) for Disposition:</b>			
<b>Corrective actions taken and any other changes that are recommended to be made to relevant processes:</b>			
<b>Name of Other Establishments Notified:</b>			
<b>Report Prepared By:</b>		<b>Date Reported:</b>	