



University of Connecticut
Health Center

Office of Materials Management

EVALUATION FORM

Room: _____

Procedure: _____

Physician: _____

Item to be trialed:

Reason for trial:

Please rate products performance	Very Good	Fair	Unacceptable	N/A
1. Did product meet clinical needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the ease of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the ease of -				
Set up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altering during case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use of disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Would you recommend the use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acceptable

Unacceptable*

Overall performance of this product is:

*Additional comments or feedback:

Name _____

Dept. _____

Thank you for your feedback