UCONN HEALTH CENTER | OFFICE MATERIALS & LOGISTICS MANAGEMENT (MLM)

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	☐	☐	☐	☐
2. Was the ease of application	☐	☐	☐	☐
3. Was the ease of -				
Set up	☐	☐	☐	☐
Altering during case	☐	☐	☐	☐
4. Use of disposable	☐	☐	☐	☐
5. Would you recommend the use	☐	☐	☐	☐

	Acceptable	Unacceptable*
Overall performance of this product is:	_____	_____

*Additional comments or feedback:

Name_____ Dept._____

Thank you for your feedback

MM-7A

11/01/13