

PRODUCT EVALUATION FORM

1 - User:

- 1.1 Name: _____
- 1.2 Speciality: _____
- 1.3 Facility: _____
- 1.4 Postal code: _____
- 1.5 City: _____

2 - Product used:

- 2.1 Trade name: _____
- 2.2 Reference: _____
- 2.3 Lot number: _____
- 2.4 Date of testing: _____
- 2.5 Therapeutic Indication: _____

3 - Evaluation:

- 3.1 Vision quality of the hysteroscope
- 3.2 Ergonomics (assembly and rotation of stopcocks)
- 3.3 Easy to use (dilatation and pain)
- 3.4 Flow quality (irrigation and suction)
- 3.5 Effectiveness of 7Fr. instruments
- 3.6 Centimeter markings

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4 - Comments / Expectations / Remarks:

Written by	Name	Date	Signature