

PRODUCT EVALUATION FORM

| User: | | |
|---------|---|--|
| 1.1 | Name: | |
| 1.2 | Speciality: | |
| 1.3 | Facility: | |
| 1.4 | Postal code: | |
| 1.5 | City: | |
| Produc | t used: | |
| 2.1 | Trade name: | |
| 2.2 | Reference: | |
| 2.3 | Lot number: | |
| 2.4 | Date of testing: | |
| 2.5 | Therapeutic Indication: | |
| | | |
| Evaluat | ion: | ++ + |
| 3.1 | Vision quality of the hysteroscope | |
| 3.2 | Ergonomics (handle, assembly and sheaths rotation) | |
| 3.3 | Precision of gesture | |
| 3.4 | Quality of the cut | |
| 3.5 | Flow quality (irrigation and suction) | |
| 3.6 | Safety of bipolar energy | |
| Comme | nts / Expectations / Remarks: | |
| | 1.1 1.2 1.3 1.4 1.5 Product 2.1 2.2 2.3 2.4 2.5 Evaluat 3.1 3.2 3.3 3.4 3.5 3.6 | 1.1 Name: 1.2 Speciality: 1.3 Facility: 1.4 Postal code: 1.5 City: Product used: 2.1 Trade name: 2.2 Reference: 2.3 Lot number: 2.4 Date of testing: 2.5 Therapeutic Indication: Evaluation: 3.1 Vision quality of the hysteroscope 3.2 Ergonomics (handle, assembly and sheaths rotation) 3.3 Precision of gesture 3.4 Quality of the cut 3.5 Flow quality (irrigation and suction) |

Date

Signature

delmont imaging

Written by

Name