

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 (handle, assembly and sheaths rotation)
 3.3 Precision of gesture
 3.4 Quality of the cut
 3.5 Quickness of execution (dilatation and operating time)
 3.6 Flow quality (irrigation and suction)
 3.7 Safety of bipolar energy
 3.8 Versatility (bipolar and monopolar)

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4 - Comments / Expectations / Remarks:

Written by	Name	Date	Signature