

## MANGESHIKAR 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 Ease of assembling the manipulator  
 3.2 Versatility facing different uterine morphologies  
 3.3 Quality of cervix fixation of the Pozzi forceps  
 3.4 Resistance of the cap facing the cut (white ceramic)  
 3.5 Handling of the uterine manipulator  
 3.6 Ability to put the cap back into the vagina after removal of the uterus  
 3.7 Ease of disassembling the manipulator

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### 4 - Comments / Expectations / Remarks:


Written by	Name	Date	Signature