ENDOJACK 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 Reference : _____

2.2 Date of testing : _____

2.3 Therapeutic indication : _____

3 - Evaluation :

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3.1	Product delivered sterile and complete *(including syringe and hysterometer)*				
3.2	No assembly necessary				
3.3	Possibility to adapt the tip lenght				
3.4	Fixation quality of the balloon				
3.5	Ergonomics (handle, position lock, and integrated cannulas)				
3.6	Precision of manipulation				
3.7	Quality of rotation (ante- and retroversion)				
3.8	Quality of irrigation (blue test)				

4 - Comments / Expectations / Remarks :

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	Name	Date	Signature
Written by			

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