## Enteral & Oral Syringes

Name:	
Date:	DD/MM/YYYY
ABM:	
Hospital:	
Department:	
Product:	



1. On a scale of 1-5, clinically, how is the clinical performance of the device when delivering medications or fluids?

	1. Excellent	2. Very Good	<b>3.</b> Good	4. Average	5. Poor		
2.	On a scale of 1-5, how is the clinical performance of the device when drawing up medications or fluids?						
	1. Excellent	2. Very Good	<b>3.</b> Good	4. Average	5. Poor		
З.	On a scale of 1-5, how easy is it to read the device graduations when in clinical use?						
	<b>1.</b> Very Easy	<b>2.</b> Easy	3. Average	4. Not Easy	5. Difficult		
4.	On a scale of 1-5, how easy is it to connect the device to associated GBUK accessories to meet the devices intended use?						
	<b>1.</b> Very Easy	<b>2.</b> Easy	3. Average	4. Not Easy	5. Difficult		
5.	On a scale of 1-5, how do you rate the overall clinical performance of the device?						
	1. Excellent	2. Very Good	3. Good	4. Average	<b>5.</b> Poor		
Please detail if a score of 3 or above has been given to any of the above guestions							

Please detail if a score of **3 or above** has been given to any of the above questions

**Further Comments** 

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