

# Gastrostomy Replacement Pack

## Post Market Surveillance



Name:

Date:

ABM:

Hospital:

Department:

Product:

1. Are all necessary components required for the pack to meet its intended use as a gastrostomy replacement pack present?

Yes	No	If no, please detail	<input type="text"/>
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2. On a scale of 1-5, how would you rate the functionality of all pack components to work together to allow for gastrostomy replacement?

Yes	No	If no, please detail	<input type="text"/>
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3. On a scale of 1-5, how do you rate the overall clinical performance of the pack?

1. Excellent	2. Very Good	3. Good	3. Average	4. Poor
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Please detail if a score of 3 or above has been given to any of the above questions

Further Comments

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