

Loss of Resistance Syringe

Post Market Surveillance Forms



Name:

Date:

ABM:

Hospital:

Department:

Product:

1. Does the loss of resistance syringe give tactile feedback as expected?

Yes	No	If no, please detail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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

1. Excellent	2. Very Good	3. Good	4. Average	5. Poor
--------------	--------------	---------	------------	---------

3. On a scale of 1-5, how does the clinical performance of the device rate when drawing up medications or fluids?

1. Excellent	2. Very Good	3. Good	4. Average	5. Poor
--------------	--------------	---------	------------	---------

4. On a scale of 1-5, how easy is it to read the device graduations when in clinical use?

1. Very Easy	2. Easy	3. Average	4. Not Easy	5. Difficult
--------------	---------	------------	-------------	--------------

5. Does the device connect easily to associated GBUK or other accessories to meet the devices intended use?

Yes	No	If no, please detail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

6. On a scale of 1-5, how does the clinical performance of the device rate when used as intended to meet its intended use?

1. Excellent	2. Very Good	3. Good	4. Average	5. Poor
--------------	--------------	---------	------------	---------

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

Further Comments

I agree to the GBUK Group Privacy Policy. To view our Privacy Policy visit www.gbukgroup.com/privacy



Scan the QR to contact your local Area Business Manager:

Email: info@gbukhealthcare.com
 Main: +44 (0)1757 288 587
 Mobile: +44 (0)7557 286 129

