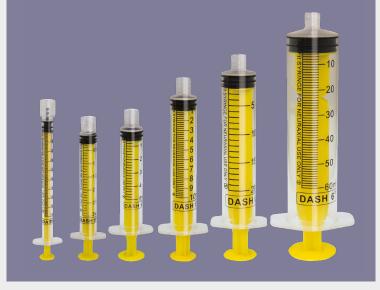
## Neuraxial Syringes

## Post Market Surveillance Forms

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



1. 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		
2.	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		
З.	On a scale of 1-5, how easy is it to read the device graduations when in clinical use?						
	1. Very Easy	<b>2.</b> Easy	3. Average	4. Not Easy	5. Difficult		
4.	Does the device connect easily to associated GBUK or other accessories to meet the devices intended use?						
	Yes No	If no, please detail					
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	5. Poor		
	Please detail if a score of <b>3 or above</b> 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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Scan the QR to contact your local Area Business Manager:

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