



Customer:	Customer No.:
Ward / contact person:	

Observation period from: _____ until: _____

Article:	Article No.:	Quantity:	LOT:
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	Application	Gravity feed	Pump application → Pump model:	Endoscope application	Manually	Automatically (e.g. robots etc.)	Not applicable
Considered medical device group (incl. accessories)							
Infusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation sets urology/gynaecology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixing and withdrawal systems		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volumetric infusion pumps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administered/prepared medications: _____

Patient population: Premature babies / newborns (≤ 4 weeks of life) Infants / toddlers (> 4 weeks of life until ≤ 2 years) Children / adolescents (> 2 years until ≤ 18 years) Adults (> 18 years)

Additional products used simultaneously (even third party products): _____

Product evaluation / performance:

1. Product handling

- excellent good satisfactory sufficient not sufficient

2. Product accuracy / reliability

- excellent good satisfactory sufficient not sufficient

Comments on handling / accuracy or in general:

Date: _____ Name / Signature: _____

CODAN Medizinische Geräte GmbH conducts user surveys to monitor the performance and safety of its medical devices on the market. You agree to a completely anonymised evaluation of the information provided by completing this questionnaire. Your personal or institutional data is only collected in case of any queries with regard to the information you made available. In accordance with data protection regulation, you have the right to information on and deletion of your personal data. You can withdraw this declaration of consent at any time. Your data will be deleted after withdrawal.

You can contact the data protection officer of CODAN Medizinische Geräte GmbH as responsible per-son for the processing and evaluation of this user survey at:
 CODAN Medizinische Geräte GmbH · Stig-Husted-Andersen Straße 11 · 23738 Lensahn · DE
 Phone: +49 (0) 43 63 - 51 11 · Fax: +49 (0) 43 63 - 51 12 14 · Mail: datenschutz@codan.de