

Questionnaire User Survey

FO 90.1334.01



Customer:	Customer No.:
	Ward / contact person:

Observation period	from:	until:
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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:	<input type="checkbox"/> Premature babies / newborns (≤ 4 weeks of life)	<input type="checkbox"/> Infants / toddlers (> 4 weeks of life until ≤ 2 years)	<input type="checkbox"/> Children / adolescents (> 2 years until ≤ 18 years)	<input type="checkbox"/> Adults (> 18 years)
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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: _____