Shirley Ryan Abilitylab

URINE COLLECTION BAG DRAIN ANTISEPTIC CAP TRIAL

Product Evaluation and Standardization

Product Evaluation/Trial Questionnaire

Evaluator's Name: _____ Date: _____

Title: _____ Dept/Unit/Shift: _____

Product Name: **SPIGOT GUARD™ Urine Collection Bag Drain Antiseptic Cap** Product Model #: _____

Contracted Item: Yes: No: X Manufacturer: DemeTECH

Contract Name: N/A Contract No. N/A

PLEASE COMPLETE ALL QUESTIONS ON THE EVALUATION QUESTIONNAIRE

1. Were you aware of this product prior to this evaluation? ☐ Yes ☐ No

2. How many times did you use the product during the evaluation period? _____

3. Do you feel you need more time to:

   a. Evaluate the product further: ☐ Yes ☐ No

   b. Learn how to use the product more effectively ☐ Yes ☐ No

4. Rate the following factors:

	HIGHLY ACCEPTABLE	*ACCEPTABLE*	*NOT ACCEPTABLE*
a. Product Performance	☐	☐	☐
b. Ease of Use	☐	☐	☐
c. Product Reliability	☐	☐	☐
d. Clinical Function	☐	☐	☐
e. Securement/Retention	☐	☐	☐
f. Reduced Staff Time	☐	☐	☐
g. Patient Safety	☐	☐	☐
i. OTHER(s) _____	☐	☐	☐

5. Relative TOTAL VALUE: ☐ equal ☐ better ☐ worse than any product currently in use. Comments _____

6. Do you know of any other similar product you would recommend? ☐ Yes ☐ No

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If yes, please identify the product and vendor: _____

7. Would modifications be appropriate? ☐ Yes ☐ No If yes, please describe: _____

_____

8. In your opinion, what are this product's:

Advantages: _____

_____

Disadvantages: _____

_____

9. Is this PRODUCT ACCEPTABLE for clinical adoption? ☐ Yes ☐ No

10. Additional Comments: _____

_____

Signature: _____ Date: _____

(Please return completed form to Product Eval and Standardization Committee: G.Burbules Floor 26 Suite North)