



FLUID TRANSFER DEVICE EVALUATION FORM

Date: _____ Department: _____
 Evaluator: _____ Product: _____ Number of times used: _____

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

		Agree.....	Disagree
1	The use of the fluid transfer device does not require extensive change in technique from the use of standard products.	1 2 3 4 5	N/A
2	This device provides a better alternative to traditional products.	1 2 3 4 5	N/A
3	This device is no more difficult to use than traditional needles and requires no additional time.	1 2 3 4 5	N/A
4	The device works well with a wide variety of hand sizes.	1 2 3 4 5	N/A
5	The device is easy to handle while wearing gloves.	1 2 3 4 5	N/A
6	The device can be used by either right or left handed clinicians.	1 2 3 4 5	N/A
7	The safety feature of the device does not cause interference with the procedure.	1 2 3 4 5	N/A
8	The user does not need extensive training for correct use of the product.	1 2 3 4 5	N/A
9	The product is suitable for a range of uses across a variety of patient populations.	1 2 3 4 5	N/A
10	The e product removes a sharp from the procedure thus reducing the potential of a sharps injury.	1 2 3 4 5	N/A
11	The user's hands are protected from a sharp at all times.	1 2 3 4 5	N/A
12	The design of the product suggests proper use.	1 2 3 4 5	N/A
13	Use of the product requires you to use the safety feature.	1 2 3 4 5	N/A

Of the above questions, which three are the most important to your safety when using this product?

Are there other questions which you feel should be asked regarding the safety features of this product?

Conclusions: _____

