PRODUCT EVALUATION
PRODUCT SURVEY

HARBORVIEW MEDICAL CENTER

Date: _____ Requested By: _____

Product Info	Supplier Info
Product Name: _____	Supplier: _____
Product Description: _____	Phone: _____
Manufacturer: _____	Representative: _____

Product Function: _____

Purpose of Product ☐ Replace ☐ New ☐ Other: _____

Current Product: _____

Other Info	Financial Info
Covered by Novation/UHC Contract: ☐ Yes ☐ No	Annual $ Value: _____
Latex Free: ☐ Yes ☐ No	Unit Cost: _____
Clinical Engineering Review required: ☐ Yes ☐ No	

EVALUATION CRITERIA

	Agree (Circle)				Disagree		Comments
1. Product is easy to operate.....	5	4	3	2	1	NA	_____
2. Product is ready to use (little set-up time).....	5	4	3	2	1	NA	_____
3. Product requires minimal training initially.....	5	4	3	2	1	NA	_____
4. Product meets your clinical needs.....	5	4	3	2	1	NA	_____
5. Product meets your safety concerns.....	5	4	3	2	1	NA	_____
6. Product requires little maintenance	5	4	3	2	1	NA	_____
7. Patients seem comfortable with product.....	5	4	3	2	1	NA	_____
8. Product has easy to use packaging	5	4	3	2	1	NA	_____
9. I would recommend this product.....	5	4	3	2	1	NA	_____

Based on the above criteria, this product an acceptable replacement: ☐ Yes ☐ No

Comments: _____

_____

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_____

Reviewer Name: _____ Date: _____

Source: Harborview Medical Center, Seattle.