

Post Market Surveillance Customer feedback/survey

One product per form only

Catalogue no:	Product name:	Lot no:

Hospital name:		Department:	
Country:		Date:	
Name of person:		Email address:	
Person's position:		Name of Sales Representative:	

#	Question	Yes	No	Remarks
1.	Is the performance of the product satisfactory	Yes	No	<i>Please give example:</i>
1a.	Any parts you want to highlight	<i>Please give an example:</i>		
2.	Is the product designed according to your needs	Yes	No	<i>If no, please give example:</i>
3	Is the product safety satisfactory for user and patient	Yes	No	<i>Please give example:</i>
3a.	Any risks you want to highlight	<i>Please give an example:</i>		
4.	Have any incidents occurred	Yes	No	<i>If yes, have they been reported?</i>
5.	Have all complaints about the product been filed	Yes	No	<i>If no, please give example:</i>
6.	In case of reported incident to Mermaid Medical A/S. Any feedback received	Yes	No	<i>If yes, how long time after reporting:</i>
7.	Have you experienced problems with similar products	Yes	No	<i>If yes, please give example:</i>
8.	Is the instruction for use understandable	Yes	No	<i>If no, please give example:</i>
9.	Is the product always used in accordance to instruction for use	Yes	No	<i>If no, please give example:</i>
10.	Was the product training performed by the Sales representative satisfactory	Yes	No	<i>If no, please give example:</i>
11.	Is the labelling understandable	Yes	No	<i>If no, please give example:</i>
12.	Is the packaging of the product satisfactory	Yes	No	<i>If no, please give example:</i>

In lack of space in the remarks field, please use the back side of this paper.