

PRODUCT TRIAL EVALUATION FORM

Part I

Product to be evaluated: _____

Date: _____

Manufacturer: _____

Catalog Number: _____

Distributor: _____

Department Evaluating Product:

Department Representative:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Date Evaluation Began: _____

Date Evaluation Completed: _____

Number of Evaluation Forms Submitted: _____ Returned: _____

Contract Information:

Group: _____

Local: _____

Pricing Agreement: _____

Summary of Trial Results:

Part II

Subcommittee Use Only

Subcommittee Review Date: _____

Subcommittee Approval for Purchase: _____ (yes/no)

If "no" give reason: _____

Date: _____

Chairperson's Signature: _____

Please provide completed form to a Clinical Manager or Coordinator.