AirLife

PRODUCT EVALUATION

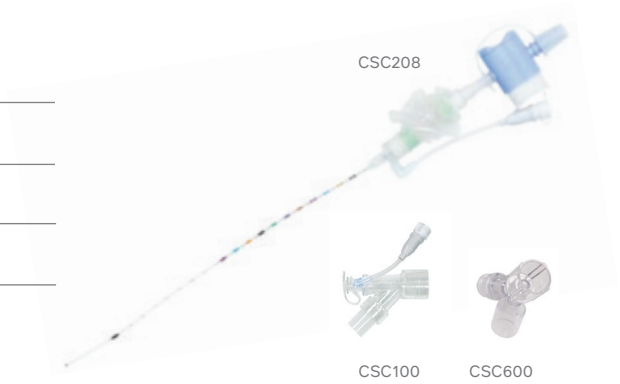
VERSO™ CLOSED SUCTION ADAPTERS AND CATHETERS

DATE _____

FACILITY / HOSPITAL _____

NAME + TITLE _____

DEPARTMENT _____



Please provide your feedback on the Verso™ Closed Suction Adapters and Catheters.
Put an "X" in the box that best describes your answer and include any additional comments that you may have in the space on the right.

EVALUATION CRITERIA	AGREE	DISAGREE	N/A	COMMENTS
I was able to effectively perform closed suction using the Verso Closed Suction Adapters and Catheters.				
The Verso Closed Suction Adapters and Catheters were easy to use.				
I did not notice significant loss of PEEP during catheter change out.				
I recommend that my hospital use the Verso Closed Suction Adapters and Catheters.				

ADDITIONAL COMMENTS:

Thank you for participating in this trial. Please return your evaluation form to: _____