

**B&B Medical Technologies  
LockTite™ Product Evaluation**

Hospital: \_\_\_\_\_

Unit: \_\_\_\_\_

RCP/RN: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate the performance of the B&B LockTite™ according to the following criteria:

- |                 |                      |
|-----------------|----------------------|
| 5 = Exceptional | 2 = Poor             |
| 4 = Very Good   | 1 = Unacceptable     |
| 3 = Good        | 0 = Not Able to Rate |

**Return the Completed Evaluation form to your Product Evaluation Coordinator – Thank You**

<b>Oral Application</b>	<b>Nasal Application</b>
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Performance Factors	Rating							Comments
	5	4	3	2	1	0	Total	

Ease of Use in Clinical Unit								
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Complete Package								
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Ease of Application								
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Stability of LockTite								
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Patient Comfort								
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Ease of Removal								
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Overall Performance								
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Total (add all ratings/divide by 7)								
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Does the LockTite meet your patient and clinical needs?  
 Yes       No Because \_\_\_\_\_

Does the LockTite save time?  
 Yes       No Because \_\_\_\_\_

How many times did you apply the LockTite during the evaluation? \_\_\_\_\_

<b>Additional Comments</b>