**EPIPROTECT TRIAL EVALUATION FORM**

**This evaluation form is provided to support the evaluation of EPIPROTECT products supplied by RegenMed and should not be shared with any third parties or companies**

**Please note that the information recorded on this form:**

* **Will only be shared with RegenMed/Joint Operations and the relevant NHS parties**
* **May be used for the purposes of debriefing**
* **May be used to support any negotiations or contracts agreed.**

|  |  |
| --- | --- |
| **Product description:** |  |

|  |  |
| --- | --- |
| **Product code:** |  |

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| --- | --- | --- | --- |
| **Date item used:** |  | **Location Used:** |  |

**For the evaluation: Please tick the appropriate box below and remove/add any criteria not relevant.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trial Criteria** | **Very Good** | **Good** | **Adequate** | **Poor** |
| Is it easy to open the pack? |  |  |  |  |
| **Debridement – did you achieve the required debridement** |  |  |  |  |
| **Was there a reduction in time to prepare the wound as a result of CleanWnd** |  |  |  |  |
| **Pain levels for the patient during use** |  |  |  |  |
| **Quality of packaging and handling** |  |  |  |  |
| **Ease of use/Handling** |  |  |  |  |
| **Did the patient report any pain after use of CleanWnd** |  |  |  |  |
| **Did CleanWnd provide good moisturising on the surrounding areas** |  |  |  |  |
| **Clinical Acceptability** |  |  |  |  |
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| **Would you use this product in the future?** | **Yes/No** |

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| --- |
| **Please provide any additional comments that you feel are appropriate:** |
|  |

|  |
| --- |
| **Trial completed by:** |
| **Print Name:** |
| **Position:** |
| **Department:** |
| **Date:** |

**Please complete and return this form to ROB LYON on completion of evaluation**

**Email:** [**Roblyon@regenmedical.co.uk**](mailto:Roblyon@regenmedical.co.uk) **or Mobile: 07903878101**

**Thank you for your time and efforts evaluating Epiprotect**

**Notes on tailoring this template for the product:**

1. **It is important that criteria to be assessed on the evaluation forms are appropriate to the products in question.**

**The following is a list of suggested trial criteria (but more specific ones to the product in question can also be added or used instead).**

* **Ease of preparation**
* **Ease of use**
* **Clear labelling**
* **Clear instructions for use**
* **Quality of packaging**
* **Quality of product**
* **Ease of handling**
* **Durability**
* **Overall ease of use**
* **Time saving**
* **Compatibility with equipment**
* **Length of use**

1. **We prefer to agree a clear criterion with the clinical lead/team and to agree on the evaluation form before issuing.**

**Please note, Regenmedical/Joint Operations may wish to comment on the evaluation form before it is used to avoid later queries or challenges.**