

Reference Number [Public Health use only]:	Date
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**CLINICAL PRODUCT EVALUATION FORM**  
For all Clinical Consumables Evaluations  
Form 1 of 3

**PRODUCT INFORMATION**

Description of Product

Description of Product Use

Brand Name:

Supplier Item Number:

- Reason for Evaluation:
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> New to Market | <input type="checkbox"/> Substitution | <input type="checkbox"/> Upgrade     |
| <input type="checkbox"/> Review        | <input type="checkbox"/> CMC          | <input type="checkbox"/> Area Tender |

Evaluation Criteria

Product Being Substituted [if applicable]

Number of samples & Units:

Batch Numbers:

- Method of Sterilisation
- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Steam          | <input type="checkbox"/> Dry Heat    | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Ethylene Oxide | <input type="checkbox"/> Chemical    | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Glow Plasma    | <input type="checkbox"/> Combination |   |

Name of Supplier:

Telephone:  Supplier E-Mail:

**PRODUCT PACKAGING INFORMATION**

Package Sterile:  Yes  No

- Product Packaging Information
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Single Use | <input type="checkbox"/> Single Patient Use |
| <input type="checkbox"/> Reusable   | <input type="checkbox"/> Not Applicable     |



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**STANDARDS / INFECTION CONTROL INFORMATION**

- Meet Infection Control Requirements:  Yes  No  
Use of Product Requires Change to Policy:  Yes  No  
Cleaning of Product Requires Change to Policy:  Yes  No

**OCCUPATIONAL HEALTH & SAFETY INFORMATION**

- Contain Hazardous Substances:  Yes  No  
Manual Handling Issues:  Yes  No

**GENERAL EVALUATION INFORMATION**

Advantages:

Disadvantages:

**TRAINING & SUPPORT**

- Available Training & Education:  Yes  No

Comments

- Available Ongoing In-service Training:  Yes  No

Comments

- Easy to follow documentations:  Yes  No

Comments

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**CLINICAL PRODUCT EVALUATION FORM**  
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Form 3 of 3

EVALUATOR / COORDINATOR DETAILS

Name:

Title:

Organisation:

Evaluation Site:

- Medical       Surgical       Obstetrics       Theatre       Mental Health       Critical Care
- Emergency       Dental       Community       Pediatrics       Endoscopy       Other

EVALUATION OUTCOME

Acceptable Packaging Conditions:       Yes       No

Comments

Easy to Open Pack:       Yes       No

Comments

Easy to remove from pack aseptically:       Yes       No

Comments

Product Performance:

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