QLICKSMART PRODUCT EVALUATION TERM SHEET

This term sheet should be used prior to initiating a product evaluation of Qlicksmart products and should be signed off by the facility where the evaluation is being conducted. This is to ensure that any evaluation conducted using Qlicksmart products meet the criteria of mutually agreeable goals, acceptance, and appropriate outcomes. The facility agrees to share all of the results of the protocols to Qlicksmart products' representative.

1. **FACILITY DETAILS** (to be filled out before the evaluation)

Name of Facility:	
Address 1:	
Address 2 :	
City :	
State/Province/Territory & Zip/Postal Code:	

2. **EVALUATION AUTHORIZATION DETAILS** (to be filled out before the evaluation)

Authorizing Facility/Dept Manager And Title :	
Contact Phone:	
Contact Email:	

3. **EVALUATION DETAILS** (to be filled out before the evaluation)

3.a. Hospital Contact Details

Department (Surgery, Outpatient, ER, Etc)	
Name of Facility Manager(s) Running the Evaluation:	
Contact Phone:	
Contact Email :	

3.b. EVALUATION Dates and Participants

Running Period for the evaluation	Expected Start Date (dd/mm/yy):	Expected End Date (dd/mm/yy):
Number of Planned Participants in the Evaluation:		
Criteria for the Selection of Evaluation Participants:		

3.c. Product Details

Product Being Evaluated: ☐ Qlicksmart BladeFLASK   ☐ Qlicksmart BladeCASSETTE   ☐ Qlicksmart BladeSINGLE   ☐ Qlicksmart BladeNeedleSYSTEM
Number of Units Required for the Evaluation:

3.d. Manufacturer's Representative(s) Contact Details

Name of Training Person(s) for the Evaluation:	
Contact Details of Training Person(s) for the Evaluation:	

3.e. Evaluation Form Details

Evaluation Form to be used. (See attached template provided by Qlicksmart, if the facility conducts edits to this questionnaire, mutual agreement is needed, attach copy with this form)	☐ Qlicksmart Evaluation Form ☐ Qlicksmart Evaluation Form edited by Facility, Reference number:

4. PRODUCT REVIEW/EVALUATION REVIEW DETAILS (to be filled out before the evaluation)

4.a. Product Review/Evaluation Committee - Details

Name/Title:	Contact phone/email:
Name/Title:	Contact phone/email:
Name/Title:	Contact phone/email:
Name/Title:	Contact phone/email:
Name/Title:	Contact phone/email:
Name/Title:	Contact phone/email:
Name/Title:	Contact phone/email:
Name/Title:	Contact phone/email:

4.b. Information to be Supplied to the Product Review/Evaluation Committee

Information to be reviewed by the Product Review/Evaluation Committee	☐ Product Specifications ☐ Evaluation Results ☐ Value Analysis Report Other(s):

5. Evaluation RESULTS (to be filled out once evaluation is completed)

Total Number of Evaluations:	Pro:	Con:
Facility Evaluation Managers Approval:	Name: Date:	Signature:

6. DECISION BY PRODUCT REVIEW/EVALUATION COMMITTEE (fill once evaluation is complete)

Outcome Determination	☐ Approved to Purchase ☐ Request for More Information ☐ Not Approved to Purchase
If Not Approved, Reason (s)	

7. PURCHASING DETAILS (to be filled out once evaluation is completed)

Is This Product Already in Your Purchasing System?	☐ Yes If Yes, What is the Product Code in the System: ☐ No If No, What Further Actions Needed to be Taken: