

**Your feedback is important to us!**

At Optimum Medical, we believe in constantly creating better. We do all we can to ensure our products are as good as they can be – and to develop new products to meet patients’ needs more effectively. We value your feedback, and always use it to fine-tune and perfect our products.

Thank you in advance for taking the time to fill in the evaluation form below:

**YOUR DETAILS:**

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Department: \_\_\_\_\_

Name of hospital/organisation: \_\_\_\_\_

What procedure are you using **OptiLube Syringes** for? \_\_\_\_\_

**QUESTIONNAIRE:**

**1) How did you find the following aspects of OptiLube Syringes?**

Packaging	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
• The blister packaging was easy to open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The sterile syringe was easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The IFU and product labelling were easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OptiLube syringes can be used in a sterile field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Product & Features**

• The product provided sufficient lubrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The product was suitably viscous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The product improved patient comfort during the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2) Are the following features and benefits important for this type of product?**

• Available in 6ml and 11ml syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sterile single use syringe for infection prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does not contain active ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Controlled and precise application of jelly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reduced risk of suction or tissue damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3) Are you currently using another lubricating jelly? If so, which one?** \_\_\_\_\_

**4) Any further comments? (E.g. positive reported outcomes)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return the completed evaluation form to [feedback@optimummedical.co.uk](mailto:feedback@optimummedical.co.uk).

