

UniqueEdge® Knife Evaluation

To be completed by the distributor:

Distributor _____ Sales Rep Name _____ Were you in the O.R. with the surgeon? __Y__N

Evaluation performed by (name, title, hospital/surg.center/company): _____

UniqueEdge knife being evaluated (SKU): _____

Current / previous knife used: Manufacturer: _____ SKU# _____

Is the surgeon planning on switching from the current brand knife to UniqueEdge because of this trial? Yes No

Design

A. The knife is comfortable and required no change to my surgical technique

Strongly Agree		Agree		Strongly Disagree
5	4	3	2	1

B. Comments – please include as much information as possible

Performance

A. The amount of pressure required for incision was

Excellent		Fair		Poor
5	4	3	2	1

B. The degree of dimpling before initial penetration was

Excellent		Fair		Poor
5	4	3	2	1

C. The sensation of drag was

Excellent		Fair		Poor
5	4	3	2	1

D. Control of the depth of cut was

Excellent		Fair		Poor
5	4	3	2	1

E. The quality of incision was

Excellent		Fair		Poor
5	4	3	2	1

F. Comments – please include as much information as possible

Overall I would rate this UniqueEdge knife as:

Excellent		Fair		Poor
5	4	3	2	1

Packaging

A. The packaging box is well labeled and easy to understand

Strongly Agree		Agree		Strongly Disagree
5	4	3	2	1

B. The knife packaging is easy to use

Strongly Agree		Agree		Strongly Disagree
5	4	3	2	1

Thank you for your feedback.

Unique Technologies takes these responses very seriously. Because we have supplied this knife at no cost, we require the return of this form. Please scan/email return it to dorothy.imbody@corza.com or fax to 1.484.755.5764.