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Phlebotomy Device Evaluation *(alternate form)*

Name:	Occupation/Title:	Dept/Unit:
Today's Date:	Product Name/Number of Times Used:	

Product/Performance Issues	Yes	No	N/A Don't Know	How Important Is This Issue? most least				
				1	2	3	4	5
1. The product/packaging is easy to store.				1	2	3	4	5
2. The package is easy to open.				1	2	3	4	5
3. The product can be used for both adults and children.				1	2	3	4	5
4. The device was satisfactory for patients with fragile veins.				1	2	3	4	5
5. The device was satisfactory for heavy patients.				1	2	3	4	5
6. Needles are available in appropriate sizes (length/gauge).				1	2	3	4	5
7. The safety feature worked reliably.				1	2	3	4	5
8. The safety feature did not interfere with the blood draw.				1	2	3	4	5
9. The safety feature could not be bypassed.				1	2	3	4	5
10. The safety device allowed me to see what I needed to see during the blood draw.				1	2	3	4	5
11. This device did not create any extra risk of sprays, blood leakage, and/or drips.				1	2	3	4	5
12. The device could be disposed of into the sharps container that is available for my use.				1	2	3	4	5
13. The product was easy to use.				1	2	3	4	5
14. Overall, the product was satisfactory for standard phlebotomy purposes.				1	2	3	4	5

About how many times did you use this device? _____

About how many times did you use this device before you were comfortable using it? _____

What percentage of the time did you activate the safety mechanism? _____

Did you have any needlesticks using this device? yes no If yes, describe:

(Continued next page)



Phlebotomy Device Evaluation (continued)

Do you think this device will protect you from needlesticks? yes no

If no, why:

Based on your evaluation, which device would you rather use (check one):

The one we currently use

This device

Another device (specify alternative if known): _____

Are there any additional design features or other performance considerations you would like to see in a phlebotomy product that have not been mentioned? Any additional comments you have?
