Customer Feedback Form – TopClosure®

Dear Customer,

IVT Medical Ltd. strives to provide its customers with the highest level of medical products and customer service. Therefore, we would appreciate if you could dedicate a few minutes to answer the following questions.

Please send the completed questionnaire to: [info@ivtmedical.com](file:///E%3A%5Cuser%5CDropbox%5Ce-way%5CCustomers%5C%D7%98%D7%95%D7%A4%D7%96%5CUpdates%5C20151001%20Feedback%20Forms%5CAVIV%5CIVT_17%20JUNE%202015%5CIVT%5CTopClosure%5CSales%20%26%20Marketing%5CPost%20Production%20File%5CPost%20Marketing%20Surveillance%5Cdrafts%5Cinfo%40ivtmedical.com)

|  |  |
| --- | --- |
| Medical Center:             | Contact Person: Dr./Prof./Other       |
| Email:           Product Batch:            | Phone:           Patient Code Number:            |

* **Overall satisfaction with the TopClosure** (1= not satisfied, 5= very satisfied):

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5

**Please review the other sections if there is additional information to add.**

**Receipt of the product**

* Did you receive the product undamaged? [ ]  Yes [ ]  No
* Did you encounter any deficiency of components? [ ]  Yes [ ]  No
* Did the product come along with the **GI sticker**? [ ]  Yes [ ]  No

**User experience**

* Is this your first time using the TopClosure® System?
* The TopClosure® System was used in the following application:

[ ]  Non-Invasive [ ]  Invasive application

* Please state the attachment technique:
* The TopClosure® System was used:

[ ]  Prior to surgical procedure [ ]  During surgical procedure [ ]  Following a surgical procedure

* The medical procedure for which TopClosure® System was used:
* Size used of the TopClosure® System:

[ ]  4mm [ ]  6mm [ ]  8mm

* Number of attachment plate pairs applied to the wound:

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5+

* How long did the TopClosure® System remain attached to the patient?

**Clinical malfunction (safety and performance of the device)**

Please answer the following questions. For cases answered YES please add a short description of the case:

* Did you encounter collapse of the wings/plates?
* Did early collapse of lock release mechanism accrued?
* Did you have early detachment of plates from the skin?
* Did the patient have any sensitivity to the adhesive plate?
* Did any damage to the other underline tissue accrued?
* Have you met any side effects which were not mentioned above caused following using the device?
* Prior to using the TopClosure® System, in order to perform this surgery I would have used:

 (Check the relevant responses)

[ ]  Removal in stages

[ ]  Use of tension sutures

[ ]  Closure using a flap or skin graft

[ ]  Use of relaxing incision

[ ]  Use of tissue expander

[ ]  Closure using sutures type       (5/0, 4/0, 3/0 etc.)

[ ]  Use of staples

**Please evaluate the TopClosure® System:**

* **Patient Safety (**1= not safe, 5= completely safe):

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5

Comments:

* **Ease of Application** (1=difficult to apply, 5=very easy to use):

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5

Comments:

* **Effectiveness** (1=not effective at all, 5=very effective):

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5

Comments:

**Comparison with other stretching or wound closure devices**

* Other devices you have used for wound closure or skin stretching:
* In which cases would you prefer using TopClosure® System rather than these devices?

Please explain:

* Patient tolerance to the system: (1= asked to remove the system, 5= very well)

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5

Comments:

Thank you for your time.

IVT Medical Ltd

Customer Relations Division