

HEMOSEP EVALUATION FORM

PART 1 – Patient and Procedure Details

Date of Procedure:

Clinician's name:

Clinician's job title:

Evaluation Centre/Name of Institute:

Address:

.....

Patient ID number/initials: Age:..... Sex: Male Female Weight kg:

SURGICAL PROCEDURE

.....

.....

PART 2 – Product Use

Shaker Unit Intraoperative Kit Concentrator Pack Number of Bags Used.....

Other (please provide details):

Process Data (if available)

Bag 1:

Volume Processed **Volume in bag post process**

HCT Pre Process **HCT Post Process**

Bag 2:

Volume Processed **Volume in bag post process**

HCT Pre Process **HCT Post Process**

Bag 3:

Volume Processed **Volume in bag post process**

HCT Pre Process **HCT Post Process**

Any other relevant clinical information:

Patients ACT pre and post Hemosep Transfusion

ACT Pre infusion

ACT Post infusion

Did the use reduce the need to Allogenic blood units. Yes No

Was there a reduction in post op bleeding Yes No

Did the patients HB increase post infusion ? Yes No

PART 3 – End of the Evaluation

Please rate the performance of the Hemosep Device

| Criteria | Excellent | Good | Fair | Poor |
|-----------------------------------|-----------|------|------|------|
| Ease of Setup | | | | |
| Ease of use of Intraoperative Kit | | | | |
| Ease of Transferring of Blood | | | | |
| Simplicity of Device | | | | |
| Overall Impression of Hemosep | | | | |

Please explain your answers above:

Following the evaluation, how likely are you to incorporate Hemosep into your protocols?

Very Likely Likely Quite Likely Not at all Likely

Any other comments:

THANK YOU FOR YOUR PARTICIPATION IN THE EVALUATION