

### Electrode Evaluation Form (SNAP)

Site: \_\_\_\_\_

Return this form to: \_\_\_\_\_

Product (description and code/mfg #): \_\_\_\_\_

Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Were you inserviced on this product:  Yes  No

Question #		Poor	Fair	Good	Very Good	Excellent
1	Size of electrode					
2	Trace quality					
3	Ease of electrode application					
4	Ease of electrode removal					
		Yes	No			
1	Adhesive last at least 3 days			Comments		

**Comments:**

**What did you like best about the product:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What did you like least about the product:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

**Is this product clinically acceptable**  Yes  No, **MUST** provide clinical information to support:

\_\_\_\_\_

\_\_\_\_\_