

Registered Office: 15 Tottenham Lane, Hornsey, London N8 9DJ, UK. Tel: (+44) 02081440963 • Email: scientificell@entodpharma.com

ETD/CF/02 REV. No.00 Date: 02/12/2017

USER FEEDBACK FORM FOR I-DEW FLO OPHTHALMIC STRIPS

Dear Sir/Madam,

We thank you for your continued support to our company and products in the past. We request you to kindly give your valuable feedback/suggestions about our product used by you and fill up this form enabling us to serve you even better in future.

S. NO.	FOCUS POINTS	USER FEEDBACK		•
		YES	NO	IF ANY
1.	Are the essential symbols, size & batch details of the product clearly visible on the printed box and easy to understand?			
2.	Is the condition of outer printed box acceptable when it reaches you?			
3.	Is it convenient to open the outer printed box?			
4.	Is it convenient to open the inner peel open pouch?			
5.	Is the speed of release of dye acceptable?		7	
6.	Is the quality of staining acceptable?			
7.	Is the quantity of dye on the strip acceptable?			
8.	Any contamination on product.	nd i	icts	
9.	Any fungal or bacterial growth observed on product or packaging			
10.	Any indication of residual EO gas on the product.	CA		

Any specific problems observed while using the product –

Over all Grading of Dev	<u>ice</u> : -			
A (Excellent)	B (Good)	C (Average)	D (Poor)	





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Any area of improvement you would suggest which can further improve the ease of use or performance of the device?

Completed By:	Date						
Completed by.	Date						
Please return by emailing scientificell@entodpharma.com or posting to the address below							
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End-user Name & Address:							
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Thank you for your feedback							
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