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Viamed Sale or Return Feedback: TOF 3D Neuromuscular Monitor

Thank you for completing a trial of the TOF 3D Neuromuscular Monitor

We would be grateful if you could take a few moments to provide us with your valued feedback on the product. Your comments are very much appreciated and will be utilized for ongoing product development.

1. When you first used the product, what was your **overall impression** of it? 0

- ☐ Really positive ☐ Negative
- ☐ Positive ☐ Really negative
- ☐ It was ok

2. What do you **like** most about it and what can be **improved**? 0

3. How does the TOF 3D compare with alternative models on the market in terms of **quality and reliability**? 0

- ☐ Much better ☐ Slightly worse
- ☐ Slightly better ☐ Much worse

☐ Same

4. How did you find **pricing** of the TOF 3D compared with alternative models on the market? 0

☐ Much cheaper ☐ Slightly more expensive

☐ Slightly cheaper ☐ Much more expensive

☐ Same

5. How did you find **ongoing operating costs** against alternative models on the market? 0

☐ Much cheaper ☐ Slightly more expensive

☐ Slightly cheaper ☐ Much more expensive

☐ Same

6. How did you find the TOF 3D **features** compared to alternative models on the market? 0

☐ A lot more features ☐ Slightly less features

☐ Slightly more features ☐ A lot less features

☐ Same features

7. Did the features **fulfil** your purchasing requirements? 0

☐ Over specified

☐ Exactly what we were looking for

☐ Under specified

8. What were the **main factors** behind the decision to purchase or not purchase the TOF 3D? 0

☐ Price

☐ Features

☐ Quality

☐ Customer Service

☐ Reliability

☐ Training

Other (please specify)

9. If you **purchased or are planning on purchasing** an alternative product, is this product recognised as: 0

☐ MDD Compliant

☐ FDA Approved

☐ MDR Compliant

☐ None of the above

☐ CE Marked

*** 10. Contact Details:**

To confirm your Sale or Return trial, please can you provide us with your Hospital and Department, and SOR number (if you have it to hand), thank you. 0