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Dear Customer,

This is a survey of Bluepoint MEDICAL, Germany, as part of Post Market Surveillance activities.

If you are a distributor, please send this survey to your customers and supply us with their feedback.

Thank you for taking time to fill out this survey! Your independent assessment and much appreciated comments support us during our continuous improvement of our devices to your benefit.

This survey is for the product family: **Flow Sensors**

Product names: _____

1. Product Functions

<input checked="" type="checkbox"/> Excellent	Product fulfills the expected functions; no issues occurred during use of the product
<input type="checkbox"/> Good	Product fulfills the expected functions; no issues occurred within the first 2 years of use
<input type="checkbox"/> Fair	Product fulfills the expected functions; issues occurred within the first 2 years of use (less than 3%)
<input type="checkbox"/> Poor	Product does not fulfill the expected functions; issues occurred within the first 2 years of use (less than 30%)
<input type="checkbox"/> Very poor	Product does not fulfill the expected functions; issues occurred within the first 2 years of use (less than 50%)
List issues and comments:	

2. Label and Instructions for Use (IFU)

<input checked="" type="checkbox"/> Excellent	All product questions are answered by the IFU and label within short search time.
<input type="checkbox"/> Good	All product questions are answered by the IFU and label within moderate searchtime.
<input type="checkbox"/> Fair	Basic product questions are answered by the IFU and label.
<input type="checkbox"/> Poor	Difficult to understand IFU and label available.
<input type="checkbox"/> Very poor	No IFU is available, labels are not readable.
List issues and comments:	

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3. Product Packaging

<input checked="" type="checkbox"/> Excellent	No damage to packaging or product during delivery. Packaging is easy to remove and to dispose.
<input type="checkbox"/> Good	No damage to packaging or product during delivery.
<input type="checkbox"/> Fair	Minor damage to packaging during delivery, but no damage to product.
<input type="checkbox"/> Poor	Moderate damages to product and package during delivery.
<input type="checkbox"/> Very poor	Major damages to product and package during delivery.
List issues and comments:	

4. Did any serious or non-serious incidents or any undesirable side-effects occur?

No Yes, undesirable side-effects, non-serious or serious incidents occurred

Please list incidents or undesirable side-effects:

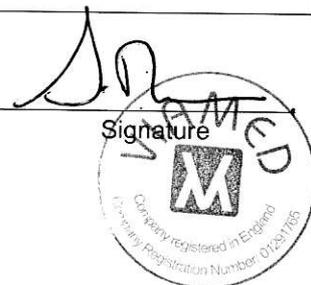
5. Did you have any issues using the product?

No Yes, the product was not always easy to use/ operate

Please describe the issues in connection with the use/ operation of the product:

VIAMED LTD. 13/02/2026

S. NIXON
DIRECTOR



Name of Company

Date

Name, Position

Signature

Thank you for your time to fill out this survey!

Please send the filled out survey form back either by:

e-mail: info@bluepoint-medical.com ; **fax:** +49-38823-5488-29

mail: bluepoint medical GmbH & Co KG, An der Trave 15, 23923 Selmsdorf, Germany

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This section is to be filled out by Bluepoint medical ONLY:

Assessment of the returned record

- The information is incomplete.
- The product related Feedback is very bad.
- Question 4 about incidents has been answered with "yes".

Actions to be taken

- The information will be stored in the folder \\QMS\57_PMS.
- The customer needs to be contacted *immediately*, because: _____
- The customer needs to be contacted, because: _____
- Information will be sent to relevant PLVs.
- Information will be sent to relevant PLVs with comment to contact the customer.
- other: _____

Date (YYYY-MM-DD)

Signature (QM Representative)

Space for additional comments: