



Manila:

Rm410 Floor Manila Astral Tower Building,
Taft Avenue cor. Padre Faura St.
Ermita, Manila, Philippines 1000
Telefax No.: +63 2 742 9597
Phone No.: +63 2 666 0280
E-mail: info@altamedica.com.ph

Iloilo:

199R Dican St., Brgy Bantud
La Paz, Iloilo City
Philippines 5000
Telefax No.: +63 33 508 0208
Phone No.: +63 33 333 1769
Mobile No.: +63 922 872 5268

Cebu:

Unit 703 Golden Peak Tower
Gorordo Ave. cor. Escario St.
Kamputhaw, Cebu City
Philippines 6000

Website: www.altamedica.com.ph

EQUIPMENT EVALUATION FORM

Client/Office:	Name of Evaluator (optional):					
Position of Evaluator:	Date Evaluated:					
VS – Very Satisfied S – Satisfied N – Neutral U – Unsatisfied VU – Very Unsatisfied	VS (5)	S (4)	N (3)	U (2)	VU (1)	NA
Please indicate the your level of satisfaction with the following elements of the equipment currently being demonstrated / evaluated :						
Product Packaging						
Delivery Time (from request to actual demonstration/evaluation)						
Suitability of the product to your requirements						
Installation/first use experience						
Overall reliability and quality of the product						
Functionality and features of the product						
Measurement accuracy						
Ease of use						
Efficiency in reagent consumption						
Compatibility with other equipment/software						
Compliance with regulatory requirements and quality standards (i.e. FDA, DOH, ISO 9001)						
Product documentation (user guides)						
Price of equipment quoted						
Price of reagents / consumables quoted						
Overall satisfaction with the equipment						

VL – Very Likely L – Likely SL – Somewhat Likely U – Unlikely VU – Very Unlikely	VL (5)	L (4)	SL (3)	L (2)	VU (1)	NA
As a customer of Altamedica Incorporated, would you recommend our equipment to your colleagues?						

Comments and suggestions about the equipment:

Overall Satisfaction (To be filled up by Altamedica QMR)				
VS (4.21-5.00) <input type="checkbox"/>	S (3.41-4.20) <input type="checkbox"/>	N (2.61-3.40) <input type="checkbox"/>	U (1.80-2.60) <input type="checkbox"/>	VU (1.00-1.80) <input type="checkbox"/>

Evaluator Signature: _____

Date Accomplished: _____