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# Hummi Micro Draw Blood Transfer Device Evaluation Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Hummi Micro Draw – Rating</u>	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
1. Ease of Access to arterial catheter through t-connector	5	4	3	2	1
2. Ease of Waste Blood Collection	5	4	3	2	1
3. Volume of Clearance required to obtain blood sample	5	4	3	2	1
4. Ease of obtaining arterial sample	5	4	3	2	1
5. Quality of ABG and lab blood values	5	4	3	2	1
6. Amount of flush required to clear catheter	5	4	3	2	1
7. Overall satisfaction with the hummingbird	5	4	3	2	1

8. Clinically acceptable blood transfer device? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please specify in the comments section.

9. General Comments

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