

Product Evaluation Form

Contact Us: Aroa Biosurgery Inc. | Fax: 1-877-775-3157 | Email: medical.affairs@aroadcm.com | Tel: 1-800-807-2762

Product Evaluated

You can select multiple products from the list below



Evaluation of defects treated

Case #	1	2	3	4
Type of surgical wound/defect?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Size (Length, width, depth)	<input type="text"/> Length <input type="text"/> Width <input type="text"/> Depth	<input type="text"/> Length <input type="text"/> Width <input type="text"/> Depth	<input type="text"/> Length <input type="text"/> Width <input type="text"/> Depth	<input type="text"/> Length <input type="text"/> Width <input type="text"/> Depth
Wound Environment	<input type="checkbox"/> Pristine <input type="checkbox"/> Contaminated	<input type="checkbox"/> Pristine <input type="checkbox"/> Contaminated	<input type="checkbox"/> Pristine <input type="checkbox"/> Contaminated	<input type="checkbox"/> Pristine <input type="checkbox"/> Contaminated
Exposed Structures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patienty Complexity (comorbidities)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Implant or Dermal Reconstruction	<input type="checkbox"/> Implant <input type="checkbox"/> Dermal	<input type="checkbox"/> Implant <input type="checkbox"/> Dermal	<input type="checkbox"/> Implant <input type="checkbox"/> Dermal	<input type="checkbox"/> Implant <input type="checkbox"/> Dermal
Used with NPWT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of dressing changes (days)	<input type="text"/> days	<input type="text"/> days	<input type="text"/> days	<input type="text"/> days
How many applications of Myriad were required?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time to complete graft integration?	<input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 3-4 weeks <input type="checkbox"/> 4-6 weeks <input type="checkbox"/> 6+ weeks	<input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 3-4 weeks <input type="checkbox"/> 4-6 weeks <input type="checkbox"/> 6+ weeks	<input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 3-4 weeks <input type="checkbox"/> 4-6 weeks <input type="checkbox"/> 6+ weeks	<input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 3-4 weeks <input type="checkbox"/> 4-6 weeks <input type="checkbox"/> 6+ weeks

Additional Comments

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Qualitative Feedback

Question	Strongly Agree	Agree	Disagree	Strongly Disagree
Myriad was easy to handle and apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The rate of graft intergration and granulation tissue formation was equivalent to, or better than, other products I have used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the quality of the tissue formed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myriad reduces the frequency of dressing changes required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myriad is compatible with NPWT (where appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myriad is cost effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Myriad were available to me in the OR, I would use routinely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other surgeons in my facility would use Myriad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

RX Only. Prior to use, be sure to read the entire Instructions For Use package insert supplied with the product. Product information contained herein is for US customers.

For more information on Myriad[™], please call 1-877-627-6224 or email customerservice@aroa.com.

For Reimbursement Support, please call 1-800-807-2762 or email reimbursement@aroa.com.