3M[™] Medipore[™] / Medipore[™] H Tape Evaluation Form

Evaluator Facil	Facility & Department			Date		
Address Telep	Telephone			3M Representative Name		
 Are you currently using a "soft cloth" tape? ☐ Yes If so, what manufacturer/brand? 						
2. Please tell us what you think of 3M Medipore/Medipo Place an "X" in the appropriate box.	re H Tape and compa	re it to th	ne tape you a	re currently us	ing for similar	applications.
3M Medipore/Medipore H Tape Characteristics				3M Medipore/Medipore H Tape Compared To Your Current Tape		
	Excellent	Good	Poor	Better	Equal	Worse
Adhesion						
• Initial						
Long term						
Ease of Use						
Finding starting edge						
Handling with gloves						
Tearing						
Ability to separate if sticky sides touch						
Conformability						
Stretch – ability to accommodate swelling, distention, move	ment, etc.					
Strength						
Removal						
Ease of removal						
Patient comfort						
Amount of residue left on skin						
3. Would you recommend that your facility purchase this 4. If yes, would you use Medipore/Medipore H tape: ☐ In addition to current tape(s)? ☐ Instead of curr Comments: ☐ Calcar representation access	ent tape(s)? It would	probably	/ replace:			
Sales representative name:						

Thank you for participating in the evaluation. Your time and opinions are appreciated! Please return this form in the postage-paid envelope provided.

Skin & Wound Care Division 3M Health Care

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