



Product Evaluation Request Form

Product Information

Item Number:	
Product Description:	
PO Number:	

Contact Information

Surgeon Requesting Evaluation:			
Surgeon Contact Info:			
Contact Name:			
Contact Email:			
Name of Facility/Entity:			
Address:			
Phone Number:			
Fax Number:			
Shipping Address (leave blank if SAA)			
Contact Name:			
Contact Email:			
Address:			
Phone Number:			
Fax Number:			
Evaluation Period: (Not to exceed 30 days)	Start Date		End Date

Evaluation Terms:

1. I agree to follow the DFU provided with the products.
2. I agree to return these products immediately after the evaluation period via overnight courier. *
3. I agree that any product not returned after 30 days will be invoiced using the above PO number, payable in Net 30 Days. (*does not apply to suture, stainless steel knives, or XpandNT single-use rings.
4. I understand by signing this agreement, we are responsible for any damaged or lost products and will be invoiced for the full cost of the products.
5. I agree to be responsible for return shipping charges.

*Shipping charges will be waived if the doctor or representative provides a statement detailing the products performance in surgery via phone or by emailing cs@diamatrix.com

* Disposable products are not required to be returned (This includes all Stainless Steel Knives, Suture and XpandNT Single-Use Rings ONLY)

Authorized Signature	Printed Name	Date
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