

Assistive Devices Program (ADP)  
5700 Yonge Street, 7<sup>th</sup> Floor  
Toronto ON M2M 4K5

**Section 1 – ADP Registered Clinic Information**

Clinic Name		Clinic Number
Contact Person		
Business Telephone Number	ext.	Email Address

**Section 2 – Evaluator Information**

Date Received (yyyy/mm/dd)	Approval Date (yyyy/mm/dd)
Evaluator Name	Professional Title
Evaluator Name	Professional Title

**Section 3 – Insulin Pump Information**

Manufacturer	Description of Pump (Make and Model)
Manufacturer Contact Person	Business Telephone Number ext.

**Section 4 – Evaluation**

Please rate the pump based on the following statements:

**The pump performs as stated in the user/instruction manual.**

Yes       No

If no, please explain:

**The literature provided for clients is appropriate and easy to use.**

Yes       No

If no, please explain:

**The pump offers reliable safety features.**

Yes       No

If no, please explain:

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**The pump is easy to use.**

Yes       No

If no, please explain:

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**It is easy to educate the user on the proper use of the pump.**

Yes       No

If no, please explain:

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**The downloaded data from the pump is easily attainable.**

Yes       No

If no, please explain:

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**The manufacturer's sales representatives are easily accessible.**

Yes       No

If no, please explain:

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**The manufacturer offers adequate support, including 24-hour technical assistance for pumps.**

Yes       No

If no, please explain:

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**The manufacturer offers a sufficient warranty.**

Yes       No

If no, please explain:

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**The manufacturer provides adequate support for educator training.**

Yes       No

If no, please explain:

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**The pump offers features equivalent to pumps currently funded by the ADP.**

Yes       No

If no, please explain:

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**The pump offers additional features above those currently funded by the ADP.**

Yes       No

If no, please explain:

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**Section 5 – Conclusion**

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**The pump would meet the needs of your patients.**

Yes       No

Overall Comments:

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Signature

Date (yyyy/mm/dd)

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This form is intended to identify potential products for ADP funding. It does not constitute an endorsement of the product.  
Please return the completed form to: Assistive Devices Program, 5700 Yonge St., 7<sup>th</sup> Floor, Toronto ON M2M 4K5.  
Attention: Program Coordinator, Insulin Pumps and Supplies Program.