

QUESTIONNAIRE
FOR
SURGICAL GLOVES

Important Note: All information requested herein **must** be supplied (correctly) in order for your gloves to be considered. Due to the large number of applications, we will **not** be able to solicit clarifications or additional data from you.

Note: Complete one (1) copy of this form for each series of glove that you offer.

Manufacturer: _____ 510(K) No. _____ 510(K) Date: _____

Product Series Name: _____

Style Nos. For Sizes: SM _____ Med _____ Lg _____ XL _____

Glove Length (In.) _____ Thickness (millimeters): Finger _____ mm Palm: _____ mm

Please check the following as applicable:

Hand Specific: _____ Beaded: _____ Non-Beaded: _____

Powder Free: _____ Powdered: _____ Sterile: _____ Allergy Sensitive: _____

Construction Material : Latex Rubber: _____ Other (Describe): _____

Note: The following items **must** be provided:

- Product Descriptive Literature and specifications
- Documentation of 501(K) certification

Name of person providing information _____

Address: _____

Telephone Number: _____