Ontario

Ministry of Health

Insulin Pump Product Evaluation

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

Section 1 – ADP Registered Clinic Information

Clinic Name	Clinic Number

Contact Person

Business Telephone Number	Email Address
ext.	

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:

 © King's Printer for Ontario, 2022 Disponible en français

The pump is easy to use.

☐ Yes ☐ No

If no, please explain:

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

☐ Yes ☐ No

If no, please explain:

The downloaded data from the pump is easily attainable.

☐ Yes ☐ No

If no, please explain:

The manufacturer's sales representatives are easily accessible.

☐ Yes ☐ No

If no, please explain:

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

☐ Yes ☐ No

If no, please explain:

The manufacturer offers a sufficient warranty.

☐ Yes ☐ No

If no, please explain:

The manufacturer provides adequate support for educator training.

☐ Yes ☐ No

If no, please explain:

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

☐ Yes ☐ No

If no, please explain:

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

☐ Yes ☐ No

If no, please explain:

Section 5 – Conclusion

The pump would meet the needs of your patients.

☐ Yes ☐ No

Overall Comments:

Signature	Date (yyyy/mm/dd)

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., 7th Floor, Toronto ON M2M 4K5.
Attention: Program Coordinator, Insulin Pumps and Supplies Program.