

# TRIAL REQUEST FORM

ACC  MOH (please tick)

Name:		Trial Application NO:	
Phone:	Fax:	Date:	
Organisation or Company:			
Delivery Address:			
Client Name:		Client Phone:	Date Required for Trial:
Invacare Product Specialist:		Rep to delivery (circle appropriate):	
		Yes	No

**Manual Wheelchairs:**

<input type="checkbox"/> Standard folding	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Tilt in space	<input type="checkbox"/> Ultralight fixed	<input type="checkbox"/> Ultralight folding
<input type="checkbox"/> Action3 (transit)	<input type="checkbox"/> Action3 Jnr (transit)	<input type="checkbox"/> Solara2G	<input type="checkbox"/> A4	<input type="checkbox"/> Kuschall compact
<input type="checkbox"/> Action3 (self propel)	<input type="checkbox"/> Action3 Jnr (self propel)	<input type="checkbox"/> Rea Azalea	<input type="checkbox"/> TiLite ZRA/ZR	<input type="checkbox"/> TiLite 2GX
	<input type="checkbox"/> Spree GT (tilt in space)		<input type="checkbox"/> TiLiteTR	
	<input type="checkbox"/> Spree XT (tilt in space)		<input type="checkbox"/> TiLite Aero Z	<input type="checkbox"/> E-motion wheels
	<input type="checkbox"/> TiLite Aero Z (paediatric)			

**Power Wheelchairs:**

<input type="checkbox"/> RWD	<input type="checkbox"/> Paediatric	<input type="checkbox"/> CWD	<input type="checkbox"/> Options	<input type="checkbox"/> Controller
<input type="checkbox"/> Mirage	<input type="checkbox"/> Spectra Blitz	<input type="checkbox"/> TDX SC	<input type="checkbox"/> Power Tilt	<input type="checkbox"/> Left
<input type="checkbox"/> 3G Torque	<input type="checkbox"/> TDX Spree	<input type="checkbox"/> TDX SR	<input type="checkbox"/> Power Recline	<input type="checkbox"/> Right
<input type="checkbox"/> 3G Arrow		<input type="checkbox"/> TDX SP	<input type="checkbox"/> Power elevating seat	<input type="checkbox"/> Retractable Joystick
<input type="checkbox"/> Adventure		<input type="checkbox"/> Typhoon	<input type="checkbox"/> Power elevating legrests	

*\* Options not available on all chairs*

**Seat Width:**

<input type="checkbox"/> 12" (30cm)	<input type="checkbox"/> 14" (35cm)	<input type="checkbox"/> 16" (40cm)	<input type="checkbox"/> 18" (45cm)	<input type="checkbox"/> 20" (50cm)
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**Seat Depth:**

<input type="checkbox"/> 12" (30cm)	<input type="checkbox"/> 14" (35cm)	<input type="checkbox"/> 16" (40cm)	<input type="checkbox"/> 18" (45cm)	<input type="checkbox"/> 20" (50cm)
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**Armrest:**

<input type="checkbox"/> Desk	<input type="checkbox"/> Full Length	<input type="checkbox"/> Swing-away	<input type="checkbox"/> T-Arm	<input type="checkbox"/> Height Adjustment
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**Legrest:**

<input type="checkbox"/> Standard	<input type="checkbox"/> Stump Support	<input type="checkbox"/> Elevating Legrest	<input type="checkbox"/> Footplate	<input type="checkbox"/> Centre Mounted	<input type="checkbox"/> Swing away
<input type="checkbox"/> Calf Strap	<input type="checkbox"/> Left	<input type="checkbox"/> Manual	<input type="checkbox"/> Flip- up Standard		
<input type="checkbox"/> Anti-tippers	<input type="checkbox"/> Right	<input type="checkbox"/> Power	<input type="checkbox"/> Depth & Angle Adjustable		

**Seating:**

<input type="checkbox"/> Cushion	<input type="checkbox"/> Personal Back	<input type="checkbox"/> Dual Flex	<input type="checkbox"/> Positioning
<input type="checkbox"/> Infinity Lo	<input type="checkbox"/> Absolute	<input type="checkbox"/> Plus	<input type="checkbox"/> Dual Flex 10
<input type="checkbox"/> Infinity Gentle	<input type="checkbox"/> Comfort-mate	<input type="checkbox"/> Regular	<input type="checkbox"/> Dual Flex 10 Tall
<input type="checkbox"/> Infinity Max	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Tall	<input type="checkbox"/> Dual Flex Regular
<input type="checkbox"/> FloTech	<input type="checkbox"/> Tall Plus		<input type="checkbox"/> Curved Back
<input type="checkbox"/> FloTech Plus			<input type="checkbox"/> Lateral Back

Select Infinity Cushion type: Gel  Foam

Cushion Size: Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Other Requirements (other than non standard i.e.: caster size, seat to floor height, ASL etc)

**Conditions of trial:**

- Goods must be purchase or returned within 7 days.
- Goods must be returned in good condition. Damaged goods will be the responsibility of the client and the cost of repairs/replacement will be invoiced.
- All trials are **DRY** trials. Bathroom and toilet products that are on trial are **NOT** to be used.
- Return freight to Invacare New Zealand is the **Assessors** responsibility.
- This form must be completed in full or it will not be actioned. This form must be completed in full or it will not be actioned.
- Please retain packaging for return if trial unsuccessful.

**I agree to the above conditions – Signed:** \_\_\_\_\_

