

# TRIAL REQUEST FORM


 ACC

 MOH (Please tick)

<b>Name:</b>		<b>Application No:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Date:</b>
<b>Organisation or Company:</b>		
<b>Delivery Address:</b>		
<b>Client's Name:</b>	<b>Client's Phone:</b>	<b>Date Required for Trial:</b>
<b>Invacare Product Specialist:</b>	<b>Rep to deliver (circle appropriate):</b>	<b>YES      NO</b>

## Beds

- |   |   |
|---|---|
| <input type="checkbox"/> Alegio 3 Section bed with standard bed ends                      | <input type="checkbox"/> Octave                                       |
| <input type="checkbox"/> Alegio 4 Section bed with standard bed ends                      | <input type="checkbox"/> Scanbed 750 4 section with standard bed ends |
| <input type="checkbox"/> Etude Basic (SB385) 3 section with standard bed ends             | <input type="checkbox"/> Kiwicare Single 900mm with standard bed ends |
| <input type="checkbox"/> Etude Basic (SB385) 4 section with standard bed ends             | <input type="checkbox"/> Kiwicare 3/4 1100mm with standard bed ends   |
| <input type="checkbox"/> Etude Classic (SB200) 4 section with standard bed ends           |   |
| <input type="checkbox"/> Etude Classic Ultra Low (SB200) 4 section with standard bed ends |   |

## Pressurecare - Mattresses

- |   |   |
|---|---|
| <input type="checkbox"/> Pressurecare mattress                  | <input type="checkbox"/> Invacare Sofform Premier Active mattress |
| <input type="checkbox"/> Invacare Sofform Premier mattress      | <input type="checkbox"/> Apollo Visco-elastic foam mattress       |
| <input type="checkbox"/> Invacare Sofform PremierGlide mattress | <input type="checkbox"/> ICAM Delux                               |

## Patient Handling

### Lifters

- IPL150ee lifter
- IPL205ee lifter
- Omega 300 lifter

### Slings

- General Purpose Sling (with Head support) sizes available xs, s, m, l, xl, xxl
- Hygiene Sling sizes available s, m, l
- Stand up buckle fastening sling - used with RPS440ee lifter

## Respiratory

- Platinum 5 oxygen concentrator
- Homefill II oxygen filling system

## Other requirements:


## Conditions of Trial:

- Goods must be purchased 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.
- Please retain packaging for return if trial unsuccessful.

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

**Return Completed Form To:**  
**Invacare Trials Department**  
**Ph: 0508 468 2227**  
**Fax: 0508 807 788**

**Trial Equipment Return Address:**  
**Invacare New Zealand**  
**4 Westfield Place**  
**Mt Wellington**  
**Auckland**