



New Product Evaluation Submission Form

Contact Name*: _____ Email*: _____

Phone*: _____

Company: _____ Website: _____

Address*: _____

Provisional Patent #: _____ Utility Patent #: _____ Design Patent #: _____

Product development stage*: Idea Prototype Design Tooling Sales Manufacturing

Product description*: _____

Product features, advantages, benefits*: _____

3 digit FDA alpha product code*: _____

(If unfamiliar, see link: <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview/ClassifyYourDevice/ucm051668.htm>)

Attachments*: Design drawings Sample/Prototype Photo Video

Submission Terms:

I am the owner or authorized representative of the product. I am not violating any confidentiality agreement.

Submission is made on a non-confidential basis (GF recommends patent protection).

I understand that GF Health Products, Inc. may already be exploring a similar product and I do not assert any intellectual property rights.

Submissions will not be returned.

Signature*: _____ Date*: _____

Print Name*: _____

Submit to:

Email (with attachments): productsubmission@grahamfield.com

Mailing address: GF Health Products, Inc.

Mail Stop 18-New Product Eval.

One Graham-Field Way

Atlanta, GA 30340-3140

Due to the number of submissions, we regret that we can only respond to product submissions in which we have interest.

***Required Field**

For GF P.M. Routing:

- Bath Safety
- Beds, homecare
- Furniture
- Medical-Surgical Equipment
- Medical-Surgical Supplies
- Mobility Respiratory
- Patient Lifts
- Patient Room
- Personal Care
- Support Surfaces
- Wheelchairs
- Specialty Seating
- Stretchers/O.R. Room