PRODUCT EXPERIENCE FEEDBACK

Please use this form to advise us of any information related to the quality of our products and how we might improve your usage and satisfaction.

Organization Name ___________________________________ Date ____________________

Name __________________________________ Position ___________________________

Email Address ______________________ Tel. No. __________ Fax No. ____________

1. What product(s) have you purchased from Mui Scientific (or its distributor)?
  ☐ Pumps: ____________ ☐ Catheters: ____________ ☐ Other: ____________

2. Rate Mui Scientific’s service and/or products? (1- poor, 10 – excellent)

<table>
<thead>
<tr>
<th>Quality:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Price:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Service:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

3. Comments? Suggestions?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Please kindly fax back to (905) 890-3523. Or e-mail to mail@muiscientific.com.

Thank you for your continued business.