

Input procedure for the questionnaire of BEAR Medic Corporation

You can enter
the link indicated
below.

1. Link to the questionnair & clamp sample campaign



https://eventpay.jp/event_info/?shop_code=3220247361839358&EventCode=P796536503

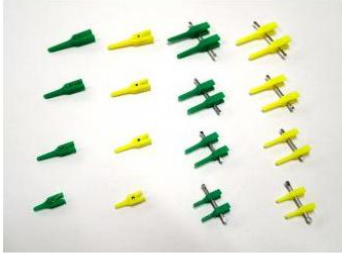
2. Link to the Clamp spec table

<http://www.bearmedic-en.com/library/55068f6f98c8b6155a000efd/61322348d814f05a6eebfb66.pdf>

Entrance of the questionnaire

イベント詳細 (Event details)

Questionnaires for TAMAI Clamp samples (BEAR Medic Corporation)



In this questionnaire, there are items about requesting samples of TAMAI Clamp. In that case, please refer to the sizes from the link below.

↓↓↓

<http://www.bearmedic-en.com/library/55068f6f98c8b6155a000efd/61322348d814f05a6eebf66.pdf>

お問い合わせ先 (Contact)

Attn: Shito (Mr.)
BEAR MEDIC CORPORATION, Overseas Business Department
Yushima BEAR BLDG, Yushima 2-31-24, Bunkyo-ku
Tokyo 113-0034 JAPAN
TEL +81338184041 FAX +81338184042
(Mobile) +818022184233
(email) shitoh-y@bearmedic.co.jp

Click the below orange button
Then you can enter the

📌 お申込みはこちら

申込数 :
Number of applications

1 人



お申込み
Apply

[▶ お支払い方法について](#) [▶ 特定商取引法に基づく表記](#) [▶ 利用規約](#) [▶ 推奨環境](#)

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Entry page of the questionnaire (scroll 1/2)

Please fill in for the all items in this page.

① イベント情報 (event information)

イベント名 event name	Questionnaires for TAMAI Clamp samples (BEAR Medic Corporation)
申込数 Number of applications	1人 (1)

Please fill in the surname and last name.

② お申込者情報入力 (Applicant information input)

お名前 name	漢字 (姓) Surname	漢字 (名) First name
メールアドレス Email address	例: 子約 例: 太郎	
メールアドレス(確認用) Email address (for confirmation)	例: abc@example.com	
Q1. Your country	例: abc@example.com	
Q2. Your affiliation (e.g. The University of Tokyo Hospital). * Required	If you have no specific one, please fill in "Unspecified" into the above.	
Q3. Your department (e.g. Plastic surgery, Hand surgery). * Required	If you have no specific one, please fill in "Unspecified" into the above.	
Q4. Specialized microsurgery (e.g. head and neck reconstruction, breast reconstruction). * Required	If you have no specific one, please fill in "Unspecified" into the above.	
Q5. Is the micro clamp you are currently using for vascular anastomosis disposable or is it reusable? *Select either	--	
Q6. What is the brand of micro clamp you use in vascular anastomosis? If you know (e.g., S &amp; T clamp)	In case you do not know, please fill in "Unknown" into the above.	
Q7. What is the most important factor for micro clamp use in vascular anastomosis? *Select one	--	
Q8. What is the brand of micro-suture you use in vascular anastomosis? If you know (e.g. ETHILON J&J)	In case you do not know, please fill in "Unknown" into the above.	
Q9. What is the most important factor for micro suture use in vascular anastomosis? *Select one	--	
Q10. Request for TAMAI clamp samples (Single-type) Only for those who wish	Request for TAMAI clamp samples (Single-type) *Only for those who wish Please select one size you wish. We will prepare 4 pieces of the selected size. (Please refer to the specification table)	
Q11. Request for TAMAI clamp samples (Double-type) Only for those who wish	Request for TAMAI clamp samples (Double-type) *Only for those who wish Please select one size you wish. We will prepare 2 pieces of the selected size. (Please refer to the specification table)	

Please ignore these Japanese.

If you have restrictions on incoming emails, please allow emails from "info@eventpay.jp".

Entry page of the questionnaire (scroll 2/2)

Please ignore these Japanese.

Q12. Only for the person who requested the samples in Q. 10 and Q.11. In case TAMAI clamp is not registered in your country, can you agree to use the samples under your self-responsibility? * Required

Recipient name (Attn): 必須

Delivery to address and Zip code: 必須

Email address 必須

Any question ?

Only for the respondent who requested the samples in Q.10 and Q.11. Please fill in the recipient name (Attn) and delivery address including Zip code . If you have an intimate medical device distributor, and if you wish, we can also provide samples to that distributor instead of you. In this case, please fill in their company name, address, sales representative name, and his E-mail address. * Required

Please ignore this Japanese sentence here. It is not related to this questionnaire. (It's just a system problem)

Please just click here to check

利用規約に同意する
I agree with the Terms & Conditions

After fill in the all items, click the left orange

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In case there are any missing entries, the caution will appear in the next confirmation page.

 <http://www.bearmedic.co.jp/>
9:00~17:00 Tel:0295-72-1811
[▶イベント一覧](#)

⚠ 入力エラーです。下記の項目をご確認してください。(Input error. Please check each item.)

メールアドレスは必須項目です。
(Email address is a required item.)

メールアドレス (確認用) は必須項目です。
(Email address (for confirmation) is a required item.)

Q4. Specialized microsurgery (e.g., head and neck reconstruction, breast reconstruction). * Requiredは必須項目です。
(Q4. Specialized microsurgery (e.g., head and neck reconstruction, breast reconstruction). * Required is a required item.)

Input content confirmation page

① イベント情報 (event information)

イベント名 event name	Questionnaires for TAMAI Clamp samples (BEAR Medic Corporation)
申込数 Number of applications	1人
支払金額 payment	0円
内訳 breakdown	申込金額 : 0円 x 1人 = 0円

② お申込者情報 (Applicant information)

お名前 name	Shito Yasuo 様
メールアドレス Email address	shitoh-y@bearmedic.co.jp
Q1. Your country * Required	Tokyo
Q2. Your affiliation (e.g., The University of Tokyo Hospital). * Required	BEAR University Hospital
Q3. Your department (e.g., Plastic surgery, Hand surgery). * Required	Plastic surgery
Q4. Specialized microsurgery (e.g., head and neck reconstruction, breast reconstruction). * Required	Breast reconstruction
Q5. Is the micro clamp you are currently using for vascular anastomosis disposable? Or is it reusable? *Select either	Disposable
Q6. What is the brand of micro clamp you use in vascular anastomosis? If you know (e.g., S & T clamp)	TAMAI Clamp
Q7. What is the most important factor for micro clamp use in vascular anastomosis? * Select one	Stability of clamping force
Q8. What is the brand of micro-suture you use in vascular anastomosis? If you know (e.g. ETHILON J&J)	BEAR suture
Q9. What is the most important factor for micro suture use in vascular anastomosis? * Select one	Needle penetration
Q10. Request for TAMAI clamp samples (Single-type) *Only for those who wish	TKS-1-20 (for vein 20gf)
Q11. Request for TAMAI clamp samples (Double-type) *Only for those who wish	TKM-2-30(for vein 30gf)
Q12. Only for the person who requested the samples in Q.10 and Q.11. In case TAMAI clamp is not registered in your country, can you agree to use the samples under your self-responsibility? * Required	Yes
Recipient name (Attn):	Yasuo Shito (Mr.)
Delivery to address and Zip code:	BEAR MEDIC CORPORATION, Overseas Business Department Yushima BEAR BLDG. Yushima 2-31-24, Bunkyo-ku Tokyo 113-0034 JAPAN
Email address	shitoh-y@bearmedic.co.jp
Any question ?	

No charge issued. Please ignore these items

If you need to modify, Please click this button

After checking, click the orange button to complete the transmission

支払金額・入力内容に誤りがないかご確認ください、問題なければ「この内容で申込する」を押下してください。
Please check that the payment amount and input details are correct, and if there are no problems, click "Apply with these details".

修正する
Fix

この内容で申込する
Apply with this content

After submission you can see the below information.

📌 イベント情報 (event information)

イベント名
event name

Questionnaires for TAMAI Clamp samples (BEAR Medic Corporation)

お申込ありがとうございます。

Thank you for applying.

イベントペイ (info@eventpay.jp) から、ご入力いただいたアドレスに申込内容確認メールを送信しました。
A confirmation e-mail has been sent to the address you entered.

 戻る
Return