

Dear Customer:

To help us serve you better, please complete and submit by email or fax the following questionnaire. Please complete the information and proceed to rate each of these aspects.

With your answers we will follow your suggestions and maintain continuous improvement of our services. All information you provide is strictly confidential.

Laboratory Coordinator

Date:

Client:

Contact Name:

Qualification	1	2	3	4	5
1. Attention to your inquiries (by phone, on person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Response time of the requested service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Orientation to request service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Service quality in testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The tests available, cover your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Time taken to give you the analysis results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Technical competence of laboratory staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Management and custody of the samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Logistics service provision (indications for receipt of samples)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations and comments:

Qualification: 5 = Excellent; 4 = Very good; 3 = Good; 2 = Regular; 1 = Bad

How was this survey made?: Phone: E mail: On person
(For laboratory use only).