

# NATIONAL TB LABORATORY

## Customer Satisfaction Survey

PLEASE RATE OUR SERVICES, YOUR FEEDBACK IS IMPORTANT TO US					
Date:					
<b>OPTIONAL:</b> Name: Organization:			Title (if you are a health worker): Telephone number:		
Please rate our services:	Excellent	Good	Fair	Poor	Comments
Clarity of sample requirements					
Clarity of the request form					
Range of tests provided					
Turnaround time					
Clarity of the result report					
Reliability of our services					
Consistency of our services					
Affordability of our services					
Client friendliness of our staff					
Professionalism of our staff					
Accessibility of the laboratory					
Information provided to you					
General comments/suggestions for improvement:					

**Thank your for completing the questionnaire**