



Client Satisfaction Survey

Your opinion is valuable to us. Please respond to the following Client Satisfaction Survey. Your input will enable us to understand your needs.

(Fax completed form to: 718-762-3350)

Rate each category on a 5-point scale: 5= highest and 1= lowest

- Test Result Accuracy: _____
- Readability of Lab Reports: _____
- Notification of Significant Abnormal Results in a timely manner: _____
- Availability of Lab Reports: _____
- Turnaround Time for routine Lab results: _____
- Turnaround Time for STAT Lab results: _____
- Telephone answered promptly by Lab personnel: _____
- Telephone Courtesy of Lab personnel: _____
- Ability of Lab personnel to answer questions by telephone: _____
- Phlebotomy personnel courtesy toward patients: _____
- Phlebotomy personnel courtesy toward nursing/client personnel: _____
- Phlebotomy responsiveness when called: _____
- Availability of Laboratory Manual (available on website): _____
- Accessibility of Lab Management Personnel: _____
- Laboratory Management responsiveness to complaints: _____

Additional Comments:

Survey Completion Date: _____

() Survey completed by Client (print name): _____

Client Name: _____ Client Acct. #: _____

Address: _____

Thank you for taking your time to complete this survey. Your comments and your complete satisfaction are important to Xeron Clinical Laboratories!