

CLIENT SATISFACTION EVALUATION FORM

Form IVE

- **What kind of comment would you like to send?**

Complaint Problem Suggestion Appreciation

Your Feedback

Please rate our testing services by circling an appropriate number according to the following scale:

| | | | | | |
|------|------------|------|-----------|-----------|------------|
| Poor | Acceptable | Good | Very Good | Excellent | Don't Know |
| 1 | 2 | 3 | 4 | 5 | N/A |

| Criteria | Performance | | | | | |
|--|--------------------|---|---|---|---|-----|
| Ease of communication with the laboratory authorities | 1 | 2 | 3 | 4 | 5 | N/A |
| Arrangement of entertaining requests for laboratory services | 1 | 2 | 3 | 4 | 5 | N/A |
| Availability of guidelines for submission of samples | 1 | 2 | 3 | 4 | 5 | N/A |
| Arrangement of receiving the samples at the laboratory | 1 | 2 | 3 | 4 | 5 | N/A |
| Handling of special requests (if any) | 1 | 2 | 3 | 4 | 5 | N/A |
| Sample receiving acknowledgement | 1 | 2 | 3 | 4 | 5 | N/A |
| Overall turnaround time for reporting of results | 1 | 2 | 3 | 4 | 5 | N/A |
| Overall behaviour/hospitality of laboratory staff | 1 | 2 | 3 | 4 | 5 | N/A |
| Quality and reliability of laboratory findings | 1 | 2 | 3 | 4 | 5 | N/A |
| Handling of post-reporting inquiries, including the quality of our opinions and interpretations (if any) | 1 | 2 | 3 | 4 | 5 | N/A |
| Overall performance of testing services | 1 | 2 | 3 | 4 | 5 | N/A |

- **For how long have you been using our service?**

| | |
|-------------------|--|
| Over 3 years | |
| 1-3 years | |
| 1-12 months | |
| Less than a month | |
| Never used | |

- **How often do you use our service?**

| | |
|---------------------|--|
| Once a year | |
| 2 or 3 times a year | |
| Once a month | |

| | |
|------------------------|--|
| Less than once a month | |
|------------------------|--|

- How satisfied are you with the service?

| | |
|------------------|--|
| Very Satisfied | |
| Satisfied | |
| Neutral | |
| Unsatisfied | |
| Very Unsatisfied | |

Any other comments/suggestions (Positive or negative)

Client Information

- Name: _____
- Position: _____
- Organization: _____
- Address: _____
- Phone number and email: _____
- Signature: _____
- Date: _____

(Please complete the form and return to The Director *or* Management Representative, CCS National Institute of Animal Health, Baghpat – 250609 (Uttar Pradesh) by fax/post/scanned copy through email)

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