**CLIENT SURVEY**   **CLIENT SURVEY**

Physician/Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Standards: Agree Neutral Disagree**

1. PPS Couriers are prompt and courteous. 1 2 3
2. Our supplies are delivered promptly. 1 2 3
3. When I or my staff calls Precision Pathology
   1. Our call is answered promptly and courteously 1 2 3
   2. Urgent issues are handled appropriately and timely 1 2 3
   3. A pathologist is readily available for telephone 1 2 3

consultation when needed.

1. PPS billing staff is courteous and helpful. 1 2 3
2. PPS customer service staff is courteous and helpful. 1 2 3
3. I am satisfied with the number of times I see my 1 2 3

PPS Representative each month.

\*\* *If you marked DISAGREE with any of the above, please indicate your reason(s) so we can better serve your needs.*

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**Reporting Standards:** **Agree Neutral Disagree**

1. I receive my reports by fax, and I am satisfied. 1 2 3
2. I receive my reports by ORV (Online Result Viewing),

and I am satisfied. 1 2 3

1. Our PPS requisition form(s) is/are easy to use. 1 2 3
2. Our patients are pleased with PPS services. 1 2 3
3. I and my staff are pleased with PPS services. 1 2 3

\*\* *If you marked DISAGREE with any of the above, please indicate your reason(s) so we can better serve your needs.*

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**Microbiology (if applicable):** **Agree Neutral Disagree**

I am satisfied with the Microbiology services 1 2 3

offered by PPS.

\*\* *If you marked DISAGREE with the above, please indicate your reason(s) so we can better serve your needs.*

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**Are there any services not currently provided that would be appreciated at your facility?**