

### FEEDBACK FORM

Ward / Clinic / Hospital	:	<input style="width: 95%;" type="text"/>	
Address	:	<input style="width: 95%;" type="text"/>	
Telephone	:	<input style="width: 95%;" type="text"/>	Fax No. : <input style="width: 65%;" type="text"/>
Email	:	<input style="width: 95%;" type="text"/>	

Please tick (✓) for relevant services:

- |   |   |                                    |                                       |
|---|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Haematology    | <input type="checkbox"/> Chemical Pathology   | <input type="checkbox"/> Genetics  | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Histopathology | <input type="checkbox"/> Transfusion Medicine | <input type="checkbox"/> Molecular | <input type="checkbox"/> Immunology   |

#### A. Feedback (please tick (✓))

	Poor (1)	Average (2)	Good (3)	Excellent (4)
1. How would you rate our overall services				
2. Turn around time				
3. Delivery of our reports				
4. Response to enquiries				

Note: Evaluation marks      0 - 5      : Need improvement  
    6 - 11     : Acceptable  
    12 - 16    : Excellence services

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| 5. Would you consider using our services next time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| 6. Would you recommend our services to others      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

#### B. Suggestion

If you have any suggestion for improving our services, please comment:

*Jika ada sebarang cadangan untuk penambahbaikan perkhidmatan kami, sila nyatakan:*

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