

CLIENT SURVEY

Dear valued client: Thank you for taking the time to fill out our client survey form. By providing us with your feedback, you are helping us to understand what we do well and what improvements need to be implemented to better serve you. Participation is voluntary and all responses are confidential. Please return the completed survey to PRLSurvey@pharmgate.com. Your valuable participation is greatly appreciated. Thank you!

Jing Sui

Lab Director

(Optional)

Name: _____ Date: _____

Email: _____ Phone: _____

Clinic/Hospital/Company: _____

1. What best describes the purpose of the diagnostic services requested from PRL?

Check all that apply.

☐ Routine diagnostic testing

☐ Export testing

☐ Other _____

2. Is the staff: ☐ Professional

☐ Friendly

☐ Helpful

Comments:

3. Are lab results reported in a timely manner? ☐ Yes

☐ No

Comments:

Additional Comments:

Would you like us to contact you about your feedback?

☐ Yes (please provide contact info above)

☐ No