NVSL Performance Survey

OMB Approved 0579-0339

EXP DATE XX/XXXX

Thank you for using the services of the National Veterinary Services Laboratories (NVSL). We would like to receive feedback from you regarding the quality of service our laboratory provided to you.

Please return this survey in the enclosed business-reply envelope, to the fax number (515) 663-7513, or respond by e-mail to NVSL_Concerns@aphis.usda.gov within 10 days. **We value your opinion**, so please take a few minutes to complete this evaluation.

1.	Rate the NVSL's overall level of service on a scale of 1 to 5 (5 being highest):			
	a.	Diagnostic services		
	b.	Reagents		
	C.	Proficiency tests		
	Comments:			
2	Rate the NVSL's overall level of customer service on a scale of 1 to 5 (5 being highest):			
	Comments:			
_	1.1.			
3.	Identify those services you feel NVSL consistently provides at a high level. Comments:			
	Co	mments:		
4.	Identify NVSL problem areas with suggestions for improvement.			
	Со	mments:		
5.	Are	e there additional services you would like the NVSL to offer?	□₁Yes	□₃No
	Со	mments:		

Thank you for sharing your opinions with us.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0339. The time required to complete this information collection is estimated to average 0.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and

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