

**Att. E. Notification Email**

Dear [Salutation] [Last Name],

Thank you for requesting Epi-Aid #: XXXXXXXXXXX, [Title] in [Month] [Year]. The Epidemic Intelligence Service is conducting a customer satisfaction assessment to improve our service. Your responses to this assessment will help us to understand how to improve the Epi-Aid process and quantify Epi-Aid impacts.

We ask that you either complete this assessment or, if appropriate, forward it to the person on your staff who is most familiar with this Epi-Aid. Please do not ask an EIS officer or CDC staff person from the Epi-Aid Team to complete the assessment. Your responses are very important to us. Please base your responses only on the Epi-Aid named above.

The assessment should take approximately 15 minutes to complete. Please use this link to access the assessment: XXXXXXXXXXXXXXXX.

Please complete the assessment by [Month] [Day]. (2 weeks)

To assist you in responding, we have included two documents. The first document is a PDF copy of the assessment for review before accessing the link. Only the person who is responding to the assessment should access the link. The second document is a copy of the Epi-1 "Request for Epi-Aid" form associated with this Epi-Aid.

Below are a few additional reference items to assist you with responding to the assessment.

Epi-Aid #: XXXXXXXX

Epi-Aid Title: XXXXXXXXXXXXXXXX

Request Date: XXXXXXXXXXXXXXXX

EIS Officers on Team: XXXXXXXXXXXXXXXXXXXX

Objectives:

1. XXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXX

Thank you for your time and assistance in helping EIS improve our customer service and Epi-Aid response efforts. If you want to discuss this Epi-Aid or have any questions, please contact us at EpiAid@cdc.gov.

The EIS Epi-Aid Team