

Newborn Screening Quality Assurance Program

Spinal Muscular Atrophy (SMA) Pilot Proficiency Testing Program Customer Feedback

Instructions 1) Enter your lab code number in the lab code box 2) For questions 1 - 4 select: "NO Improvement Needed" if you are fully satisfied (95 - 100%) or "SOME Improvement Needed" if you are mostly satisfied (75 - 94%) or "MUCH Improvement Needed" if you are not satisfied (<75%) or "N/A" if unable to assess 3) If you select "SOME Improvement Needed" or "MUCH Improvement Needed", briefly describe the improvements that you think are needed.	
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Lab Code:	
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	NO Improvement Needed	SOME Improvement Needed	MUCH Improvement Needed	N/A
1. SMA PT Instruction Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. SMA PT Data Reporting Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Data submission process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. DBS Panel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Where improvement is needed, please provide suggestions:

Open-ended response

CDC estimates the average public reporting burden for this collection of information as 3 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).