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 - 5 select:					
"NO Improvement Needed" if you are fully satisfied (95 - 100%) or					
"SOME Improvement Needed" if you are mostly satisfied (75 - 94%) o r					
"MUCH Improvement Needed" if you are not satisfied (<75%) or					
"N/A" if unable to assess					
3) If you select "SOME Imp	provement Needed" or "MUCH In	mprovement Needed", briefly descr	ibe the improvements that you think	are needed.	
Lab Code:					
	NO Improvement Neede	SOME Improvement Neede	MUCH Improvement Needed	N/A	
1. SMA PT Instruction Form	0) ()	0	 O 	
2. SMA PT Online Data Reporting Form) () 	0	0	0	
3. Data submission process	0	0	0	0	
4. DBS Panel	0	0	0	0	
5. Overall experience	0	0	0	0	
6. Where improvement is r Open-ended response	needed, please provide suggesti	ons:			

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).