

NCI OSFM Express Services Survey

OMB #0925-0642  
 Expiration Date 5/30/2020

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**1. Please answer all that apply to you and skip any item that doesn't apply. Thanks.** <sup>W</sup>

	Unsatisfactory	Poor	Satisfactory	Good	Outstanding
Did OSFM Express Services meet your requirements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was delivered in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the finished product.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Express Service staff communicated openly to keep me informed and help minimize and resolve issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate the professionalism and courtesy of NCI express Services staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. If we exceeded, or fell short of your expectations, please let us know.** <sup>W</sup>

**3. If you would like personal assistance to address an issue, please provide your contact information so an OSFM staff member can assist you.** <sup>W</sup>

Done >>

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