Welcome to My Survey

OMB No.0925-0648, Expiration Date: 05/2021

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In an effort to ensure that the Clinical Center Department of Laboratory Medicine is providing high quality services to Institute and Clinical Center investigators, and clinical staff, we ask that you please take a few moments to provide us with your perceptions of these services.

Thank You,

Karen M Frank MD, PhD, D(ABMM) Chief, Department of Laboratory Medicine

1. F	Please indicate your institute affiliation.		
\bigcirc	Clinical Center	\bigcirc	National Institute of Environmental Health Sciences
\bigcirc	National Cancer Institute	\bigcirc	National Institute on Mental Health
\bigcirc	National Center for Complementary and Alternative Medicine	\bigcirc	National Institute on Minority Health and Health Disparities
\bigcirc	National Eye Institute	\bigcirc	National Institute of Neurological Disorders and Stroke
\bigcirc	National Heart, Lung and Blood Institute	\bigcirc	National Institute of Nursing Research
\bigcirc	National Human Genome Research Institute	\bigcirc	National Institute of Biomedical Imaging and Bioengineering
\bigcirc	National Institute of Aging	\bigcirc	Eunice Kennedy Shriver National Institute of Child Health and Human Development
	National Institute on Alcohol Abuse and Alcoholism	\bigcirc	National Institute of General Medical Sciences
\bigcirc	National Institute of Allergy and Infectious Diseases		National Institute of Neurological Disorders and Stroke
\bigcirc	National Institute of Arthritis and Musculoskeletal and Skin Diseases	0	Center for Information Technology
\bigcirc	National Institute of Child Health and Human Development	\bigcirc	Center for Scientific Review
\bigcirc	National Institute on Drug Abuse	\bigcirc	Fogarty International Center
\bigcirc	National Institute on Deafness and Other Communication Disorders	\bigcirc	National Center for Advancing Translational Sciences
			National Center for Complementary and Integrative Health
\bigcirc	National Institute of Dental and Craniofacial Research	\bigcirc	Other
\bigcirc	National Institute of Diabetes and Digestive and Kidney Diseases		

Physician			Physician Assistan	t	
Nurse Practitioner			Nurse		
Other (please specify)					
3. How frequently do yo	ou use the Depa	artment of Laborato	ry Medicine Serv	rices?	
Daily					
Weekly					
Monthly					
Never					
4. Please rate the accu	racy and roliabi	lity of clinical tost ro	sculte for each co	action holow	
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Hematology		0		\bigcirc	
Immunology					
Microbiology				\circ	0
Evening Shift (3-11PM)				\circ	
Night Shift (11PM-7AM)				\circ	
Weekend Shift					
5. In your opinion, how times for clinical testing		h section below me	et the DLM publi	shed stat and routir	e turnarou
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Immunology					
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Night Shift (11PM-7AM)		\circ		\circ	\bigcirc
Weekend Shift					
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	Very satisfied	Somewhat satisfied	Neutral	unsatisfied	Very unsatisfi
Professionalism of the front desk personnel during check-in.	0	\circ	0	\bigcirc	0
Professionalism of the phlebotomists during sample collection.		\bigcirc	\bigcirc	\bigcirc	
Phlebotomist collection of all ordered samples as indicated.	\circ	0	\circ	0	0
Quality and timeliness of phlebotomist communication with the clinical team.	0	0	0	0	0
7. How often were you your questions answer			below answer	ed promptly and p	orofessionally,
	Always	Almost Always	Sometimes	Almost Never	Never
Chemistry					
Hematology		\bigcirc			
Immunology					
Microbiology	\bigcirc	\bigcirc			
Phlebotomy					
Evening Shift (3-11PM)					
Night Shift (11PM-7AM)					
Weekend Shift				\circ	
8. Do you use the Depinformation about spec				_	n) to access
Yes No					
	to question # 8	, how satisfied are yo	ou with the DLM		
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No 9. If you answered yes	·	-		Somewhat	Very unsatisfi

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