**Department of Veterans Affairs**

**Patient Satisfaction Survey**



**VA New England Healthcare System VISN1 Network Consolidated Laboratory**

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The VISN1 Network Consolidated Laboratory (NCL) goal is to serve New England’s Veterans with the highest quality of care possible. To that end, we seek your input to help us identify areas within the clinical laboratory that may need improvement and allow us to strive toward providing our Veterans with exceptional care.

**Instructions:** Participation in this survey is voluntary and anonymous. Using the pen or pencil provided, please fill in the present date and time. Thinking about your visit today at our blood drawing room, please check the response to the question or statement that most closely represents your impression of the service you received. Please place the completed survey in the designated box or hand it to the phlebotomist. Thank you!

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you have an appointment for today’s blood work and/or sample collection?

r Yes r No

1. Once you arrived at the laboratory blood drawing area, how long did you wait to have your blood drawn?

r Less than 15 minutes

r 15-30 minutes

r 30-45 minutes

r 45-60 minutes

r More than 1 hour

1. The laboratory professional who drew my blood samples treated me with respect and in a courteous manner:

r Strongly Agree

r Agree

r Uncertain

r Disagree

r Strongly Disagree

1. I have confidence in the skill of the laboratory professional who collected my blood samples.

r Strongly Agree

r Agree

r Uncertain

r Disagree

r Strongly Disagree

1. Did you have problems entering or moving around the laboratory blood drawing area due to clutter, traffic, equipment placement or poor design?

r Yes r No

1. Were you asked to confirm your full name and full social security number before your specimen (blood, urine, or other) was collected by the laboratory blood drawing professional?

r Yes r No

1. Do you believe that the confidentiality of your personal health and identification information was protected during your time spent in the laboratory blood drawing area by the blood drawing professionals?

r Yes r No

1. Were your blood specimen tubes labeled in your presence?

r Yes r No

1. If you had any urine samples collected, were the instructions clear and easy to follow?

r Yes r No

Please share comments about your laboratory sample collection experience today in the space below:

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**Paperwork Reduction Act and Privacy Act Statement:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. The OMB control number is 2900-0770. We anticipate that the time needed to complete this survey will average 3 minutes. Information gathered will be kept private and confidential to the extent provided by law. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**Comments concerning the accuracy of the survey burden estimate and suggestions for reducing this burden should be sent to:**

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