

Department of Microbiology

Doctors Satisfaction Feedback Form

Name:

Department:

Date of sending sample:

Phone no.:

- Was the report delivered on time: **Yes/No**
- Was the report interpretable: **Yes/No** (If No, please mention the reason) _____
- Was the report a critical value: **Yes/No**
- If Yes, Did you get call from department for critical value alert: **Yes/No**
- Upon contacting the department, were you able to get satisfactory reply for your query: **Yes/No** (If No, please mention the reason) _____
- Remarks (if any): _____

Suggestions for improvement:

All information pertaining to investigations carried out in department, along with volume of sample and type of container is available at <http://www.drrmlims.ac.in/hospitalservices.php>