

# Advanced Pathology Laboratory

<b>Customer:</b>	<b>Date:</b>
------------------	--------------

## Complaint Resolution and Customer Satisfaction

**Complaint resolution:** Our performance is determined by your expectations as well as standards of professional pathology service. Please let us know (609-646-7000) if you encounter any irregularity with our performance which adversely impacts your patient's care or your operation. Upon receiving your statement or complaint the laboratory personnel will attempt to solve our problem. Also, they will complete a Quality Improvement form in order to modify our operation so similar problems would not recur.

**Customer Satisfaction:** In addition periodically the laboratory will survey your overall assessment of the services.

Please indicate your level of satisfaction with the following:

	N/A	1 Poor	2 Below average	3 Average	4 Good	5 Excellent
Overall satisfaction rating						
Pick-up and transport of specimens						
Problem/complaint resolution						
Quality of professional interactions						
Diagnostic accuracy and clarity						
Pathologist availability and responsiveness						
Communication of relevant information						
Educational presentations						
Notification of critical results						
Timeliness of reporting						
Ease of use of web site						
Patient information brochure						
Courtesy of secretarial and technical staff						
Billing problems						
Other						

**Additional Comments:**

Thank you for Choosing Advanced Pathology

Your name (optional): \_\_\_\_\_