

**Washington University Neuromuscular Clinical Laboratory**  
**Department of Neurology –Box 8111**

Instructions: Print the survey; Check boxes; Fax to 314-362-3143.

1. Rate your overall satisfaction with the Neuromuscular Laboratory?

a  Very satisfied   b  Satisfied   c  Variable   d  Dissatisfied   e  Very dissatisfied

2. How would you rate the following services provided by the Neuromuscular Laboratory?

	Excellent	Very Good	Good	Fair	Poor	N/A
	▼	▼	▼	▼	▼	▼
a. Overall quality of laboratory service.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Variety of tests offered	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Comprehensiveness of test information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Ease of test ordering	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Turn around Time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Value of testing services for price paid	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Accuracy of test results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Ease of interpreting test results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. Method by which you receive results	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
j. Accessibility to consultations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
k. Quality of consultation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

3. How would you rate the billing process?

- a. Accuracy of invoices                      1     2     3     4     5     6
- b. Ability of billing office to resolve  
any billing discrepancies                      1     2     3     4     5     6

4. How would you rate the customer service?

- a. Knowledge of customer service                      1     2     3     4     5     6
- b. Hours of operation of customer service                      1     2     3     4     5     6
- c. Professionalism    1     2     3     4     5     6

5. How willing are you to recommend us to your colleagues?

- a  Definitely    b  Probably    c  Don't Know    d  Probably    e  Definitely  
would                      would    would not                      would not

List below additional comments you may have on our laboratory services