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**DEPARTMENT OF HEALTH AND SOCIAL SERVICES** *STATE PUBLIC HEALTH LABORATORY*

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May 1, 2012

**RE: CLIA Waived Testing Final Evaluation**

Dear Participant:

Thank you so much for attending one of the recent CLIA Waived Testing sessions. Please answer the following three questions to complete our program evaluation. When you have completed the questionnaire, just put it in the enclosed self-addressed, postage-paid envelope and return it to me.

**Question # 1:**

Have you initiated any changes in your testing practices such as testing quality control materials as a result of this training?

Yes \_\_\_\_\_

No \_\_\_\_\_

**Question #2:**

If yes, can you name one change you have made in testing practices since the training?

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**Question #3:**

What is the most valuable information you took away from “CLIA Waived Testing”?

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I appreciate your participation in this final course survey. It has been a pleasure to work with you.

 Sincerely,

 Doris Thompson

 CLIA Surveyor

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