

# Scientific Laboratory Division Clinical Specimen Submission Evaluation

## Welcome to My Survey

As a whole, the Scientific Laboratory Division (SLD) strives for continual improvement for our external clients. We have created a survey to help us determine if there are specific areas that may be focused upon to improve the overall specimen submission process and how we might facilitate this progression. Please take a few moments to complete the survey so we may continue to provide services to meet your needs.

The SLD Biological Sciences Bureau (BSB) has a Directory of Services located on the SLD website which provides all requirements for clinical testing. The first five questions relate to your experience using the website to access the Directory of Services.

**\*1. Do you find that the BSB Directory of Services is easily located on SLD's website?**

- Yes
- No

**2. Do you find that the BSB Directory of Services is easy to navigate through when needed?**

- Yes
- No
- I do not use the online Directory of Services

**3. When you use the BSB Directory of Services, do you use the 'Table of Content' to navigate through the document?**

- Yes
- No

**4. Can you find the specific guidelines for the collection, storage and transport of samples depending on the test/analysis in the BSB Directory of Services?**

- Yes
- No

**\*5. In the BSB Directory of Services, are the specific rejection criteria for specimen submission clearly stated?**

- Yes
- No

**6. Do you feel that anything else should be included in the BSB Directory of Services?**

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The next ten questions refer to the [General Clinical Request Form](#) which is the form that is completed and submitted with every specimen.

**\*7. Do you know your facility/clinic Submitter Code?**

- Yes
- No

**8. If you know your Submitter Code, please enter your code here....**

**\*9. When filling out the General Clinical Request Form, the User Code is a required field and determines who is fiscally responsible for the requested test. Do you find it difficult to determine the appropriate User Code?**

- Yes
- No

**\*10. The General Clinical Request Form can be found on the SLD website. Do you save the .pdf file to your computer to access for later use?**

- Yes
- No

**11. If you save the .pdf file to your computer, do you have the ability to edit the General Clinical Request Form to fill out the form?**

- Yes
- No

**\*12. Currently, is the General Clinical Request Form that you fill out...**

- generated by printing from either the website or a file saved on your computer (color)
- generated by making a copy of another form
- supplied by SLD

**\*13. When you fill out the General Clinical Request Form, do you complete the form...**

- Handwritten
- Typed on the computer
- Use a label generated by the current IT program (i.e. BEHR program)

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**\*14. On the General Clinical Request Form that you currently use, specific sections that are highlighted are...**

- Optional
- Recommended
- Required

**\*15. On the General Clinical Request Form that you currently use, non-highlighted sections are...**

- Optional
- Recommended
- Required

**\*16. When submitting a specimen, how many Patient Identifiers do you place on both the specimen and the correlating General Clinical Request Form?**

- 1
- 2
- 3
- 4

**\*17. If an example General Clinical Request Form could be provided as a reference, would you find it helpful?**

- Yes
- No

The following questions pertain to SLD's Biological Science Bureau response.

**\*18. How would you rate the call back turn-around time from on-call staff after-hours and on weekends?**

- Excellent
- Good
- Fair
- Poor
- N/A

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**\*19. How would you rate the call back turn around time from staff during the week?**

- Excellent
- Good
- Fair
- Poor
- N/A

**\*20. How would you rate the ease of contacting the appropriate Biological Sciences Bureau section regarding specimen submission concerns that you have had?**

- Excellent
- Good
- Fair
- Poor
- N/A

**\*21. If hands-on training for specimen appropriateness, form completion and packaging and shipping was available, would your clinic/facility be willing to participate?**

- Yes
- No

**22. Do you have any additional recommendations or suggestions?**

**23. Please provide your contact information so we can follow up with you.**

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

Thank you for your time and participation in this survey. This will be used as a quality improvement tool.