

AVC Diagnostic Services Client Survey



Dear AVC Diagnostic Services Client,

Please take time to fill out our client survey to help us continue to improve the quality of diagnostic services we provide to you. We appreciate your feedback to help us serve you better. The completed survey can be emailed to avcdiagnostics@upeu.ca or faxed to (902) 566-0723.

As a thank you for returning the completed survey, a \$75 credit will be applied to your account.

****In order to receive the \$75 credit and assist with any required follow up, please include contact information.**

Name of Clinic: _____

Survey Completed by: _____

Check all applicable Laboratory areas that you have received service from in the last 12 months;

- ☐ *Bacteriology*
 ☐ *Clinical Pathology*
 ☐ *Histology*
 ☐ *Parasitology*
☐ *Post Mortem*
 ☐ *Regional Diagnostic Virology Services*
☐ *Toxicology and Analytical Services*

Please answer the following questions using a scale of 1 to 5 where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree." **We kindly ask that you provide a reason for any answers of 2 or below so we may follow up to serve you better.**

1. AVC Diagnostic Services customer service is satisfactory.

1 2 3 4 5

2. Employees are helpful and courteous.

1 2 3 4 5

3. The turnaround time for test results is satisfactory.

1 2 3 4 5

4. Test reports are complete and easy to understand.

1 2 3 4 5

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5. I have a high degree of confidence in the test results.

1 2 3 4 5

6. When I have questions about a case or test results, it is easy to contact the appropriate lab unit/ diagnostician for consultation.

1 2 3 4 5

7. Courier services are satisfactory.

1 2 3 4 5

8. The laboratory reporting system meets my needs and is easy to use.

1 2 3 4 5

9. I use other diagnostic laboratories for tests not provided by AVC Diagnostic Services (or in addition to AVC Diagnostic Services).

☐ Yes ☐ No

a. Please provide more information on the name or nature of the tests not provided by AVC Diagnostic Services or additional tests you would like to see us offer:

10. Are you currently using <https://avcds.upei.ca/ALMS> to access results? ☐ Yes ☐ No

a. If no, would you like us to contact you to set up your account? ☐ Yes ☐ No

b. If yes, please indicate how you would like us to send reports to your clinic:

- ☐ PDF (current way of reporting)
- ☐ PDF – Final Only (all disciplines report only after the Pathologists interpretation)
- ☐ Fax (current mode of reporting)
- ☐ Fax – Final Only (all disciplines report only after the Pathologists interpretation)
- ☐ None (no automatic reports, access directly from avcds.upei.ca/ALMS)

11. Do you find the Diagnostic Services website <https://diagnosticservices.avc.upei.ca> helpful?

☐ Yes ☐ No

a. Are there any other features you would find useful on our website?

THANK YOU for taking the time to fill out this survey.

**Limited to one \$75 credit per clinic per year.

Diagnostic Services Use Only

Date Received: