I am completing this survey based upon my experience with the lab in:

☐ Meadville  ☐ Cochranton  ☐ Lakeland  ☐ Seneca  ☐ Erie  ☐ Franklin  ☐ Linesville
☐ North Park Urgent Care  ☐ Lucians

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**The lab was easy to find**
☐ ☐ ☐ ☐

**The waiting time to be drawn was satisfactory**
☐ ☐ ☐ ☐

**The lab hours suit my needs**
☐ ☐ ☐ ☐

**The lab staff was courteous**
☐ ☐ ☐ ☐

**The phlebotomist was professional**
☐ ☐ ☐ ☐

**The phlebotomist drew blood carefully**
☐ ☐ ☐ ☐

**The phlebotomist was dressed professionally**
☐ ☐ ☐ ☐

**The overall appearance was neat and professional**
☐ ☐ ☐ ☐

**Respect for my privacy was demonstrated by the phlebotomist**
☐ ☐ ☐ ☐

**Overall, my satisfaction with the lab is:**
☐ ☐ ☐ ☐

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**Final Comments:**

How likely are you to recommend our lab to a friend or family member?

Highly recommend_______  Recommend_______  Would not recommend_______

If there is any way we can improve our services to you, please tell us about it.

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(Optional)  Patient Name:__________________________________________________________

(please print)

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Please mail your response to 1012 Water Street, Meadville Pa 16335 or you may drop off your survey in the box at the reception desk. If you have any concerns please feel free to contact Milly Keeler, BSMT (ASCP) Director of Laboratory Services, at 814-333-2022. Again, thank you for your assistance.