Cincinnati Children's
Heart Institute

Survey

Please complete this survey about your experience with the Heart Institute Diagnostic Lab

Please indicate the type of provider you are:

- ☐ **MD Geneticist**
- ☐ **Genetic Counselor**
- ☐ **Cardiologist**
- ☐ **Other _____**

How frequently do you use the Heart Institute Diagnostic Lab:

- ☐ **This is my first time**
- ☐ **Weekly**
- ☐ **Monthly**
- ☐ **Several times per year**

Please indicate what primary lab services you use:

- ☐ **Viral PCR Analysis**
- ☐ **Genetic Testing**

Why did you choose the Heart Institute Diagnostic Lab:

- ☐ **Only lab to provide the analysis needed**
- ☐ **Availability of clinical services**
- ☐ **Convenience**
- ☐ **Other _____**

Please rate the Heart Institute Diagnostic Lab services. (Please circle)

	Exceeds expectations				Expectations not met
Knowledge and helpfulness of the staff	**1**	**2**	**3**	**4**	**5**
Website usability	**1**	**2**	**3**	**4**	**5**
Testing turn around time	**1**	**2**	**3**	**4**	**5**
Content of results reports	**1**	**2**	**3**	**4**	**5**
Overall rating of the lab	**1**	**2**	**3**	**4**	**5**

Please indicate how you heard about the Heart Institute Diagnostic Lab

- ☐ **Word of mouth**
- ☐ **Genetests**
- ☐ **Conference or trade show**
- ☐ **Mailing**
- ☐ **Other _____**

Please list any other comments or concerns you have: _____

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