

FEEDBACK FORM

Customer Details (OPTIONAL)	
Name	Department/Section
Phone	Email

QUESTIONS (1=poor, 5=excellent)	1	2	3	4	5
Did the staff act in a professional and helpful manner?					
Are you satisfied with the service provided?					
Did the service met your expectations?					
How would you rate in complex the core facility?					

Do you have any ideas or suggestions, which may help to develop further our service?

Is there a service, which we currently not provide that you would fine useful?

Do our charges represent value for money?

How did you hear about our service?

On behalf of the beta cell in-vivo Imaging core facility we would like to thank you for your comments and suggestions.