

NAME OF BLOOD BANK:-
Licence No.:

DOCTOR'S FEEDBACK FORM

Let us know how we are doing.

We are committed to providing quality service at our Blood Bank. This means we need to look constantly for ways of improving how we work. You are very important to us, so we welcome your views to help us maintain and improve our service. This leaflet gives upon the opportunity to tell us where we are doing well, where we need to improve our service or simply to provide feedback. Please complete the attached "Doctor's Feedback Form".

Your details:

Name: _____ Unit/Specialty: _____
 Qualification: _____ Designation: _____
 Institution: SKH Any other (if Yes, than specify _____)
 Contact number: _____

Please use the space given below to tell us how we are doing.

Sr.	Please tick according to the services you received	SCORE					
		Excellent		Good		Unsatisfactory	
1.	RESPONSE OF BLOOD BANK STAFF						
	a) Courteous and helpful behavior						
	b) Promptness						
2.	AVAILABILITY OF BLOOD/COMPONENTS						
	a) When available						
	b) Made available when out of stock						
3.	TURN AROUND TIME	Routine	Urgent	Routine	Urgent	Routine	Urgent
	a) Whole Blood						
	b) Red Blood Corpuscles						
	c) Platelets						
	d) Cryoprecipitate AHF						
	e) Fresh Frozen Plasma						
	f) Plasma Cryoprecipitate Reduced (CPP)						
4.	RESPONSE IN CASE OF SUSPECTED BTR(Blood Transfusion Reaction)						
5.	ADVISORY SERVICES OFFERED						
6.	OVERALL SATISFACTION						

Suggestions for improvement:

Date:

Signature:

THANK YOU FOR YOUR FEEDBACK AND FOR HELPING US.

[FOR USE IN BLOOD BANK ONLY]

Reviewed by: _____ Signature: _____
 Action taken / Proposed action by the Blood Bank:

	Format No.:	Format Name: DOCTOR'S FEEDBACK FORM		
Issue No.:	Last Issue Date:	Revision No.: --	Revision Date: --	Issue Date:
Prepared by:	Reviewed and Approved by:		Issued by:	Page PAGE 1 of NUMPAGES *Arabic 1