

DOELAP RADIOBIOASSAY PERFORMANCE TEST QUESTIONNAIRE

Laboratory Name

Test Session

Please provide DOELAP with your evaluation of the performance testing process by rating the following process areas. For any question rated Poor or Fair, please comment below. Please suggest improvements to DOELAP.

		Poor	Fair	Good	Very Good	Excellent
1.	Timeliness of testing (turn-around time for test samples)					
2.	Relevance of the test (did the results help you identify strengths and weaknesses in your radiobioassay program?)					
3.	Timeliness of the test results					
4.	Clarity of the test results					
5.	Helpfulness of DOELAP personnel in the testing process					
6.	Enter comments below, as needed					

Please return this questionnaire to DOELAP at <u>beanlc@id.doe.gov</u>. Thank you for your valuable feedback.