

1. General Information:				
Name (optional):				
Affiliation (Researcher/Postgradu	uate Student/Other):			
Date:				
2. Quality of Tissue Processing a	and Cutting:			
How satisfied are you with the q	uality of tissue processing and	cutting services? Tick one		
Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Comments/Suggestions:				
3. Staining Procedures:				
How would you rate the staining	procedures in terms of accura	cy and reliability? Tick one		
Excellent	Good	Fair	Poor	Very Poor
Comments/Suggestions:				

	,	staining services provided? Tic		
Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
. /2				
Comments/Suggestions:				

5. Training:

How would you evaluate the training method for Microtomy/Cryostat and staining conducted by Farqad during the training session?

Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
Comments/Suggestions:				_

6. Overall Work Quality:

4. Immunostaining Services:

Rate the overall quality of the work performed in the Histology Laboratory:

Excellent Good	Satisfactory	Needs Improvement	Unsatisfactory	
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Comments/Suggestions:



7. Professionalism and Communication:

Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
Comments/Suggestion	۶۰			
	-			
3. Additional Commer	its:			
Please provide any add	litional comments or suggestic	ons you may have regarding the	services and performance of the Hi	stology Laboratory.
9. Overall Satisfaction				
	overall with the Histology Labo	oratory services?		
How satisfied are you				
How satisfied are you o	Satisfied	Neutral	Dissatisfied	Very Dissatisfied



10. Suggestions for Improvement:

Please share any specific suggestions you have for improving the services of the Histology Laboratory.