



Dear Laboratory Director:

Attached is the Post Clinical Laboratory Survey Questionnaire (CMS-668B). The purpose for collecting the customer satisfaction data on this questionnaire is to evaluate, on a nationwide basis, the laboratory's satisfaction with their recent Clinical Laboratory Improvement Amendments (CLIA) survey. The information and suggestions you provide will be used to evaluate and improve the CLIA survey process.

Your response to this form is entirely voluntary. All information provided in response to the CMS-668B is considered proprietary, will be kept confidential, and will not be used for compliance purposes. We will release only aggregate information to our State Agencies. We welcome your comments.

The Post Clinical Laboratory Survey Questionnaire is one page and should take approximately 15 minutes to complete. We would appreciate it if you would take a moment to complete the questionnaire and return it. Your comments are important and valued. If you need additional information concerning this questionnaire, please call (410) 786-3531 or write to the return address listed on the back page of the questionnaire.

**INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE:**

- 1. If your laboratory received an onsite survey (i.e., a CLIA survey that is usually conducted by your State Agency), then you should skip Section II.**
- 2. If your laboratory received the Alternative Quality Assessment Survey (i.e., paper CLIA survey of quality indicators), then please skip Section I.**
- 3. After completing the questionnaire, please detach it from this cover letter, fold, seal, and return it to the address printed on the back of the form. Please note that this questionnaire is a self-mailer, not requiring a separate envelope, and that the postage for returning this form has been prepaid.**

The authority for the solicitation of this information is section 353 of the Public Health Service Act.

Attachment

## POST CLINICAL LABORATORY SURVEY QUESTIONNAIRE

Please provide your comments about the recent CLIA survey of your laboratory.  
Your information and suggestions will be used to evaluate and improve the survey process.

**State in which laboratory is located:**

**Total Annual Volume of Testing:**

- 1 to 2,000 tests     
  2,001 to 25,000 tests     
  25,001 to 100,000 tests  
 100,001 to 1,000,000 tests     
  Greater than 1,000,000 tests

**Type of Laboratory:**

- Physician Office     
  Hospital     
  Skilled Nursing Facility/Nursing Facility  
 Home Health Agency     
  Independent     
  Other

Did your laboratory receive the Alternate Quality Assessment Survey (paper survey)?      YES       NO

**IF NO, GO TO SECTION I. IF YES, START AT SECTION II.**

### SECTION I - ONSITE SURVEY

Please give your overall impression of the survey. Using a scale from 1 to 5, circle the number that applies.

1. Strongly Disagree      3. Neutral      5. Strongly Agree

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| a. The survey process was explained clearly.   | 1 | 2 | 3 | 4 | 5 |     |
| b. The survey did not interfere with the delivery of care.   | 1 | 2 | 3 | 4 | 5 |     |
| c. The survey assisted in your understanding of the CLIA requirements.                               | 1 | 2 | 3 | 4 | 5 |     |
| d. Deficiencies, if any, were explained clearly so that you understood what the problem was and why. | 1 | 2 | 3 | 4 | 5 | N/A |
| e. If deficiencies were found, the time frame and process for the plan of correction was explained.  | 1 | 2 | 3 | 4 | 5 | N/A |
| f. The survey was completed in a reasonable amount of time.  | 1 | 2 | 3 | 4 | 5 |     |
| g. The survey met your laboratory's expectations.  | 1 | 2 | 3 | 4 | 5 |     |

**AFTER COMPLETING THIS SECTION, SKIP SECTION II, AND GO TO SECTION III AND IV.**

### SECTION II - ALTERNATE QUALITY ASSESSMENT SURVEY (AQAS)

Please give your overall impression of the survey. Using a scale from 1 to 5, circle the number that applies.

1. Strongly Disagree      3. Neutral      5. Strongly Agree

- |   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| a. The questions on the AQAS were clear and understandable.                                       | 1 | 2 | 3 | 4 | 5 |     |
| b. The form was not excessively lengthy.  | 1 | 2 | 3 | 4 | 5 |     |
| c. Your facility made some changes in policies or procedures based on information in the form.    | 1 | 2 | 3 | 4 | 5 |     |
| d. Your facility was able to complete and return the AQAS within 15 days of receipt.              | 1 | 2 | 3 | 4 | 5 |     |
| e. If clarification was needed, you were able to contact the State Agency and receive assistance. | 1 | 2 | 3 | 4 | 5 | N/A |
| f. Your facility would have preferred an onsite survey instead of the AQAS for this survey cycle. | 1 | 2 | 3 | 4 | 5 |     |
| g. The AQAS is an efficient, effective replacement for an onsite survey.                          | 1 | 2 | 3 | 4 | 5 |     |

### SECTION III - GENERAL INFORMATION

a) Please recommend the one single change that would improve your facility's survey experience.

b) Comments regarding the CLIA survey process in general:

### SECTION IV - OPTIONAL INFORMATION

Facility Name	CLIA #	Date of Survey
---------------	--------	----------------

After completing this questionnaire, please detach it from the cover letter, fold, seal and return it within 2 weeks to the address printed on the back of this form. The preprinted address is:

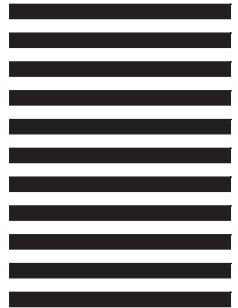
Post Clinical Laboratory Survey Questionnaire Response  
P.O. Box 8093  
Baltimore, Maryland 21244-9942

**THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0653. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 18463 WASHINGTON DC

POSTAGE WILL BE PAID BY CMS

**POST CLINICAL LABORATORY  
SURVEY QUESTIONNAIRE RESPONSE  
PO BOX 8093  
BALTIMORE MD 21244-9942**



**INSTRUCTIONS FOR MAILING:**

1. Detach the form from the cover letter at the perforation.
2. Fold the top panel down at the horizontal line.
3. Moisten the very bottom of the opposite side of this panel.
4. Fold this panel up by sealing the top.