Hospital Eye Donation Survey

In an ongoing effort to continue to improve the quality of our service, please take a moment to fill out our questionnaire about the service that we provide for your hospital. When completed, please fax to NLEB at 206-682-8504, attn: Jordan.

Your name: ___________________________________ Title: _______________________

Hospital/facility: ______________________________ Floor/Unit: ____________________

1. Are you completing this survey in response to a specific case or as feedback to our overall service to your hospital? _________________________.

   If in response to a specific case please include the patient's name *(if known)* and date of the referral *(we are HIPAA exempt)*. Patient: _____________Date: _______

2. Did our staff return the initial call in a timely manner? Yes No
3. Was the answering service professional? Yes No
4. Were your questions answered adequately? Yes No
5. Do you think that the needs of the family were met? Yes No
6. Was the Eye Bank staff professional? Yes No
7. Did the Eye Bank keep the hospital well informed? Yes No
8. Would you like an in-service on donation, the process, consent or changes in the regulation on donation? Yes No

COMMENTS: ____

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Northwest Lions Eye Bank - 800-847-5786
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