

Customer Survey

Please consider each of the following statements and indicate how well the statement reflects your experience with Mycoscience.

1. How satisfied are you with Mycoscience's performance in the following areas?

Sales & Customer Service:

	Completely Satisfied	Satisfied	Neutral	Dissatisfied	Completely Dissatisfied	Not Applicable
Amount of contact with a customer representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer representative's ability to help you select the appropriate test or service for your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer representative's ability to solve problems for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician's/Supervisor's provide accurate, helpful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prompt and reliable after-sales support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Products and Services

Contract Manufacturing: Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab Testing: Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable Regulatory information and consulting provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitive pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and ease of use of the website/catalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of testing and services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Delivery

On-time delivery (i.e., results or product arrive when promised)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate delivery (i.e., results or product are correct, as specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate invoicing (i.e., you are charged the quoted price for the test or service provided)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Overall, how satisfied are you with Mycoscience's performance in all areas listed above?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please return to: Mycoscience Labs
Customer Service
25 Village Hill Road
Willington, CT 06279
Email: mycosci@mindspring.com
Fax: (860) 684-0040

Superior *Slightly Better* *Same* *Slightly Worse* *Inferior*

3. In your view, how would you rank the quality of our services vs. our competitors?

4. Any comments (positive or negative) you wish to add:

5. Overall, is Mycoscience meeting your expectations?

Yes No

6. Based on your experience, are you more likely or less likely to use Mycoscience's services in the future?

More Less

7. Which of the following best describes your job function? (Mark only one)

<input type="checkbox"/> Lab Manager	<input type="checkbox"/> QA/Regulatory Manager
<input type="checkbox"/> Scientist/Technician	<input type="checkbox"/> Executive Management
<input type="checkbox"/> Purchasing Agent/Manager	<input type="checkbox"/> Other (Please specify)

8. Do you want us to contact you regarding any issues?

Yes No

Name: _____

Company: _____

Phone/Email: _____

Thank you for taking the time to complete this survey.

We appreciate your feedback.