



UNIVERSITY DIAGNOSTIC LABORATORY (UDL)
UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, LAHORE

UDL/MSF/L4 – 010 (00)	Customer Feedback Form		
Rev. Date	-----	Original Issue:	01-01-2020

Feed Back No: _____
 (For office use only)

Receipt No / Any other Reference: _____

Please Tick

Items for Feed Back	Excellent	Very Good	Good	Poor
Invoice Generation				
Results Report Format				
Timely Issuance of Report				
Facilities at Reception				
Staff Behavior				

In case of poor feed back please mention the details: _____

Suggestion for improvement (if any): _____

Farm: (Poultry / Livestock) P / L Region: _____ Contact No. _____
(Tick applicable)

Customer Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Received by: _____ Reviewed by: _____

Director UDL: _____