

DIRECT CORONER REFERRAL EVALUATION FORM

Investigator Name:

Referring County:

Direct Referral Donor Name:

Direct Referral Date:

Referral Outcome:

Thank you for your referral to Donor Alliance! We appreciate your time and will use the information you provide to continually make improvements to better serve you. Please read each of the following questions and circle or mark the number that most appropriately represents your opinion. When complete, please mail this form to Donor Alliance in the enclosed postage paid self-addressed envelope.

Contacting Donor Information Line (DIL)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Wait time to speak with DIL Triage personnel was appropriate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
DIL personnel were efficient with initial referral information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
DIL personnel were professional and courteous	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
DIL referral time from start to finish was appropriate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Comments:					
Communication with Donor Alliance Personnel Tissue Donor Coordinator (TDC)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Initial call back time from TDC personnel was appropriate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
TDC personnel were efficient in obtaining initial information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Follow-up phone calls from TDC personnel were appropriate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
TDC personnel were professional and courteous	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Comments:					
Overall Direct Referral Process	Poor	Fair	Good	Very Good	Excellent
My overall rating of the direct coroner referral process:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Additional Comments:					