



香港醫務化驗學會品質保證計劃有限公司  
**Hong Kong Institute of Medical Laboratory Sciences**  
**Quality Assurance Programme Ltd.** (Founded 1990)

Flat 1711, 17/F, Block C, Bell House, 525-543 Nathan Road, Yaumatei, Kowloon, Hong Kong  
Website: <http://hkimlsqap.org> Email: [info@hkimlsqap.org](mailto:info@hkimlsqap.org)  
Phone: (852) 2499 0015 Fax: (852) 2124 2798 WhatsApp: (852) 9226 4521

11 November 2025

Dear Laboratory Manager,

## **HKIMLSQAP -Cytopathology Proficiency Testing Programme**

### **Customer Satisfaction Survey 2025**

Thank you for joining the HKIMLSQAP proficiency testing programme. We are pleased to inform you our Cytolopathology Microscopy Programme(CYTOM) and Non-gynecological Slide Preparation Programme (CYTOPREP) have been accredited under the ISO17043 since 2017. To further improve our provision of the two aforesaid modules, we would like to seek your comments/ views on the running of these two programmes.

Please take a few minutes to complete the following survey and email to [info@hkimlsqap](mailto:info@hkimlsqap), fax to 2124 2798 or send back with the survey material before 27 November 2025.

1. How long have your laboratory enrolled the programme?

**CYTOM**

- ☐ 1 to 2 years
- ☐ 3 to 5 years
- ☐ More than 5 years
- ☐ N/A

**CYTOPREP**

- ☐ 1 to 2 years
- ☐ 3 to 5 years
- ☐ More than 5 years
- ☐ N/A

2. Overall, how satisfied are you with our programmes?

**CYTOM**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ N/A

**CYTOPREP**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ N/A



**香港醫務化驗學會品質保證計劃有限公司**  
**Hong Kong Institute of Medical Laboratory Sciences**  
**Quality Assurance Programme Ltd. (Founded 1990)**

Flat 1711, 17/F, Block C, Bell House, 525-543 Nathan Road, Yaumatei, Kowloon, Hong Kong  
Website: <http://hkimlsqap.org> Email: [info@hkimlsqap.org](mailto:info@hkimlsqap.org)  
Phone: (852) 2499 0015 Fax: (852) 2124 2798 WhatsApp: (852) 9226 4521

3. Please rate your agreement/ satisfaction in the following areas of our service from highest grading (5) to the least (1)

	CYTOM						CYTOPREP					
	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Sufficiency of instruction given												
Quality of smears provided												
Clarity of report												
Usefulness of the report												
Courier service provided												

4. Will you likely join our programme again?

**CYTOM**

- ☐ Yes  
☐ No  
☐ Not sure

**CYTOPREP**

- ☐ Yes  
☐ No  
☐ Not sure

If not, why not?

---

---

5. Do you have any additional feedback or any other suggestions for improving our programme?

---

---

<END>