

**PARTICIPANT FEEDBACK FORM**

**PT Scheme: NRL/PT-FV/2021/Grape-1**

**Matrix: Grape homogenate**

**Name of the Participant Laboratory:**

**Address:**

Please give score between 1 to 5 for the following points (1-Poor; 2-Medium; 3-Good; 4-Very Good; 5-Excellent)

S. No.	Description	Score (out of 5)
1.	Clarity on the PT instructions	
2.	Easiness regarding the procedure to be followed for the registration	
3.	PT report content	
4.	Timely delivery of PT sample	
5.	Condition of PT sample on receipt	
6.	On time delivery of PT Reports	
7.	Our response to your communication for any clarification regarding testing of PT items	
8.	Overall satisfaction/experience of the PT provider	

**Any other comments/suggestions for improvement:**

Date:

Authorised Signatory

Place:

Designation with Stamp

*\*Please complete this feedback form and email a scanned copy to [apedanrlpt@gmail.com](mailto:apedanrlpt@gmail.com) on completion of the PT without any delay.*