Feedback of ordered strain(s)

Please return this form by e-mail attachment (mcc@nies.go.jp), by fax (+81-29-850-2587), or by air-mail within one week after the day of shipping. The unsatisfactory cultures may be replaced if reported within the period.

Date:	
Recipient's full name (family name in capital):	
Recipient's affiliation:	
The NIES-Collection sent you the strain on: Day / Month / Year	
Strain number(s):	
Date you received the strain(s): State of the received strain(s): (☑ Please select appropriate boxes and indicate the corresponding For example: ☑ Good: NIES-1233, 1234 ☑ Poor: NIES-421) Please, give us detailed comments if you selected "Poor" or "Other", so that we may be able to help	
☐ Good:	
□ Poor:	
(Comment:)
☐ Other:	
(Comment:)
Questionnaire	
We would appreciate if you could fill the following questionnaire as it will help us improving our ser fill-in the boxes according to your choice and give us detailed comments in the case of "Other" or "No	
1. From where did you learned about our collection?	
☐ Internet ☐ Journal or publication ☐ Through an acquaintance ☐ I already knew about N	ES-Collection
□ Other ()
2. Does the received strain(s) is (are) fully satisfactory for your purpose of use?	
□ Yes □ No ()
3. Could you find easily the desired strain(s) from our homepage?	
□ Yes □ No ()
4. Does the information on each strain (medium, culturing, picture and others) could answer you fu	ılly, or would you
wish other information from our homepage?	
□ Yes □ No ()
5. Have you ever wished a strain that is not yet in our collection?	
6. Feel free to give us any comment you may have.	

Thank you for your cooperation.