

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 and addresses:

Postal address:

Tel:

Fax:

E-mail address:

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 strain number.

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 you further.

Good:

Poor:

(Comment: _____)

Other:

(Comment: _____)

Questionnaire

We would appreciate if you could fill the following questionnaire as it will help us improving our services. (Please, fill-in the boxes according to your choice and give us detailed comments in the case of "Other" or "No" selections.)

1. From where did you learned about our collection?

Internet Journal or publication Through an acquaintance I already knew about NIES-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 fully, 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.