

**DOC Pharmaceutical
Services RFP Vendor
Reference Survey**

Vendor Applicant: _____

Reference Company Name: _____

Reference Contact Name: _____

Phone Number: _____

Email: _____

1. How long has your company been a client of the vendor?

2. How would you rate the vendor in each of the following categories or services? If you have not received a service, please respond N/A.

a. Customer service: _____

b. Overall account management: _____

c. Prescription fill accuracy: _____

d. Timeliness of shipping: _____

e. Ability to meet special labeling/packaging requirements: _____

f. Internal control measures for preventing harmful drug interactions: _____

g. Other services (please specify): _____

1 – Poor
2 – Unsatisfactory
3 – Neutral
4 – Satisfactory
5 – Excellent

3. How likely are you to use the vendor again?

____ Will not use them again

____ Not likely

____ Neutral

____ Likely

____ Highly likely