



Title: CUSTOMER FEEDBACK FORM
Document No: FRM-8300
Revision No: -03
<i>Effective Date: 05-FEB-2016</i>

Dear Customer,

Co-Diagnostics, Inc. and its subsidiaries make every effort to act according to industry-standard Best Practices. In order to ensure that Co-Diagnostics, Inc. continues to provide high quality, safe, and effective products and services, we gratefully request our customers take a few minutes to provide feedback, suggestions, or complaints.

All customer response is appreciated following the guidelines listed below:

- In Section 1, provide the basic information as requested.
- In Section 2, provide details of your feedback including as much information as possible.
- In Section 3, provide a summary of the outcome you seek or a proposed solution.
- In Section 4, please let us know if this is a repeated attempt to illicit a sufficient response.
- Please ensure that the form is filled out completely and signed by the individual submitting this information.

We appreciate your feedback, suggestions, or complaints. Thank You!

Please submit completed form plus any additional documentation to Co-Diagnostics using one of the following methods:

Mail: Co-Diagnostics, Inc.
585 W. 500 S. Suite 210
Bountiful, Utah 84010
USA

Email: info@codiagnostics.com

CUSTOMER FEEDBACK FORM

1. Basic Information:

Company Name: _____

Company Address: _____

Preferred Contact Name: _____

Contact Email: _____ Contact Phone: _____

Are you a customer? Yes No

Are your comments? A Compliment A Suggestion A Complaint

2. Details of your compliment, suggestion, or complaint:

Description

3. What is the outcome you seek?

Description

4. Have you raised this previously? Yes No

I affirm that this form is complete to the best of my knowledge and belief. (To be completed by the person submitting feedback).

Signature: _____ Date: _____

First/Last Name: _____

Position/Title: _____

Company: _____

Department: _____

Address: _____

Phone (country code and area code): _____

Email: _____

Other Comments:



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FOR CO-DIAGNOSTICS USE ONLY:

Customer feedback #: _____ **Date Received:** _____ **Received by (initials):** _____

Assigned to: _____

Investigation: _____

Resolution: _____

Date of Contact: _____

Closed Date/Initials: _____

Management Approval: _____ **Date:** _____