KING FAISAL SPECIALIST HOSPITAL
AND RESEARCH CENTRE
(General Organization)

SUPPLIES AND MATERIALS VALUE ANALYSIS FORM

SECTION I – REQUESTOR AND CONTACT INFORMATION			
Initiator Name		ID#	
Title			
Email		Phone No.:	
Requester (Subject Matter Expert Name)		ID#	
Title			
Email		Phone No.:	
Department		Cost Code	

SECTION II – CURRENT PRACTICE / PRODUCT		
Current Product Description (Name):		
☐ Equipment	☐ Supplies	☐ Supplies related to equipment
Current Product Function (what is this product used for?):		

Manufacturer Name			
Vendor Name			
Catalog Number (Supplier Item Number)			
Expiration Period		Unit of Measure	
Estimated Monthly Usage		☐ Stock Item ☐ Non Stock Item Price (SAR):	
Main User Department's			
Sales Representative Name:	Email:	Phone No.:	

SECTION III – NEW PRODUCT AND MANUFACTURER INFORMATION		
New Product Description (Name): MicroSure "wound care"		
☐ Equipment	☑ Supplies	☐ Supplies related to equipment
New Product Function (what is this product used for?):		

It's nanotechnology which used for wound care that promotes and accelerates healing of wounds (including diabetic wounds, guards against infection, extends protection and is a soothing formula).

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Manufacturer Name	Strategia		
Vendor Name	Techno Orbits Co.		
Catalog Number (Supplier Item Number)	725131007786		**Approved by SFDA?** ☐ Yes ☑ No In process
Expiration Period	Five Years	**Unit of Measure**	
Estimated Monthly Usage		☑ Stock Item ☐ Non Stock Item **Price (SAR):** 560 SAR / 50 mL	
Alternative	☐ Yes ☑ No If yes, please provide justification:		
Total Replacement	☐ Yes ☑ No If yes, please provide justification:		
Partial Replacement	☐ Yes ☑ No If yes, please provide percentage and justification:		
Sales Representative Name: Waleed Al-Masri	**Email:** waleed.almasri@technoorbits.com.sa	**Phone No.:** 0551880510	

SECTION IV – RATIONALE

How is this product more effective than what you are currently using to treat the same types of patients?

List any concerns with existing product/s:

Any other physicians or healthcare providers have agreed to change their practice if the requested product is approved? (Riyadh/Jeddah/Madinah)

Will this product be used in conjunction with a piece of equipment? (if yes, define and include APN or Equipment Tag #)

SECTION V – DISCLOSURES

Are you aware of any conflicts of interest (e.g., vendor, staff, physicians)?

☐ Yes ☐ No

If yes, please indicate circumstances surrounding potential conflict:

SECTION VI – PRODUCT VALUE ASSESSMENT

Select the BEST possible option listed below that serves as a Level of Evidence (LoE) to support the product's impact on patient outcomes:

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SUPPLIES AND MATERIALS VALUE ANALYSIS FORM

POINT VALUE ☐ Meta-analysis of multiple controlled trials or randomized controlled trial

☐ Non-randomized controlled trial

☐ Integrative reviews/descriptive or correlational studies

☐ Peer-reviewed professional organizational standards

☑ Vendor/Manufacturers' data

☑ Theory-based evidence/expert opinion/preference/case study

STRATEGIC GROWTH: Describe the product's impact on strategic growth (i.e. long term usage?)

POINT VALUE ☐ This product is linked to an approved business plan

SECTION VII – CURRENT PRODUCT EVALUATION

Evaluation:

☐ Dissatisfaction with current product

☐ Expense reduction

☐ New supplier's product

☐ Not applicable

☐ Physician driven

☐ Physician request

☐ IT request

☐ New concept / Service

Please circle the appropriate rating	Acceptable	Neutral		Unacceptable	
1. The product does what it is expected to do.	5	4	3	2	1
2. Accessories are easy to use.	5	4	3	2	1
3. Safety features operate reliably.	5	4	3	2	1
4. Functionality is acceptable.	5	4	3	2	1
5. The product performed reliably.	5	4	3	2	1

Comments/Opinions:

Evaluator Name:		Date	

SECTION VIII – NEW PRODUCT EDUCATION RATING SCALE

Product Name		Date	

Please circle each area rated	Complex	Normal		Simple	
Product/equipment use	1	2	3	4	5
Patient risk	1	2	3	4	5
Clinician risk	1	2	3	4	5
Need for accuracy	1	2	3	4	5
Potential for error	1	2	3	4	5
Amount of new knowledge necessary	1	2	3	4	5
Total Score					

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SUPPLIES AND MATERIALS VALUE ANALYSIS FORM

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Comments/Opinions:

Evaluator Name:	Ebtesam A. Asfar	Date	June 7th, 2022

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Product Name		Date	

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Patient risk	1	2	3	4	5
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Score (recommended level of education)

< 12 Certification program – quiz/competency validation/checklist
13-25 In-service program (no certification required)
26-30 Communication of information by memo or through staff meeting

Please chose which education applies:

☐ Communication ☐ In-service ☐ Mandatory ☐ In-service competency

SECTION IX – APPROVAL OF DEPARTMENT HEAD

Name:	Signature:	Date:
Ali Al Malaq		7.06.22

SECTION X – SMVAC DECISION

☐ Approved	☐ Rejected Reason:	☐ Deferred Reason:	
Chairman Signature		Date	