ING FAISAL SPECIALIST HOSPITAL ND RESEARCH CENTRE (General Organization)

SUPPLIES AND MATERIALS VALUE ANALYSIS FORM

Title Email Phone No.: Requester (Subject Matter Expert Name) Title Email Phone No.: Department Product Description (Name): Section II - Current Practice / Product Current Product Description (Name): Supplies Supplies Supplies Supplies related to equipme	4-94-4			ND CONTACT IN	The Park Street or other Designation of the Park Street or other Designation or other Designa	AND DESCRIPTION OF THE PERSON NAMED IN
Email Phone No.: Requester (Subject Martine) Title Email Phone No.: Department Phone No.: SECTION II – CURRENT PRACTICE / PRODUCT Current Product Description (Name): DEQuipment Discription (Name): DEQUIPMENT Product Function (what is this product used for?): Manufacturer Name Fendor Name Catalog Number (Supplier Item Number) Expiration Period Unit of Measure Expiration Period Estimated Monthly Juage Jain User Jain User Jain User Jain User Jain User Jain User Jain User	Initiator Name				IDS	
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	Manufacturer Name Fendor Name Catalog Number (Supplier Item Expiration Period Estimated Monthly Usage Sain User Department's Sales Representative Name:	Number)	Email:	☐ Stock item ☐ Non Stock item Price (SAR):		Phone No.:
Equipment Supplies related to equipment	Manufacturer Name Fendor Name Catalog Number (Supplier Item Expiration Period Estimated Monthly Isage Main User Department's Lales Representative Name: SECTION II	Number) II – NEW PRO	Email:	☐ Stock item ☐ Non Stock item Price (SAR):		Phone No.:

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	2.5 L.T	
Vendor Name	Techno Ork	ile Co	
Catalog Number (Supplier Item Number)	72513100		Approved by SFDA? D Yes VENO TO Drotess
Expiration Period	Five Years	Unit of Measure	ANO In process
Estimated Monthly Usage		Stock Item Non Stock Item	O SAB /SOML
Alternative	Yes Ø No If yes, plea	ase provide justification:	U JAM JOUNE
Total Replacement	☐ Yes Ø No If yes, plea	ase provide justification:	
Partial Replacement	☐ Yes √Ø No If yes, plea	ase provide percentage and justifi	cation:
Sales Representative	Al-Masri	unlead almostiale	shoorbik 0551990510
How is this product m	ore effective than what you are	Control of the Contro	ne types of patients?
List any concerns with	existing product/s:		
Any other physicians of (Riyadh/Jeddah/Madin	or healthcare providers have as ah)	greed to change their practice if	f the requested product is approved?
Will this product be us	ed in conjunction with a piece	of equipment? (if yes, define ar	nd include APN or Equipment Tag #)
	SECTION	N V - DISCLOSURES	CONTRACTOR OF STREET
Are you sware of any c	conflicts of interest (e.g., vendo	r, staff, physicians)?	
	□ No circumstances surrounding pot	ential conflict:	
CHIEF STATE	SECTION VI - PRO	DDUCT VALUE ASSESSM	ENT
Select the BEST possib patient outcomes:	ele option listed below that serv	res as a Level of Evidence (Lot	E) to support the product's impact on

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POINT VALUE	☐ Meta-analysis of multiple controlle	ed trials or randomize	d controlled to	rial		
	☐ Non-randomized controlled trial					
	☐ Integrative reviews/descriptive or	correlational studies				
	The second control of the control of					
	☐ Peer-reviewed professional organ	izational standards				
	√ Vendor/Manufacturers' data					
	Theory-based evidence/expert op	inion/preference/case	study			
STRATEGIC GRO	WTH: Describe the product's impac	t on strategic growt	h (i.e. long te	erm usage?)		
POINT VALUE	☐ This product is linked to an appro	oved business plan				
	SECTION VII - CUI	RENT PRODUC	T EVALUA	TION	THE SE	
Evaluation:						
00	Dissatisfaction with current product	☐ Physicia	n driven			
DE	expense reduction	☐ Physician request				
	New supplier's product	☐ IT request				
	Not applicable	☐ New cor	cept / Service	•		
Please circle the	appropriate rating	Acceptable	Neutral Unacce		eptable	
1. The product doe	s what it is expected to do.	5	4	3	2	1
2. Accessories are		5	4	3	2	1
3. Safety features of	operate reliably.	5	4	3	2	1
4. Functionality is a		5	4	3	2	1
5. The product perf		5	4	3	2	1
Comments/Opinio	ons:			15. [
Evaluator Name:	Evaluator Name:			Date		
	SECTION VIII - NEW PRO	ODUCT EDUCAT	ION RATIN	IG SCALE		
Product Name				Date		
Please circle each	area rated	Complex	Nor	mal	Sim	
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 kno	wledge necessary	1	2	3	4	5
Total Score						

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(General Organization)

POINT VALUE Meta-analysis of	f multiple controlled trials or randomize	ed controlled tr	ial		
☐ Non-randomized	controlled trial				
☐ Integrative revie	ws/descriptive or correlational studies				
ALCOHOL TO A CALL THE SECOND S	professional organizational standards				
√ Vendor/Manufact	cturers' data				
Theory-based ev	vidence/expert opinion/preference/case	e study			
STRATEGIC GROWTH: Describe the	product's impact on strategic grow	th (i.e. long te	rm usage?)		
POINT VALUE This product is	linked to an approved business plan				
SECT	TON VII – CURRENT PRODUC	T EVALUA	TION		
Evaluation:					
☐ Dissatisfaction with α	urrent product	an driven			
☐ Expense reduction	☐ Physicia	an request			
☐ New supplier's produce	ct IT reque	est			
☐ Not applicable	☐ New cor	ncept / Service			
Please circle the appropriate rating	Acceptable	Net	Neutral Unac		eptable
 The product does what it is expected 		4	3	2	1
Accessories are easy to use.	5	4	3	2	1
Safety features operate reliably.	5	4	3	2	1
4 Compliantition of the second of the	5	4	3	2	1
 Functionality is acceptable. 	775		3	2	1 1
The product performed reliably.	(5)	4		-	
5. The product performed reliably. Comments/Opinions: Evaluator Name:	am A. Asfair		Date	Tine 7	th 2022
5. The product performed reliably. Comments/Opinions: Evaluator Name:	A 0 0		Date		th 2022
5. The product performed reliably. Comments/Opinions: Evaluator Name:	am A. Asfair		Date		th 2022
5. The product performed reliably. Comments/Opinions: Evaluator Name: SECTION V	am A. Asfair	TON RATIN	Date	Tine 7	ple
5. The product performed reliably. Comments/Opinions: Evaluator Name: SECTION V Product Name Please circle each area rated Product/equipment use	OM A. ASJOUCH	TION RATIN	Date Date	Tine 7	ple 5
5. The product performed reliably. Comments/Opinions: Evaluator Name: SECTION V Product Name Please circle each area rated Product/equipment use Patient risk	OM A. ASJOUCH	Nor 2 2	Date Date Date 3 3	Tine 7	ple 5
5. The product performed reliably. Comments/Opinions: Evaluator Name: SECTION V Product Name Please circle each area rated Product/equipment use Patient risk Clinician risk	OM A. ASJOUCH	Nor 2 2 2 2 2	Date Date Date 3 3 3	Time 7	ple 5 5 5 5
5. The product performed reliably. Comments/Opinions: Evaluator Name: SECTION V Product Name Please circle each area rated Product/equipment use Patient risk	OM A. ASJOUCH	Nor 2 2	Date Date Date 3 3	Sime 7	5 5 5
5. The product performed reliably. Comments/Opinions: Evaluator Name: SECTION V Product Name Please circle each area rated Product/equipment use Patient risk Clinician risk	OM A. ASJOUCH	Nor 2 2 2 2 2 2 2 2	Date Date Date 3 3 3 3 3	Sime 7	5 5 5 5
5. The product performed reliably. Comments/Opinions: Evaluator Name: SECTION V Product Name Please circle each area rated Product/equipment use Patient risk Clinician risk Need for accuracy	OM A. ASJOUCH	Nor 2 2 2 2 2 2 2	Date Date Date 3 3 3 3	Sime 7	5 5 5

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(General Organization)

Score (recommended level	of education)			
13-25 In-service program (no	- quiz/competency validation/ch certification required) rmation by memo or through st			
Please chose which educate	tion applies:			
☐ Communication	☐ In-service	☐ Mandatory	☐ In-service competency	
	-SECTION IX - APPRO	VAL OF DEPARTME	NT HEAD	
Name: AL: DL	Malary	Signature:	Q J.06.22	
	SECTION X	- SMVAC DECISION		
□ Approved	☐ Rejected		□ Deferred Reason:	
Chairman Signature		Date		