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**Ibn Sina National College for Medical Studies**

**Jeddah – Kingdom of Saudi Arabia**

**Laboratory Infrastructure Need Analysis Report**

**(Based on Need Analysis Checklists)**

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| **Academic Year** | 2016 - 17 | **Program** |  | Medicine |  | Dentistry |  | Clinical Pharmacy |  | Nursing |
| **Classification**  |  |
| **Name of the Lab** |  | **Lab No (Male)** |  | **Lab No (Female)** |  |
| **Department Chairman****Details** | Name of Department | Mobile |  | Ext |  |
|  |
| Name of Chairman |
|  |
| Address |
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| **Head of the Division****Details** | Name of Division | Mobile |  | Ext |  |
|  |
| Name of the Head |
|  |
| Address |
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| **Laboratory****Supervisor****Details** | Name of Laboratory Supervisor | Mobile |  | Ext |  |
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| Address |
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| **Laboratory Technician****Details** | Name of Technician | Mobile |  | Ext |  |
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| Name of Technician | Mobile |  | Ext |  |
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| Name of Technician | Mobile |  | Ext |  |
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| Name of Technician | Mobile |  | Ext |  |
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| **Purpose of Laboratory (Brief notes on the routine activities of laboratory)** |
| 1. Learning & Teaching
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| 1. Assessment
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| 1. Research
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| **Details on the contribution in programs**  |
| 1. Medicine Program
 |
| Module / Course Name | Year | Number ofLab Sessions | Number of Student Groups | Total Number of Students |
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| Module / Course Name | Year | Number ofLab Sessions | Number of Student Groups | Total Number of Students |
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| 1. Dentistry Program
 |
| Module / Course Name | Year | Number ofLab Sessions | Number of Student Groups | Total Number of Students |
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| 1. Clinical Pharmacy Program
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| Module / Course Name | Year | Number ofLab Sessions | Number of Student Groups | Total Number of Students |
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| 1. Nursing Program
 |
| Module / Course Name | Year | Number ofLab Sessions | Number of Student Groups | Total Number of Students |
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| **Details on the requirement (With respect to curriculum & syllabus)** |
| 1. Laboratory Safety Equipments & Personal Protective Equipments such as Fume hoods, Gloves, etc..
 |
| SerialNo | Name of Equipments | Number at present | Numberneeded | Reasons for the requirement |
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| 1. Consumables such as chemicals, reagents, stains, etc..
 |
| SerialNo | Name of Consumables | Number at present | Numberneeded | Reasons for the requirement |
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| 1. Learning & Teaching aids such as Equipments, Glass wares, Whiteboard, Projectors, Computers, etc..
 |
| SerialNo | Name of Learning & Teaching aids | Number at present | Numberneeded | Reasons for the requirement |
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| 1. Infrastructure such as Chairs, Tables, Safety Disposable Sheets, Fridge, Cabinets, Exhaust Fan, etc..
 |
| SerialNo | Name of Infrastructure  | Number at present | Numberneeded | Reasons for the requirement |
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| 1. Learning Resources such as books, CD ROM, Applications, Software, etc…
 |
| SerialNo | Name of Learning Resources  | Needed for Students  | Needed for Faculties  | Reasons for the requirement |
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| **Details on the damage for repair or replacements**  |
| 1. Learning & Teaching aids such as Equipments, Glass wares, Whiteboard, Projectors, Computers, etc..
 |
| SerialNo | Name of Equipment | Date of Purchase | Maintenance Details | Details on the damage  |
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| 1. Infrastructure such as Chairs, Tables, Safety Disposable Sheets, Fridge, Cabinets, Exhaust Fan, etc..
 |
| SerialNo | Name of Infrastructure  | Date of Purchase | Maintenance Details | Details on the damage  |
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| **Details on the requirement for maintenance**  |
| SerialNo | Name of Equipment | Present maintenance details | Requirement of new or renewal of maintenance  |
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| **Special Requirements for Research & Collaboration** |
| SerialNo | Name of Equipment | Research Approval details | Brief explanation on the need for respective research  |
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| **Special Requirements for Technology Enhanced Learning, Teaching & Assessment** |
| SerialNo | Name of Technology | Details on the Benchmark Institutes (attach documents) | Brief explanation on the need with respect to curriculum  |
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| **Pending Requirement Details (Attach copy of previous request order form)** |
| SerialNo | Details on the Requirement | Date of Request | Follow up Date | Details on the Administration response  |
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| **Human Resource Requirements** |
| SerialNo | Name of Designation & Job Responsibility | Present Number | Required Number | Reasons for the requirement |
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| **Any Comments**  |
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| **Laboratory****Supervisor** |  |  |  |
| **Name** | **Signature** | **Date** |
| **Head of the Division** |  |  |  |
| **Name** | **Signature** | **Date** |
| **Department Chairman** |  |  |  |
| **Name** | **Signature** | **Date** |
| **Date of Submission** |  |
| **Received by** |  |
| **Signature** **(Receiving Person)** |  |
| **Date of Acceptance** |  |