**Unit Goal Revisions**

**2021-2023**

**Plans for the unit for the second year of the two-year plan (22-23)**

**Name of Program/Department: Medical Laboratory Technology Program / Health Related Programs**

**PERSONNEL REQUESTS:** Below please list any NEW personnel requests. All full-time requests should be listed first followed by any part-time requests. *\*This does not include replacements for current personnel who may leave during the year, because their salary is already included in your budget. \** If you have no personnel requests, you may skip this section.

**Brief Description of Request:**

**Proposed Job Title:**

**Salary Schedule:**

**Annual Salary and Benefits (This information can be obtained from HR):**

**Justification to support personnel requests including data:**

**EQUIPMENT REQUESTS:** Below please list *ANY* equipment requests, including replacing old equipment. If you don’t have any equipment requests, you may skip this section. Please number your requests for easier tracking and reference.

1. **Description of Equipment Needed:** Student Microscopes that have a 63xobjective. **Number needed (if more than one):**  14

**Equipment Location (please include campus, building, and room number):**

GLB 230

**Cost of Equipment (please include cost per piece and total):**  approximately $4,000 each $56,000

**Justification and data (if applicable) to support equipment request:**

We have approved the purchase of this objective with Perkins in 2021-22 but found out that this objective is not compatible with our current microscopes that we purchased in 2004. This is the objective students are expected to use in the profession. It is a new objective that we currently do not have and based on clinical feedback for hematology this is needed to prepare students for competency in cell identification for both clinical and employment.

1. **Description of Equipment Needed:** Teaching microscope with camera and imaging software

**Number needed (if more than one):** 1

**Equipment Location (please include campus, building, and room number):** GLB 230

**Cost of Equipment (please include cost per piece and total):** $2500.00

**Justification and data (if applicable) to support equipment request:**

This would be a valuable tool for instruction with the ability to capture images and project them on the smartboard for students to see and help with cell identification deficiencies.

1. **Description of Equipment Needed:**  Double door refrigerator **Number needed (if more than one):** 1

**Equipment Location (please include campus, building, and room number):** GLB 228

**Cost of Equipment (please include cost per piece and total):** $6,000.00

**Justification and data (if applicable) to support equipment request:**

To replace two failing refrigerators one that has been repaired once but with limited success. This refrigerator was purchased in 1998. The second refrigerator has temperature control issues and was purchased before 1998. The new refrigerator will be large enough to provide the storage we need at this time.

**4. Description of Equipment Needed:** Antimicrobial Susceptibility disc dispenser

**Number needed (if more than one):** 2

**Equipment Location (please include campus, building, and room number):** GLB 228

**Cost of Equipment (please include cost per piece and total):** $3,000.00

**Justification and data (if applicable) to support equipment request:**

Our current disc dispensers were donated, and both have broken and could not be repaired. We must replace these to address our clinical preceptor’s feedback regarding susceptibility testing.

**5.** **Description of Equipment Needed:** Blood Bank Centrifuge

**Number needed (if more than one):** 1

**Equipment Location (please include campus, building, and room number):** GLB 228

**Cost of Equipment (please include cost per piece and total):** $4,500.00

**Justification and data (if applicable) to support equipment request:**

Replacement for a centrifuge that cannot be repaired and is needed to facilitate student labs in a timely fashion due to increased enrollment in the summer and fall admission cycles.

**6.** **Description of Equipment Needed:** microhematocrit centrifuge with hematocrit reader

**Number needed (if more than one):** 1

**Equipment Location (please include campus, building, and room number):** GLB 230

**Cost of Equipment (please include cost per piece and total):** $4,500.00

**Justification and data (if applicable) to support equipment request:**

Replacement of a micro hematocrit centrifuge and reader that cannot be repaired and is needed to facilitate student labs in a timely fashion due to increased enrollment in the summer and fall admission cycles.

**ALL OTHER REQUESTS:** Below please list any additional requests that were not included above. This may include items such as; professional memberships, monetary budget requests for department or program activities, accreditation fees, etc.… If you don’t have any of these requests, you may skip this section.

1. **Description of need:**

**Cost:**

**Justification and data (if applicable) to support the request:**

**PRIORITY PAGE:** Please consider all budget items described above including personnel, equipment, and other then list them below in priority order. The most important and needed request should be listed first, the second most important second, etc.… A full description is not needed, just the title and/or name of the item is sufficient.

**PRIORITY #1:** Student Microscopes

**PRIORITY #2:** Replacement Refrigerator

**PRIORITY #3:** Susceptibility dispensers

**PRIORITY #4:** Teaching Microscope

**PRIORITY #5:** Blood Bank Centrifuge

**PRIORITY #6:** Microhematocrit Centrifuge with the reader

(add more as needed)