





BIOMEDICAL & CLINICAL TECHNOLOGY

HANDBOOK FOR 2023

FACULTY of HEALTH SCIENCES

DEPARTMENT of BIOMEDICAL and CLINICAL TECHNOLOGY

The above department offers two programmes: Biomedical Technology/Medical Laboratory Science & Clinical Technology

This handbook offers information on both programmes.

WHAT IS A UNIVERSITY OF TECHNOLOGY?

A university of technology is characterized by being research informed rather than research driven where the focus is on strategic and applied research that can be translated into professional practice. Furthermore, research output is commercialized thus providing a source of income for the institution. Learning programmes, in which the emphasis on technological capability is as important as cognitive skills, are developed around graduate profiles as defined by industry and the professions.

NOTE TO ALL REGISTERED STUDENTS

Your registration is in accordance with all current rules of the Institution. If, for whatever reason, you do not register consecutively for every year/semester of your programme, your existing registration contract with the Institution will cease. Your reregistration anytime thereafter will be at the discretion of the institution and, if permitted, will be in accordance with the rules applicable at that time.

IMPORTANT NOTICES

The rules in this departmental handbook must be read in conjunction with the General Rules (G Rules) contained in the DUT General Handbook for Students as well as the relevant subject Study Guides.

Your attention is specifically drawn to Rule G1 (8), and to the process of dealing with students' appeals.

FACULTY of HEALTH SCIENCES **FACULTY VISION, MISSION, GOALS & VALUES**

The faculty and the department are committed to upholding the ENVISION2030 values and principles which can be summarised as follows:

ENVISION 2030 transparency • honesty • integrity • respect • accountability fairness • professionalism • commitment • compassion • excellence

Vision:

"Leading Transformative and Innovative Health Sciences Education"

Mission Statement:

- "Developing Holistic Professionals responsive to Healthcare needs" through Excellence in:
- Teaching and Learning
- Research, Innovation and Engagement
- Fostering Entrepreneurship

Values

Transparency (To conduct ourselves with openness and honesty through shared governance.)

Honesty (To do what is free from deceit or fraud, and show truthfulness, frankness, sincerity.)

Integrity (To conduct ourselves with strong moral principles. To be honest and authentic. To do what is ethical and just.)

Respect (to have due regard for the feelings, wishes and rights of others)

Accountability

(To accept responsibility for one's actions.)

Principles

Fairness (To treat people justly and individually)

Professionalism (To work within regulatory frameworks of professional conduct. To maintain and develop professional expertise and good work ethic.)

Commitment (The state of being dedicated to a cause or work)

Compassion (To show concern/be sympathetic to the suffering or wellbeing of others)

Excellence (The quality of being outstanding or extremely good)

Goals

The Faculty aims to:

- Respond to the National health human resource and industry needs within the health sector.
- 2. Ensure the offering of entrepreneurial and leadership skills as a core component of all programmes within the Faculty of Health Sciences.
- 3. Continue to develop community-based projects to foster social responsibility through collaborative projects between programmes.
- 4. Enhance established quality management frameworks to support teaching and learning.
- 5. Develop applied research responsive to community and industry needs.
- 6. Develop mechanisms for the dissemination and application of research outcomes to inform teaching and learning, assessment, community engagement and further research.
- 7. Improve research participation and output through increased post-graduate student enrolment, publications and establishment of research groups.
- 8. Enable the generation of third-stream income through research and innovation (patents / artifacts) in order to supplement existing sources of income for the next five years.
- 9. Attract and retain diverse quality staff, while promoting advancement of individual potential.
- 10. Position DUT Health Sciences nationally

DEPARTMENTAL MISSION & GOALS

The department offers two programmes:

Biomedical Technology and Clinical Technology

The department subscribes to the institutional strategic envision 2020-2030 four strategic perspectives which are:

Society ...that leads to mutually beneficial collaborations, the practical application of knowledge and future ready graduates

Sustainability... resulting in the delivery of distinctively DUT experience within an environmentally responsible and financially sustainable environment.

Systems and Processes...We will build an enabling environment that supports dynamic curricular that inspire innovation and entrepreneurship.

Stewardship, Lived values...by living our values and principles within a culture of shared responsibility and accountability and embracing creativity

VISION

Globally recognised for Medical Laboratory Science and Clinical Technology
Education

MISSION

"Developing Professionals for Diagnosis and Disease Management"

Through excellence in

- Teaching and Learning
 - Research
 - Engagement
 - Entrepreneurship

VALUES

Professionalism

(To conduct oneself within established standards and norms. To demonstrate professional skills and behaviours.)

Accountability

(To be answerable for one's actions. To be accountable to our society. To be committed.)

Integrity

(To be honest and trustworthy. To be ethical and fair in critical analysis and reporting.)

Respect

(Treat people with courtesy, politeness, and kindness.)

Patients' Lives Matter

Graduate attributes:

- Use a range of information technologies to identify, gather and disseminate information.
- 2. Engage in the generation of new knowledge in their specialist professional disciplines and academic fields which will be investigated and recorded scientifically.
- 3. Work independently, identify, critically analyse and solve problems in their professional, individual and societal environments
- Lead and effectively manage team members in an organisation and within their communities.
- Be aware of cultural diversity and show respect to indigenous knowledge, cultures and values
- 6. Think critically and have excellent decision making skills including awareness of personal strengths and limitations.
- 7. Communicate effectively within the health care and educational environment, using visual, mathematical and/or language skills in the modes of oral and or written presentation
- 8. Use science and technology effectively and critically, showing responsibility towards the environment and health of others
- 9. Participate as responsible citizens in the life of local, national and global communities

Goals

The department aims to:

- I. Provide quality teaching, learning and support to students
- 2. Respond to national human resource and industry needs
- Provide excellent professional value-driven education, promote entrepreneurship and leadership skills.
- 4. Produce graduates that are independent thinkers functioning within a team
- 5. Foster professional and ethical conduct
- 6. Keep abreast with current and future technological trends
- 7. Enhance the quality management frameworks to support teaching, learning, assessment and research.
- 8. Encourage research responsive to community and health needs
- 9. Position the Department of Biomedical and Clinical Technology nationally and internationally.
- 10. Attract and retain diverse quality staff while promoting advancement of individual potential
- II. Maintain relationships within the institution, relevant professional bodies, industry, educational institutions, alumni and other stakeholders.
- 12. Foster national and international collaboration and partnerships
- 13. Strive for excellence and success
- 14. Embrace an attitude of life-long learning with the aim to improve professional clinical practice through research

CONTENTS

		Pa	ıge
I.	DEPARTMENTAL & FACULTY CONTACT DETAILS		I
2.	DEPARTMENTAL STAFF		2
3. 3.1 3.2 3.3 3.4	DEPARTMENTAL INFORMATION &RULES Programmes offered by the department Qualifications offered by the department Departmental Information Departmental Rules		3 3 3 3 5
SECT	ON A: BIOMEDICAL TECHNOLOGY		6
4 4.1 4.1.2 4.3 4.3.1 4.3.2 4.3.3 7.3.4 4.3.5 4.3.6 4.3.7	Bachelor of Health Sciences: Medical Laboratory Science Programme Information Learning Programme Structure Programme Rules Minimum Admission Requirements Minimum Admission Requirements in respect of work experience Selection criteria Pass requirements Re-registration rules Exclusion rules Interruption of studies	13	6 7 10 11 11 12 13
5	Master of Health Sciences in Medical Laboratory Science		14
5.1 5.2 5.3 5.3.1 5.3.2 5.3.3 5.3.4 5.3.5 5.3.6	Programme Information Learning Programme Structure Programme Rules Minimum Admission Rules Selection criteria Pass requirements Re-registration Rules Exclusion Rules Interruption of studies		14 14 14 14 15 15
6 6.1 6.2. 6.3.	Doctor of Medical Laboratory Science Programme Information Programme Learning Structure Programme Rules		15 16 16
SECTI	ON B: CLINICAL TECHNOLOGY		17
7 7.1 7.2 7.3 7.3.1 7.3.2 7.3.3 7.3.4 7.3.5 7.3.6 7.3.7	Bachelor of Health Sciences in Clinical Technology Programme Information Learning Programme Structure Programme Rules Minimum Admission Requirements Selection procedures Exclusion Rules Re-registration Rules Interruption of Studies Clinical Technology Practice (CTP) Registration with the HPCSA		17 17 18 24 24 25 26 26 26 26 27

8 81 82. 83	Master of Health Sciences in Clinical Technology Programme Information Learning Programme Structure Programme Rules	27 27 27 27
9 9.1 9.2 9.3	Doctor of Medical Clinical Sciences Programme Information Learning Programme Structure Programme Rules	28 28 29 29
10 10.1 10.1.1 11.	Subject Content Biomedical Technology (Medical Laboratory Science) Bachelor of Health Sciences in Medical Laboratory Science Subject content Clinical Technology BHSc: Clinical Technology	30 30 30 55

ı. **DEPARTMENTAL & FACULTY CONTACT DETAILS**

All departmental enquiries to:

Secretary: Mrs Bongekile Nene Tel No: (031) 373 5411 (031) 373 5295 Fax No: Fmail: nenebg@dut.ac.za

ABO209 ML Sultan Campus Location of Department:

All Faculty enquiries to:

Fmail:

Faculty Officer: Miss FT Mayisela Tel No: (031) 373 2701 Fmail:

thembim@dut.ac.za

Health Faculty Office, Gate 8, Location: Steve Biko Road, Mansfield Site

Area, Ritson Campus

Prof GG Mchunu Executive Dean: **Executive Dean's Secretary** Mrs Bilkish Khan (031) 373 2704 Tel No:

Fax No: 0866740237

Location: Executive Dean's Office, Gate 8.

Steve Biko Road, Mansfield Site

Area, Ritson Campus

bilkishk@dut.ac.za

2. DEPARTMENTAL STAFF

Staff NAME AND QUALIFICATION
Head of Department Dr I N Mbatha PhD: Medical Micro (UKZN)

Senior Lecturers Dr B T Mkhize. PhD: Medical Microbiology (UKZN)

Dr P Pillay, PhD: Public Health (UKZN)
Dr S C Benjamin DTech: Clin Tech (DUT)

Dr D R Prakaschandra, PhD (Cardiology) (UKZN)

Lecturer Mr. M E Memela¹, MTech: Clin Tech (DUT)

Miss T S Ndlovu, MTech: Biomed Tech (DUT)

Mr. D Govender, M HSc in MLS Mr. C Sydney², M Med Sc (UKZN)

Mr. DC Mdluli (MSc Med; BTech: Clin Tech)

NGap Lecturer Miss S Govender MTech: Clin Tech (DUT)

Senior Lab Technician Vacant

Laboratory Technicians Mr J Mbuyazi, ND: Pharmaceutical Marketing (MLST)

Ms T C Qangule, ND: Med Tech Micro (Pen Tech)

Laboratory Assistant Miss H Ramphal, BTech: OMT (DUT)

Departmental Secretary Mrs B G Nene. BTech: OMT (DUT)

¹ Head of Programme: Clinical Technology

² Head of Programme : Biomedical Technology and Medical Laboratory Science

3. DEPARTMENTAL INFORMATION & RULES

3.1 PROGRAMMES OFFERED BY THE DEPARTMENT

This department offers two programmes, namely:

- Biomedical Technology/Medical Laboratory Science
- Clinical Technology

3.2. Qualifications offered by the department

Learning programmes are offered in this Department which will, upon successful completion, lead to the award of the following qualifications:

Qualification	Qualification Code	SAQA NLRD Number	Important Dates
Biomedical Technology Programme			
Master of Health Sciences in Medical Laboratory Science	MHMLSI	96822	Not applicable
Doctor of Medical Laboratory Science	DRMLSI	96805	Not applicable
BHSc in Medical Laboratory Science		101689	
Clinical Technology Programme			
Masters of Health Sciences in Clinical Technology	MHCLTI	96956	Not applicable
Doctor of Medical Clinical Sciences	DRMCSI	96809	
BHSc in Clinical Technology	BHCLT1	96409	

3.3. DEPARTMENTAL INFORMATION

3.3.1. Academic Integrity

Please refer to the General Rules pertaining to the academic integrity G13 (1)(o). These will be enforced wherever necessary to safeguard the worthiness of our qualifications, and the integrity of the Faculty of Health Sciences at the DUT.

3.3.2. Code of Conduct for Students

In addition to the General Rules pertaining to Student Conduct SR3 (3), a professional code of conduct pertaining to behaviour, appearance, personal hygiene and dress shall apply to all students registered sessions with the Faculty of Health Sciences, at all times.

3.3.3. Uniforms

Students must adhere to instructions regarding specific dress code required during practical sessions and/ hospital visits. All students are required to wear laboratory coats and closed shoes including masks and gloves during practicals.

3.3.4. Attendance

Students are encouraged to achieve 100% attendance for all planned academic activities as these are designed to provide optimal support for the required competency. Where absence is unavoidable, the student must timeously advise the department of the reason. Only exceptional reasons will be accepted for absence from guest lectures, industry or field trips. Poor attendance records may lead to penalties as per programme rules. Where absence impacts on assessment, please refer to Section 3.4. (Departmental Rules) below.

3.3.5. Health and Safety

Students must adhere to all Health and Safety regulations both while at DUT and in Work Integrated Learning (WIL) placements. Failure to do so will be treated as a breach of discipline.

3.3.6. Registration with the Professional Board

As a Student: Within two weeks of registration with the Department, students are required to register as Student Medical Laboratory Scientist or Student Clinical Technologists with the Health Professions Council of South Africa as determined in the regulations set out in the Allied Health Service Professions Act, 1982 (Act 63 of 1982) (Regulation R629, Government Gazette No 11221 of 31 March 1988).

As a Graduate (Medical Laboratory Science)

A graduate, on successful completion of the qualification and the required internship, and after passing a competency assessment to satisfy the requirements of the Professional Board for Medical Technology, may register as a Medical Laboratory Scientist (as applicable) with the Health Professionals Council of South Africa (HPCSA). After registration with the HPCSA, graduates may work in government, private health care laboratories and research laboratories. Unregistered Medical Laboratory Scientists may work in non-diagnostic laboratories. To practice independently as a Medical Laboratory Scientist, two years post-registration experience is required.

As a Graduate (Clinical Technology):

A graduate, on successful completion of the qualification and after having satisfied the requirements of the Professional Board for Radiography and Clinical Technology, may register as a qualified Clinical Technologist (as applicable) with the HPCSA.

3.3.7. Student appeals:

Rule GI (8) in the DUT General Handbook apply.

3.4. DEPARTMENTAL RULES

3.4.1 Special Tests and condonement

No summative assessments will be condoned. Summative means all assessment marks that contribute to the final mark of a subject, but not including examinations for the purpose of this rule.

- Due to COVID-19 related restrictions some assessment might have to be undertaken virtually. In addition some summative assessments might also have to be changed to continuous assessment methods. Clarity on the nature of assessments will be communicated to students upon receipt of relevant decisions from university management.
- If a student misses a summative written, oral or practical test, for reasons of illness, a special test may be granted if the student provides a valid medical certificate specifying the nature and duration of the illness, and a declaration that for health reasons it was impossible for the student to sit for the test. This certificate must be submitted to the lecturer or head of programme, no later than one week after the date of the missed test.
- If a student misses a summative written, oral or practical test, for reasons other than illness, a special test may be granted if the student provides a valid declaration that for unavoidable reasons it was impossible for the student to sit for the test. This declaration must be submitted to the head of programme, no later than one week after the date of the missed test.
- In addition, a special test may be granted to students with borderline academic results. The special test which may take the form of an oral test, may be set at the end of the period of registration, and may include a wider scope of work than the original test.
- Any student who misses an assessment and who does not qualify for a special test, and any student who qualifies for a special test but fails to write it, shall be allocated a zero mark for the missed assessment. A student who qualifies for a special test granted for borderline academic results, but fails to write it, or achieves lower than their original results, shall be allocated their original results.

3.4.2 Student Appeals

• Rule G1 (8) of the general handbook applies.

SECTION A: BIOMEDICAL TECHNOLOGY PROGRAMME

4. BACHELOROFHEALTHSCIENCESINMEDICALLABORATORYSCIENCE 4.L. PROGRAMME INFORMATION

The Bachelor of Health Sciences in Medical Laboratory Sciences is a professional degree with a minimum number of 480 SAQA credits and is offered at NQF level 8 of the HEQSF. Whilst the majority of the modules are core, some of them are generic in nature and these are offered by both the Faculty of Health Sciences and the institution at large. At each level of study the student has an opportunity to choose from at least two of the elective modules and students will also register for research modules.

Medical laboratory Science is a profession of highly knowledgeable and skilled individuals who perform diagnostic tests on patient samples in a clinical laboratory and are skilled to conduct research. The service offered by Medical Laboratory Scientists is an important component of patient health care, as the results obtained from these laboratory tests are a vital tool in the diagnosis, treatment and prevention of disease. The qualifying student will be able to organize and perform laboratory operations in clinical diagnostic laboratories and related fields in compliance with statutory requirements for ethics, safety and quality assurance. Supervisory, management and research skills are developed.

4.1.1 Duration of the Programme

Successful applicants for study towards a BHSc: Medical Laboratory Science will be accepted into a four-year minimum programme of study. This four year degree level 8 curriculum has been designed in order to enhance student development produce a holistic, diagnostic and research grounded graduate who will directly articulate to the Master's degree.

Students in Medical Laboratory Science must attend formal lectures and practical sessions at the Durban University of Technology in all modules for the duration of their studies. The minimum study period for the BHSc: Medical Laboratory Sciences is four years, including a six (6) months of work integrated learning component and one year clinical training in a Clinical Diagnostic Laboratory. The maximum period of study for this four year degree is six years.

4.1.2 Assessment and Moderation

Most modules in this programme have main and supplementary final examinations. Certain modules in this programme do not have a final examination. The results for these modules are determined through a weighted combination of assessments. As such, there are no supplementary examinations. Students are encouraged to work steadily through the period of registration in order to achieve the highest results possible. Some assessments might have to be changed in keeping with COVID-19 related restrictions at the time at which

assessments are scheduled as explained in Section 3.4.1 of this handbook. Assessment details are listed under each module at the back of this handbook. Moderation follows the DUT requirements.

4.1.3 Registration with the Professional Board

As a Student: Within two weeks of registration with the Department, students are required to register as Student Medical Laboratory Scientist with the Health Professions Council of South Africa as determined in the regulations set out in the Allied Health Service Professions Act, 1982 (Act 63 of 1982) (Regulation R629, Government Gazette No 11221 of 31 March 1988).

As a Graduate

A graduate, upon successful completion of the qualification and the required industry exposure, and having passed a final competency assessment in the fourth year to satisfy the requirements of the Professional Board for Medical Laboratory Science, may register as a qualified Medical Laboratory Scientist (as applicable) with the HPCSA. After registration with the HPCSA, graduates may work in government, private health care laboratories and research laboratories. Unregistered Medical Laboratory Scientist may work in non-diagnostic laboratories. To practice independently as a Medical Laboratory Scientist, two years post-registration experience is required.

4.1.4 Work Integrated Learning Rules

The WIL component includes a 24 week placement which occurs in the sixth semester and a one year placement which occurs in the seventh and eighth semesters. This is a compulsory component of the programme. The student must be registered at the Durban University of Technology for the duration of this period. The student must comply with the rules and regulations as set out in the diagnostic laboratory where placed.

4.2 Learning Programme Structure: BachelorofHealthSciencesinMedicalLaboratoryScience

Module code	Module Title	Year of Study	HEQSF level	HEQSF Credit	Period of Study	HEMIS credits	Pre- requisite
CMTR101	Chemistry	I	5	16	a	0.111	
PHISTIT	Physics (Module 1)	I	5	8	a	0.057	
PHIS121	Physics (Module 2)	I	5	8	b	0.057	
FMLS101	Fundamentals of Medical Laboratory Science	I	5	12	a	0.086	
STTS101	Statistics	I	5	8	b	0.051	
ANPA102	Anatomy and Physiology 1A	I	5	12	l a	0.086	
ANPB102	Anatomy and Physiology 1B	I	5	12	b	0.086	
CBIO101	Cell Biology	I	5	16	a	0.112	
IMLG101	Immunology	I	5	16	a	0.111	
CSTN101	Cornerstone 101	I	5	12	a	0.094	

\ 0.4.((D) 0.1	har en en		1		1.	10.047	
VWKPI0I	Values in the workplace	l!	_		a	0.067	
CLDVI0I	Cultural Diversity	I	5	8			
EVAHI01	Environmental	1	5	12	1	0.082	
	Awareness for						
	healthcare Practitioners						
IGSH101	Issues of Gender & Society						
	within Health care						
CLCM101	Clinical Chemistry I	2	6	16	2 a	0.107	Cell Biology
MMCR101	Medical Microbiology I	2	6	8	2 a	0.053	Anatomy & Physiology
MDMA201	Medical Microbiology IIA	2	7	16	2ь	0.106	Medical
	3 ,						Microbiology
HMTLI0I	Haematology I	2	6	16	2 b	0.107	Immunology
IMHTI0I	Immunohaematology I	2	6	16	2	0.106	Immunology
HPTH101	Histopathology I	2	6	16	2 ь	0.106	Anatomy & Physiology
CYTLI0I	Cytology I	2	6	16	2 ь	0.106	Anatomy &
MICDIAL	Malagulan Pi-1	1			2	0.053	Physiology
MLCB101 FPTH101	Molecular Biology	2	6	8	2 a	0.053	Cell Biology
	Fundamentals of Pathology		6	8	2	0.054	Anatomy & Physiology
SYSP101	Systemic Pathophysiology	2	6	8	2ь	0.054	Anatomy & Physiology
TENEI0I	The entrepreneurial edge	2	6	8	32 a	0.067	111/310106/
GENVI0I	The global environment						
EQDVI0I	Equality and diversity						
CLCM201	Clinical Chemistry II	3	7	16	3 a	0.138	Clinical Chemistry I
MDMB201	Medical Microbiology IIB	3	7	16	3 a	0.138	Medical
	G,						Microbiology 2A
HMTL201	Haematology II	3	7	16	3 a	0.138	Haematology
CYTL201	Cytology II	3	7	16	2	0.138	Cytology I
CLLPIOI	Clinical Laboratory	-	7	16	3 a	0.139	All year I
CLLFIUI	Practice I	3	'	16	3 a	0.137	and year 2
	Tractice 1						modules
PMTG101	Principles of management	3	7	8	3 ь	0.068	
RS S101	Restorative justice	3	7	8	3 a	0.069	
EDUT101	Educational Techniques**	3	7	12	3 a	0.103	
ETMLI0I	Ethics and Medical Law		Í		3"	0.100	
PRRS101	Principles of Research	3	7	8	3 ь	0.069	Pass all third
							year modules
RPTA101	Research Project 1st Registration	4	8	20	4 a	0.167	Principles of Research
RPTB101	Research Project	4	8	16	4 b	0.139	Principles of Research
IPPA101	Integrated	4	8	12	4 a	0.089	Clinical
	Pathophysiology Ist	l .	ľ	12	7 *	0.007	Chemistry 2
	Registration						Medical
							Microbiology
							2
							Haematology
							2 Cytology 2
IPPB102	Integrated	4	8	8	4 b	0.086	Clinical
	Pathophysiology				•		Chemistry 2
							Cytology 2 2
							Haematology

							2 Medical Microbiology 2
LBTM101	Laboratory Management	4	8	12	4 a	0.106	Principles of management
	Clinical Laboratory Practice 2: includes the following specialisation options from I – 10 below (the student will have to select one of these advanced specialization modules at 52 credits):		8			0.433	
CPHA101	Clinical Pathology I¤ Registration	4	8	28	4 a		Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology
CPHB101	Clinical Pathology	4	8	24	4 b		Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2
CLCA301	Clinical Chemistry III Ist Registration	4	8	28	4 a		Clinical Chemistry 2
CLCB301	Clinical Chemistry III	4	8	24	4 b		Medical Microbiology 2 Haematology 2 Cytology
MDMA301	Medical Microbiology III st Registration	4	8	28	4 a		Clinical Chemistry 2
MDMB301	Medical Microbiology III	4	8	24	4 b		Medical Microbiology 2 Haematology 2 Cytology 2
CYTA301	Cytology III Ist Registration	4	8	28	4 a		Clinical Chemistry 2
CYTB30I	Cytology III	4	8	24	4 ь		Medical Microbiology 2 Haematology 2 Cytology 2
HMTA301	Haematology III Ist Registration	4	8	28	4 a		Clinical Chemistry 2
HMTB301	Haematology III	4	8	24	4 b		Medical Microbiology 2 Haematology 2

						Cytology 2
HISA201	Histopathology II Ist Registration	4	8	28	4 a	Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2
HISB201	Histopathology II	4	8	24	4 b	Clinical
IHMA201	Immunohaematology II I¤ Registration	4	8	28	42	Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2
IHMB201	Immunohaematology II	4	8	24	4ь	Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2

^{*}A pre-reg means this subject must be passed prior to registration (prerequisite)

4.3 Programme Rules

4.3.1 Minimum Admission Requirements

In addition to Rule G7, the minimum entrance requirement is a National Senior Certificate (NSC) valid for entry into a Bachelor's Degree endorsement and must include the following at the stated minimum ratings below:

NSC REQUIREMENTS		SENIOR CERTIFICATE REQUIREMENTS	
Compulsory subjects	NSC Rating	Compulsory subjects	SC Symbol
English (Home language) OR English (1st additional language)	4	English HG	D
Mathematics	4	Mathematics HG	D
Life Sciences	4	Biology HG	D
Physical Sciences	4	Physical Science HG	D
And two other 20 credit subjects of which only one may be a language	3		

In addition to Rule G7, the minimum entrance requirement for a holder of a valid National Certificate (Vocational) for entry into a Bachelor's Degree must include the following subjects as the stated minimum ratings below:

a denotes first semester, b denotes second semester

^{**} this module will not be offered in 2022

Compulsory Subjects	NC (V)
English	60%
Mathematics	60%
Physical Sciences	70%
Life sciences	70%
Four other subjects, only one of which may be a language	60%

4.3.2 Minimum Admission Requirements in respect of Work Experience, Age, Maturity, RPL and International Students

The DUT general rules G7(3) and G7(8) respectively will apply. The DUT's Admissions Policy for International Students and General Rules G4 and G7 (5) will apply.

4.3.3 Selection Criteria

All applicants must apply through the Central Applications Office (CAO).

In accordance with Rule G5, acceptance into the programme is limited. Since more applications are received than can be accommodated, the following selection process will apply:

- Initial shortlisting for selection is based on the applicant's academic performance in Grade 12 (Grade 11, or Grade 12 trial marks, will be used for current grade 12 learners).
- Applicants obtaining more than 23 points in their matriculation examination stand a better chance of selection.
- The point scores for each National Senior Certificate (NSC) subject or the Senior Certificate (SC) results is obtained by using the table below:

Senior Certificate (SC)

Symbol	Α	В	С	D	Е	F
Higher Grade	8	7	6	5	4	3
Standard Grade	6	5	4	3	2	I

National Senior Certificate (NSC)

8	=	90 – 99%
7	=	80 – 89%
6	=	70 – 79%
5	=	60 – 69%
4	=	50 – 59%
3	=	40 – 49%
2	=	30 – 39%
Ι	=	0 –29%

No points are allocated for ten (10) credit subjects.

Applicants who meet the minimum departmental admission requirements for the Bachelor of Health Sciences in Medical Laboratory Science will be ranked according to the points scored in Grade 11 and Grade 12 and may be invited to participate in the selection process.

Assessment	Weighting
Results of the Senior Certificate or National Senior Certificate	60%
Interview Score	40%

- The percentage weighting assigned to each of these scores will be as follows:
- Selected applicants will be placed into either the four-year degree or an Extended Curriculum Programme.
- Provisional acceptance is given to selected applicants awaiting (NSC) and National Certificate (Vocational) results. If the final Grade 12 NSC/ National Certificate (Vocational) results do not meet the minimum entrance requirements, this provisional acceptance will be withdrawn.
- In addition to grade 12, graduates with ND: Biomedical Technology may also apply for admission into the BHSC: Medical Laboratory Sciences. These applicants will need to apply directly to the department rather than applying to the CAO.

4.3.4 Pass Requirements

Notwithstanding the DUT pass requirements (G14 and G15), and those detailed as follows, students are encouraged to apply themselves to their learning, and strive for the best academic results possible in order to adequately prepare themselves for their future careers, and to maximize possible employment opportunities.

• In addition to the DUT General Rule G17*, a first year student who fails six or more of the modules with an average of less than 40% in the failed

modules during that year is not permitted to re-register for the Bachelor of Health Sciences in Medical Laboratory Science programme. A student who fails 6 modules with an average of 40% in the failed modules, is not precluded from proceeding to the second semester. De-registration from any module is subject to the provisions of Rule G6 (2)*.

- Promotion to Level 2 of study requires a pass in at least 50% of the
 previous level modules, i.e. year I modules; notwithstanding prerequisites
 and co-requisites. Students' academic progress is considered
 unsatisfactorily if they have passed less than 50% of their modules in a
 level.
- Promotion to Level 3 of study requires a pass in at least 50% of Level 2
 modules; notwithstanding prerequisites. Students who have passed less
 than 50% of their modules in a level are considered to be not making
 satisfactory academic progress.
- Promotion to Level 4 of study requires a pass in at least 50% of the
 previous level modules, i.e. Level 3 modules; notwithstanding
 prerequisites. Students who have passed less than 50% of their modules
 in a level are considered to be not making satisfactory academic progress.
- Prior to commencing with Clinical Laboratory Practice 1, a student must have passed all Level 1 to Level 3 modules.
- Promotion to Level 4 requires successful completion of all lower level modules.

4.3.5 Re-registration Rules

Rule G16 applies

4.3.6 Exclusion Rules

In addition to Rule G17, the following departmental rule applies:

- A first year student who fails six or more modules with a final mark of less than 40% will not be allowed to re-register for the programme: BHSc: Medical Laboratory Science.
- Deregistration from any module is subject to the provisions of Rule G6 (2).

4.3.7 Interruption of Studies

In accordance with Rule G21A (b), the minimum duration for this programme will be four (4) years of registered study and the maximum duration will be five (5) years of registered study, including any periods of WIL. Should a student interrupt their studies by more than three (3) years, the student will need to apply to the department for permission to reregister and will need to prove currency of appropriate knowledge prior to being given permission to continue with registration.

5 MASTER OF HEALTH SCIENCES IN MEDICAL LABORATORY SCIENCE (MHMLS1)

5.1 PROGRAMME INFORMATION

This full research qualification is aligned to Rule G24 and the guidelines in the Post Graduate Student Handbook.

- The student who successfully completes this qualification will be able to apply advanced problem solving skills and critical, reflective thinking to perform independent research in a chosen field and report their findings in a dissertation that meets the accepted criteria and ethical principles for the profession. In this way they will make a contribution to the existing body of knowledge and initiate change that will help develop and advance the profession of medical technology.
- The qualifying student will be able to conduct independent research under minimal guidance in a chosen field, and contribute to knowledge production in that field. The research problem, its justification, process and outcome is reported in a dissertation which complies with the generally accepted norms for research at that level.

8.1.1 Assessment and Moderation

In addition to Rule G24 (4), postgraduate assessment of dissertations will be aligned to Postgraduate policies and guidelines. Please refer to the General Student Handbook and the Postgraduate Student Handbook.

5.2 LEARNING PROGRAMME STRUCTURE

Code	Module	Year of Study	Assessment Type	NATED Credits	Pre-requisites	Co-requisites
MHMLSI	Dissertation	2	External Examination	1.0	None	none

5.3 PROGRAMME RULES

5.3.1 Minimum Admission Requirements

In addition to the General Handbook for Students Rule G24 (I), candidates must be in possession of a Bachelor's Degree in Medical Laboratory Science (NQF Level 8), or must have been granted conferment of status according to Rule G10A if they possess a Bachelor of Technology in Biomedical Technology.

Candidates may also apply for admittance via Recognition of Prior Learning (RPL) in accordance with Rule G7 (8) and / or G10B.

5.3.2 Selection Criteria

In accordance with Rule G5, acceptance into the programme is limited and entry into the Master of Health Sciences in Medical Laboratory Science is not automatic. Students are selected into the programme once they have submitted an intention to study / a concept paper and the department has

discussed and approved of the suitability of the proposed topic for the Masters Qualification. The intention to study/ concept page must include the following: Problem statement or Title of the intended study, Objectives / sub-problems / Research Questions, Rationale/motivation of the study, Brief literature review, Brief methodology.

5.3.3 Pass Requirements

Rule G24 and the Postgraduate Student Guide apply. Students are encouraged to apply themselves to their research, and strive for the best academic results possible in order to adequately prepare themselves for their future careers.

5.3.4 Re-registration Rules

Rule G24 (2), Rule G26 (5) and the Postgraduate Student Guide apply.

5.3.5 Exclusion Rules

Rule G24 (1) (d); Rule G24 (2), and the Postgraduate Student Handbook apply.

5.3.6 Interruption of Studies

In accordance with Rule G24, the minimum duration for this programme will be one (I) year of registered study and the maximum duration will be three (3) years of registered study. Should a student interrupt their studies by more than three (3) years, the student will need to apply to the department for permission to reregister and will need to prove currency of appropriate knowledge prior to being given permission to continue with registration.

6. DOCTOR OF MEDICAL LABORATORY SCIENCE (DRMLSI)

6.1 PROGRAMME INFORMATION

This full research qualification is aligned to Rule G25 and G26 and the guidelines in the Post Graduate Student Handbook. The purpose of this qualification is to ensure that the student who successfully completes this qualification will be able to apply advanced problem-solving skills and critical, reflective thinking to perform independent research in a chosen field and report their findings in a dissertation that meets the accepted criteria and ethical principles for the profession. In this way they will make a contribution to the existing body of knowledge and initiate change that will help develop and advance the profession of medical technology.

6.1.1 Assessment and Moderation

Post graduate assessment will be aligned to Postgraduate policies and guidelines. Rule G25 (4) and the Postgraduate Student Handbook apply.

6.2 PROGRAMME LEARNING STRUCTURE

Code	Module	Duration of Study	Assessment Type	HEMIS Credits	Pre- requisites	Co-requisites
DRMLSI	Dissertation	3	External Examination	2.0	None	none

6.3. PROGRAMME RULES

6.3.1 Minimum Admission Requirements

In addition to Rule G25 (1), candidates must be in possession of a Master in Health Science in Medical Laboratory Science degree (NQF 9), or have been granted status or advanced standing according to Rule G10 when in possession of a Master's degree in Biomedical Technology. Please also refer to the Postgraduate Student Handbook.

6.3.2 Selection criteria

Students are selected into the programme once they have submitted an intention to study/ concept page and the department has discussed and approved of the viability of the proposed topic for the qualification. A sound knowledge of the fundamental principles and concepts of research and statistical methods is required.

6.3.3 Re-registration Rules

Rule G26 (5) and the Postgraduate Student Handbook apply.

6.3.4 Exclusion Rules

Rules G25 (2)(b; c(ii)) in the General Student Handbook; and the Postgraduate Student Handbook apply.

6.3.5 Interruption of Studies

In accordance with Rule G25 (2), the minimum duration for this programme will be two (2) years of registered study and the maximum duration will be four (4) years of registered study. Should a student interrupt their studies by more than three (3) years, the student will need to apply to the department for permission to reregister and will need to prove currency of appropriate knowledge prior to being given permission to continue with registration. Please refer to the Postgraduate Student Handbook.

SECTION B: CLINICAL TECHNOLOGY PROGRAMMES

7. BACHELOR OF HEALTH SCIENCES IN CLINICAL TECHNOLOGY

7.1 PROGRAMMEINFORMATION

This qualification develops a learner to possess the necessary knowledge, skills, attitudes and values to practice as a Clinical Technologist, as a part of a multi-disciplinary team, in one of the following specialist categories: Cardiology, Cardiovascular Perfusion, Critical Care, Nephrology, Neurology, Pulmonology or Reproductive Biology. The qualifying learner will be able to independently perform diagnostic, therapeutic and corrective procedures on patients using specialised health technology and techniques for the treatment of pathophysiological conditions in a hospital-based or in a private practice setting.

This qualification will enable the learner to engage in research and contribute to the creation of new knowledge within the field. Lastly the qualification is designed to provide learners with specific clinical technology skills and competencies that are included in management and research.

The programme will be delivered full-time at DUT, with exposure to the clinical environment from first year to fourth year. The grounding for basic medical and clinical sciences will be provided in the first year, comprising of both theoretical and practical components. The theoretical component will be integrated with the practical component in the Skills Laboratory and through clinical rotational observations in the specialist categories of Clinical Technology. These clinical rotations will be undertaken at HPCSA and DUT accredited training units, and will take place on a fort-nightly basis.

The second level of study will equip the student with more complex knowledge by applying introductory concepts to understand the anatomical and physiological systems, as well as pathogenesis and progression of diseases and conditions, related to Clinical Technology.

In the 3rd level of study, the student is placed in the specific specialist category and rotates through various accredited training units up to the 4th level. Both these levels (i.e. III and IV) will employ an integrated teaching and learning approach where the student will be able to apply scientific and technological knowledge to perform diagnostic, therapeutic and life support procedures, and the evaluation thereof. The delivery of the 3rd and 4th level will be offered in both block lectures and block practical in a 50:50 ratio. The practical block will be facilitated by DUT-appointed clinical instructors and specialist lecturers in an integrated teaching and learning approach (using e-learning, case studies, journaling, for example) to ensure that the learning outcomes are achieved, and that the quality of the delivery is maintained.

7.1.1 Duration of the programme (4 years)

In accordance with the DUT Rule G23B (2)* and Rule G23B (3)*, the minimum duration of study is four years, including any periods of clinical practice, and the maximum duration will be six years of registered study, including any periods of clinical practice.

7.1.2 Assessments and Moderation

Some modules in this programme do not have a final examination. The results for these modules are determined through a weighted combination of assessments. As such, there are no supplementary examinations. Other modules do have final examinations. However, there might be a need to deviate from the current provisions due to COVID-19 related restrictions as explained in Section 3.4.1 of this handbook. Students are encouraged to work steadily through the period of registration in order to achieve the highest results possible. Assessment details are listed under each module at the back of this handbook. Moderation follows the DUT requirements.

7.1.3 Registration with the Professional Board

As a Student: On enrolment, it is mandatory that a student register as a student Clinical Technologist with the Health Professions Council of South Africa as determined in the regulations set out in the Government Gazette (No. R.1608 dated 24 July 1987).

As a Graduate: A graduate who has completed the qualification successfully and has complied with all the conditions as set out may register as a qualified Clinical Technologist with the Health Professions Council of South Africa in terms of the current rules for registration.

7.1.4 Work-Integrated Learning Period (WIL)

Clinical Practice Learning (CPL) will run concurrently with the specialist modules, in the third year of study, at a training unit approved by the Health Professions Council of South Africa (HPCSA). During CPL students would be required to pass the Clinical Proficiency Assessments as well as Oral Simulated Clinical Skills Assessment (OSCE) with 70% for each module as well as a Board requirement for the exit level.

7.2 PROGRAMME LEARNING STRUCTURE

Insert programme name

Module code	Module Title	HEQSF level	HEQSF Credit	Period of Study	Block Code	Pre- requisite module/s	HEMIS credits
ICLT101	Introduction to Clinical Technology	5	8	I	21	N	0.0645
CMTR 101	Chemistry	5	16	I	21	N	0.129

PHISTIT	Physics 101	5	8	ı	22	N	0.065
PHIS121	Physics 201	5	8	I	22	N	0.065
AAMY101	Anatomy	5	16	I	21	N	0.129
PYSLI0I	Physiology	5	16	Ţ	21	N	0.129
PTPY101	Pathophysiology I	5	8	I	22	N	0.0645
ITCT101	Instrumentation and Techniques for Clinical Technology I	5	12	I	22	N	0.0968
CSTN101	Cornerstone module	5	12	I	22	N	0.0968
IZAPI0I	Isizulu I	6	12	2	22	N	0.094
ITCH101	Introduction to Technopreneurship	5	8	I	22	N	0.0645
VNVL101	Violence and non- violence*	5	8	I	22	N	0.0645
IGSH101	Issues of Gender and Society	5	12	I	21	N	0.0968
PPDVI0I	Personal and Professional Development I	5	12	I	21	N	0.0968
AAPA101	Applied Anatomy and Physiology I a	6	12	2	21	Anatomy Physiology	0.094
AAPB101	Applied Anatomy and Physiology I b	6	12	2	22	Anatomy Physiology	0.094
CLTPI0I	Clinical Technology Practice	6	12	2	22	Introduction to Clinical Technology	0.094
ITCT201	Instrumentation and Techniques for Clinical Technology II	6	16	2	21	Instrumentati on and Techniques for Clinical Technology I	0.125
PTPY201	Pathophysiology II	6	16	2	22	Pathophysiol ogy I; Physiology	0.125
PRCLI01	Pharmacology	6	16	2	21	Anatomy & Physiology	0.125
	Research Methodology I	6	16	2	22	N	0.125
HCDKI0	HIV and communicable diseases in KZN	6	8	2	21	N	0.062
EQDVI01	Equality and Diversity	6	8	2	21	N	0.062
PPRM 101	Professional Practice & Management	6	12	2	22	N	0.094
IZAP201	Isizulu II	6	12	2	22	N	0.094

RMTD201	Research Methodology II	7	16	3	21	Research Methodology I	0.129
HLCMI01	Health care management I	7	8	3	22	N	0.0645
RSJS101	Restorative Justice	7	8	3	21	N	0.0645
ETML 101	Ethics & Medical Law	7	12	3	22	N	0.096
PPDVI03	Personal and Professional Development III	7	12	3	22	N	0.096
IZAP301	Isizulu III	6	12	2	22	N	0.094
	ELECTIVES						
	Specialisation in Cardiology						
PTCD101	Pathophysiology for Cardiology	7	16	3	21	Pathophysiol ogy II	0.129
PMCD101	Pharmacology for Cardiology	7	8	3	22	All Level 2 subjects	0.0645
CTCA101	Clinical Technology Practice in Cardiology la	7	12	3	21	All Level 2 subjects	0.096
CTCB101	Clinical Technology Practice in Cardiology Ib	7	16	3	22	All Level 2 subjects	0.129
ITCA101	Instrumentation and Techniques for Clinical Technology in Cardiology la	7	12	3	21	All Level 2 subjects	0.096
ITCB101	Instrumentation and Techniques for Clinical Technology in Cardiology Ib	7	16	3	22	All Level 2 subjects	0.129
	Specialisation in Critical care						
PPCC101	Pathophysiology for Critical Care	7	16	3	21	All Level 2 subjects	0.129
PHCC101	Pharmacology for Critical Care	7	8	3	22	All Level 2 subjects	0.0645
CCCA101	Clinical Technology Practice in Critical Care la	7	12	3	21	All Level 2 subjects	0.096
CCCB101	Clinical Technology Practice in Critical Care lb	7	16	3	22	All Level 2 subjects	0.129
ICRA101	Instrumentation and Techniques for Clinical Technology in Critical Care la	7	12	3	21	All Level 2 subjects	0.096
ICRB101	Instrumentation and Techniques for Clinical Technology in Critical Care lb	7	16	3	22	All Level 2 subjects	0.129
	Specialisation in Neurophysiology						
PTNP101	Pathophysiology for Neurophysiology	7	16	3	21	All Level 2 subjects	0.129
PHNP101	Pharmacology for Neurophysiology	7	8	3	22	All Level 2 subjects	0.0645

			1				
CTNA101	Clinical Technology	7	12	3	21	All Level 2	0.096
	Practice in Neurophysiology Ia					subjects	
CTNB101	Clinical Technology	7	16	3	22	All Level 2	0.129
CITABIOI	Practice in	,	'			subjects	0.127
	Neurophysiology Ib					,	
ITNA101	Instrumentation and	7	12	3	21	All Level 2	0.096
	Techniques for Clinical Technology in					subjects	
	Neurophysiology la						
ITNB101	Instrumentation and	7	16	3	22	All Level 2	0.129
	Techniques for Clinical					subjects	
	Technology in						
	Neurophysiology lb Specialisation in						
	Nephrology						
PTNR101	Pathophysiology for	7	16	3	21	All Level 2	0.129
	Nephrology					subjects	
PHNR101	Pharmacology for	7	8	3	22	All Level 2	0.0645
	Nephrology	_				subjects	
CTPA101	Clinical Technology	7	12	3	21	All Level 2	0.096
CTPB101	Practice in Nephrology la Clinical Technology	7	16	3	22	subjects All Level 2	0.129
СТРВІОТ	Practice in Nephrology Ib	,	16]	22	subjects	0.127
ITPA101	Instrumentation and	7	12	3	21	All Level 2	0.096
	Techniques for Clinical					subjects	
	Technology in						
ITDDIAL	Nephrology la	7	14	3	22	All Level 2	0.120
ITPB101	Instrumentation and Techniques for Clinical	7	16	3	22	subjects	0.129
	Technology in					Subjects	
	Nephrology Ib						
	Specialisation in						
PTPF101	Perfusion Pathophysiology for	7	16	3	21	All Level 2	0.129
FIFFIOI	Perfusion	,	16]	21	subjects	0.127
PHPF101	Pharmacology for	7	8	3	22	All Level 2	0.0645
	Perfusion					subjects	
CPPA101	Clinical Technology	7	12	3	21	All Level 2	0.096
	Practice in Perfusion la	_				subjects	
CPPB101	Clinical Technology Practice in Perfusion Ib	7	16	3	22	All Level 2 subjects	0.129
ITFA101	Instrumentation and	7	12	3	21	All Level 2	0.096
11171101	Techniques for Clinical	'	'-			subjects	0.070
	Technology in Perfusion					•	
	la						
ITFB101	Instrumentation and	7	16	3	22	All Level 2	0.129
	Techniques for Clinical Technology in Perfusion					subjects	
	lb						
	Specialisation in						
	Pulmonology	_		_			
PTPL101	Pathophysiology for	7	16	3	21	All Level 2	0.129
PHPLI01	Pulmonology Pharmacology for	7	8	3	22	subjects All Level 2	0.0645
THE LIVE	Pulmonology for	'	0	,		subjects	U.U 01 3
CTLA101	Clinical Technology	7	12	3	21	All Level 2	0.096
	Practice in Pulmonology la					subjects	
CTLB101	Clinical Technology	7	16	3	22	All Level 2	0.129
	Practice in Pulmonology					subjects	
	lb]]		<u> </u>		

171 4 101		-	1 10	1 3	1 21	1 411 1 1 2	0.004
ITLA101	Instrumentation and Techniques for Clinical	7	12	3	21	All Level 2 subjects	0.096
	Technology in Pulmonology Ia						
ITLB101	Instrumentation and Techniques for Clinical	7	16	3	22	All Level 2 subjects	0.129
	Technology in					Subjects	
	Pulmonology Ib					1	
	Specialisation in Reproductive biology						
PTRB101	Pathophysiology for Reproductive Biology	7	16	3	21	All Level 2 subjects	0.129
PHRB101	Pharmacology for Reproductive Biology	7	8	3	22	All Level 2 subjects	0.0645
CTRA101	Clinical Technology Practice in Reproductive Biology la	7	12	3	21	All Level 2 subjects	0.096
CTRB101	Clinical Technology Practice in Reproductive Biology Ib	7	16	3	22	All Level 2 subjects	0.129
ITBA101	Instrumentation and Techniques for Clinical Technology in	7	12	3	21	All Level 2 subjects	0.096
	Reproductive Biology la						
ITBB101	Instrumentation and Techniques for Clinical	7	16	3	22	All Level 2 subjects	0.129
	Technology in Reproductive Biology Ib					,	
	87						
HCMP101	Healthcare Management Practice	8	12	4	22	All Level 3 subjects	0.091
PPDV 104	Personal and Professional Development IV	8	12	4	22	Community Healthcare and Research	0.091
RPJA101	Research Project a	8	12	4	21	All Level 3 subjects	0.091
RPJB101	Research Project b	8	16	4	22	RPJA101	0.12
HLCM201	Health care management	8	16	4	21	All Level 3 Subjects	0.12
CLIN101	Clinical Instruction	8	16	4	21	All Level 3 Subjects	0.12
SBSM101	Small Business Management	8	16	4	21	All Level 3 Subjects	0.12
IZAP401	Isizulu IV	6	12	2	22	N	0.094
	Specialisation in Cardiology						
CTCA201	Clinical Technology Practice in Cardiology Ila	8	16	4	21	All Level 3 Subjects	0.12
CTCB201	Clinical Technology Practice in Cardiology Ilb	8	16	4	22	All Level 3 Subjects	0.12
ITCA201	Instrumentation and Techniques for Clinical Technology in Cardiology Ila	8	12	4	21	All Level 3 Subjects	0.091

ITCB201	Instrumentation and Techniques for Clinical Technology in Cardiology Ilb Specialisation in	8	16	4	22	All Level 3 Subjects	0.12
CCCA201	Critical care Clinical Technology	8	16	4	21	All Level 3	0.12
CCCA201	Practice in Critical Care	ō	16	4	21	Subjects 3	0.12
CCCB201	Clinian Tankandan	8	16	1 4	22	All Level 3	0.12
	Clinical Technology Practice in Critical Care lib		16	4		subjects	
ICRA201	Instrumentation and Techniques for Clinical Technology in Critical Care lla	8	12	4	21	All Level 3 subjects	0.091
ICRB201	Instrumentation and Techniques for Clinical Technology in Critical Care IIb	8	16	4	22	All Level 3 subjects	0.12
	Specialisation in Neurophysiology						
CTNA201	Clinical Technology Practice in Neurophysiology Ila	8	16	4	21	All Level 3 subjects	0.12
CTNB201	Clinical Technology Practice in Neurophysiology IIb	8	16	4	22	All Level 3 subjects	0.12
ITNA201	Instrumentation and Techniques for Clinical Technology in Neurophysiology IIa	8	12	4	21	All Level 3 subjects	0.091
ITNB201	Instrumentation and Techniques for Clinical Technology in Neurophysiology IIb	8	16	4	22	All Level 3 subjects	0.12
	Specialisation in Nephrology						
CTPA201	Clinical Technology Practice in Nephrology Ila	8	16	4	21	All Level 3 subjects	0.12
CTPB201	Clinical Technology Practice in Nephrology lib	8	16	4	22	All Level 3 subjects	0.12
ITPA201	Instrumentation and Techniques for Clinical Technology in Nephrology lla	8	12	4	21	All Level 3 subjects	0.091
ITPB201	Instrumentation and Techniques for Clinical Technology in Nephrology Ilb	8	16	4	22	All Level 3 subjects	0.12
	Specialisation in Perfusion						
CPPA201	Clinical Technology Practice in Perfusion Ila	8	16	4	21	All Level 3 subjects	0.12
CPPB201	Clinical Technology Practice in Perfusion IIb	8	16	4	22	All Level 3 subjects	0.12
ITFA201	Instrumentation and Techniques for Clinical Technology in Perfusion IIa	8	12	4	21	All Level 3 subjects	0.091

ITFB201	Instrumentation and	8	16	4	22	All Level 3	0.12
	Techniques for Clinical					subjects	
	Technology in						
	Perfusion IIb						
	Specialisation in						
	Pulmonology						
CTLA201	Clinical Technology	8	16	4	21	All Level 3	0.12
	Practice in Pulmonology					Subjects	
	lia					,	
CTLB201	Clinical Technology	8	16	4	22	All Level 3	0.12
	Practice in Pulmonology					Subjects	
		1	1	l	1		
	lib						
ITLA201	Instrumentation and	8	12	4	21	All Level 3	0.091
	Techniques for Clinical					subjects	
	Technology in						
	Pulmonology IIa						
ITLB201	Instrumentation and	8	16	4	22	All Level 3	0.12
-	Techniques for Clinical		-			subjects	
	Technology in					,	
	Pulmonology IIb						
	Specialisation in						
	Reproductive Biology						
CTRA201	Clinical Technology	8	16	4	21	All Level 3	0.12
	Practice in Reproductive		-			subjects	
	Biology Ila					,	
CTRB201	Clinical Technology	8	16	4	22	All Level 3	0.12
	Practice in Reproductive					subjects	
	Biology IIb					,	
ITBA201	Instrumentation and	8	12	4	21	All Level 3	0.091
	Techniques for Clinical					subjects	
	Technology in					,	
	Reproductive Biology IIa						
ITBB201	Instrumentation and	8	16	4	22	All Level 3	0.12
	Techniques for Clinical		-			subjects	
	Technology in					,	
	Reproductive Biology IIb						
	1			1			

7.3 PROGRAMMERULES

(Approved by SENATE August 2014)

7.3.1 Minimum admission requirements

In addition to Rule G7*, the minimum entrance requirements for the holder of a valid National Senior Certificate (NSC) or a Senior Certificate or National certificate (Vocational) for entry into a Bachelor's Degree and must include the following subjects at the stated minimum ratings in Table I

Table I: Minimum Admission Requirements

NSC REQUIREMENTS	SENIOR CERTIFICATE		NC (V)	
Compulsory subjects	Compulsory subjects NSC Rating		ol	
English (Home language) OR English (1st additional language)	4	D	В	70%
Mathematics	4	D	В	70%
Life Sciences	4	D	В	70%

Physical Sciences	4	D	В	70%	
And two other 20 credit subjects of	3			Four other subjects, only	70%
which only one may be a language				one of which may be a	
				language	

7.3.2 Minimum Admission Requirements in respect of Work Experience, Age, Maturity, RPL and International Students:

The DUT General Rules G7 (3)* and G7 (8)* respectively will apply. The DUT's Admission Policy for International Students and General Rules G4* and G7 (5)* will

apply.

7.3.3 **S**election procedures

All applicants must apply to the Central Applications Office (CAO).

In accordance with Rule G5*, acceptance into the programme is limited. Since more applications are received than can be accommodated, the following selection processes will apply:

- Initial short listing for selection is based on the applicant's academic performance in Grade 11 and/or 12.
- Applicants obtaining more than 25 points increase their chance of selection into the programme.
- The point scores for the NSC or the SC or the NC(V) results is obtained by using the table 2.

Tabl	ام کا	Point	Score	26
I av	C 4.	I VIIIL	JUUI	-3

	NSC	SC		NC(V)
RESULTS		HG	SG	
90 – 99%	8	8	6	4
80 – 89%	7	7	5	4
70 – 79%	6	6	4	4
60 – 69%	5	5	3	3
50 – 59%	4	4	2	
40 – 49%	3	3	1	
30 – 39%	2	2		
0 – 29%	ı	1		

NOTE: No points are allocated for ten (10) credit subjects.

- Applicants who meet the minimum departmental admission requirements for the Bachelor of Health Sciences in Clinical Technology will be ranked according to the points scored in Grade 12, and may be invited to participate in the selection process.
- The selection is based on the criteria and weightings in the Table 3:

Table 3: Weighting of assessments

Assessment	Weighting (%)
Results of the Senior certificate/National Senior Certificate	60
Interview scores	40

- Applicants invited to the selection process should have a sound knowledge of the Clinical Technology profession.
- Successful applicants will be placed into either the four-year degree or the fiveyear Extended Curriculum Programme.
- Provisional acceptance is given to selected applicants awaiting National Senior Certificate (NSC) and National Certificate (Vocational) results. If the final Grade

- 12 NSC/ NC (V) results do not meet the minimum entrance requirements, the provisional acceptance will be automatically withdrawn.
- Applicants whose application has been declined due to poor academic achievement in grade 11 may reapply to the programme should they be able to show improved academic performance in the final grade 12 examinations. Those applicants who wish to reapply should immediately notify the programme of their intention to reapply. In order for the application to be reconsidered, the applicant must submit the final grade 12 results to the Department as soon as these results are available.
- In addition to the minimum requirements explained above, graduates in receipt of ND: Clinical Technology may also be considered for entry into the BHSC: Clinical Technology.

7.3.4 Progression rules

In addition to Rules G16*, students must pass all prerequisite modules as per Table I before progressing to a higher level.

7.3.4 Exclusion rule

In addition to the DUT General Rules G17*, a first year student who fails three or more modules with an average of less than 40% in the failed modules during that year, is not permitted to re-register for the Programme. Deregistration from any module is subject to the provisions of rule G6 (2)*.

7.3.5 Re-registration

Rule G17* of the General Handbook for Students applies.

7.3.6 Interruption of studies

Should a student interrupt their studies for a period or more than three consecutive years, the student will need to apply to the department for permission to re-register and will need to prove currency of appropriate knowledge prior to being granted permission to continue with registration.

7.3.7 Clinical Technology Practice (CTP)

In addition to Rule G28*, the following should be noted:

- I. The department is responsible for placement of students for Clinical Practice Learning from level I-IV. Transportation arrangements to the clinical training sites is the responsibility of individual students from level III and IV.
- 2. It must be note that placement for CPL in level III and IV is based on the industry demands for each year.
- 3. Students will not be allowed to change specialist categories in the third and the fourth registered level.
- 4. Disciplinary matters occurring in the unit will, in the first instance, be subject to the disciplinary code of conduct of that specific unit, and then be referred to DUT for student disciplinary action.
- 5. Students must achieve clinical competencies in a Health Professions Council

7.3.8 Registration with the Health Professions Council of South Africa Students are required to register as a student Clinical Technologist with the Health Professions Council of South Africa (Board of Radiography and Clinical Technology) in their first year of study. Registration fees and submission of registration documents will be for the responsibility of the student. Upon successful completion of studies, including CPL period, student must register with HPCSA as a Graduate Clinical Technologist under independent Practice category

8. MASTERS OF HEALTH SCIENCES IN CLINICAL TECHNOLOGY (MHCLTI)

8.1 PROGRAMME INFORMATION

This full research qualification is aligned to Rule G24 and the guidelines in the Post Graduate Student Handbook.

- The Student who successfully completes this qualification will be able to apply advanced problem solving skills and critical, reflective thinking to perform independent research in a chosen field and report their findings in a dissertation that meets the accepted criteria and ethical principles for the profession. In this way they will make a contribution to the existing body of knowledge and initiate change that will help develop and advance the profession of medical technology.
- The qualifying Student will be able to conduct independent research under minimal guidance in a chosen field, and contribute to knowledge production in that field. The research problem, its justification, process and outcome is reported in a dissertation which complies with the generally accepted norms for research at that level.

8.1.1 Assessment and Moderation

In addition to Rule G24 (4), postgraduate assessment of dissertations will be aligned to Postgraduate policies and guidelines. Please refer to the General Student Handbook and the Postgraduate Student Handbook.

8.2 PROGRAMME LEARNING STRUCTURE

Code	Module	Year of Study	Assessment Type	NATED Credits	Pre-requisites	Co-requisites
MHCLTI	Dissertation	2	External Examination	1.0	None	none

8.3. PROGRAMME RULES (Approved by SENATE August 2014)

8.3.1 Minimum Admission Requirements

In addition to the General Handbook for Students Rule G24 (I), candidates must be possession of a Bachelor's Degree in Clinical Technology (NQF Level 8), or must have been granted conferment of status according to Rule G10A. Candidates may also apply for admittance via Recognition of Learning (RPL) in

8.3.2 Selection Criteria

In accordance with Rule G5, acceptance into the Masters of Health Sciences programme is limited, and not automatic. Students are selected into the programme once they have completed an intention to study and the department has discussed the viability of the proposed topic for the Masters Qualification. The intention to study/ concept page must include the following: Problem statement or Title of the intended study, Objectives / sub-problems / Research Questions, Rationale/motivation to do the study, Brief literature review, Brief methodology.

Applicants must have an aggregate of 60% overall for the B Tech Degree.

8.3.3 Pass Requirements

Rule G24 and the Postgraduate Student Handbook apply.

Students are encouraged to apply themselves to their research, and strive for the best academic results possible in order to adequately prepare themselves for their future careers

8.3.4 Re-registration Rules

Rule G24 (2), Rule G26 (5) and the Postgraduate Student Handbook apply.

8.3.5 Exclusion Rules

Rule G24 (1)(d); Rule G24 (2), and the Postgraduate Student Handbook apply.

8.3.6 Minimum and maximum duration

The minimum duration for this programme shall be one (1) year of registered study and the maximum duration shall be three (3) years of registered study.

8.3.7 Interruption of Studies

Should there be bona fide reasons for the interruption of studies for a period of one (1) year or more once the candidate is formally registered, the student may apply for an interruption of registration. Registration may be interrupted under exceptional circumstances only and is not done retrospectively.

9. DOCTOROFMEDICALCLINICALSCIENCES (DRMCSI)

9.1 PROGRAMME INFORMATION

This full research qualification is aligned to Rule G25 and G26 and the guidelines in the Post Graduate Student Handbook. The purpose of this qualification is to ensure that the student who successfully completes this qualification will be able to apply advanced problem-solving skills and critical, reflective thinking to perform independent research in a chosen field and

report their findings in a dissertation that meets the accepted criteria and ethical principles for the profession. In this way they will make a contribution to the existing body of knowledge and initiate change that will help develop and advance the profession of Clinical Technology.

9.1.1 Assessment and Moderation

Post graduate assessment will be aligned to Postgraduate policies and guidelines.

Rule G25 (4) and the Postgraduate Student Handbook apply.

9.2 LEARNING PROGRAMME STRUCTURE

Code	Module	Duration of Study	Assessment Type	HEMIS Credits	Pre- requisites	Co- requisites
DRMCSI	Dissertation	2	External Examination	2.0	None	none

9.3 PROGRAMME RULES

9.3.1 Minimum Admission Requirements

In addition to the General Handbook for Students Rule G24 (I), candidates must be possession of a Master's Degree in Clinical Technology (NQF Level 9), or must have been granted conferment of status according to Rule G10A. Candidates may also apply for admittance via Recognition of Learning (RPL) in accordance with Rule G7 (8) and / or G10B. Students are selected into the programme once they have completed an intention to study and the department has discussed the viability of the proposed topic for the qualification. A sound knowledge of the fundamental principles and concepts of research and statistical methods is required.

9.3.2 Re-registration Rules

Please refer to Rule G26 (5) and the Postgraduate Student Handbook.

9.3.3 Exclusion Rules

Please refer to Rules G25 (2)(b; c(ii)) in the General Student Handbook; and the Postgraduate Student Handbook.

9.3.4 Minimum and maximum duration

In accordance with Rule G25 (2), the minimum duration for this programme will be two (2) years of registered study and the maximum duration will be four (4) years of registered study.

9.3.5. Interruption of Studies

Should a student interrupt their studies by more than three (3) years, the

student will need to apply to the department for permission to reregister and will need to prove currency of appropriate knowledge prior to being given permission to continue with registration. Please refer to the Postgraduate Student Handbook

10. SUBJECT CONTENT AND ASSESSMENTS

NB:

- The information below might change from time to time to suite national, institutional, faculty and departmental needs as may be approved by the Department of Higher Education, the HPCSA and the DUT relevant committees.
- Students are to read this section in conjunction with the relevant study guide.

10.1 BIOMEDICAL TECHNOLOGY

10.1.1 BACHELOR OF HEALTH SCIENCES IN MEDICAL LABORATORY SCIENCE

CHEMISTRY			
	apply knowledge and principles of general and organic		
	hemistry.		0.404
	xplain with examples the role of chemistry in		24%
	veryday life.	Practical tests	10%
	erform calculations required for solution chemistry.		2%
	repare solutions following accurate procedures.	Assignments/oral presentation	
	Demonstrate understanding of the periodic table of		2%
	lements and apply knowledge to general principles of	Examination:	60%
	hemistry.		
	Praw up balanced chemical reaction equations.		
PHYSICS (MODULE I)	1ECHANICS		
	Fundamental Units & Dimensional Analysis		
	Vectors and Scalars		
	One Dimension Kinematics		
	Newton's Laws of Motion		
	Work, Energy & Power		
	Impulse and Momentum		
	Rotational Dynamics		
P	ROPERTIES OF MATTER	Theory tests (average of all):	26%
	Phases of Matter	Practical tests	14%
	Elasticity	Examination:	60%
	Density and Specific Gravity	Examination:	60%
	Pressure in Fluids		
	Atmospheric Pressure and Gauge Pressure		
	Pascal's Principle		
	Buoyancy and Archimedes' Principle		
	Surface Tension		
	Capillary Action		
	Viscosity		
	Poiseuille's Law		
PHYSICS (MODULE 2)	HERMAL PHYSICS	TI / /	2/0/
'	Temperature	Theory tests (average of all):	26%
	Heat and Temperature Change	Practical tests	14%
	Thermal Expansion of Solids	Examination:	60%

	Heat and Phase Change	
	Calorimetry	
	Heat Transfer Mechanisms	
	WAVES & SOUND	
	Oscillatory Motion	
	Wave Motion & Types of Waves	
	Frequency, Amplitude and Wavelength	
	Speed of Waves on Strings	
	Reflection of Waves	
	Sound Waves	
	Energy and Intensity of Sound Waves	
	Doppler Effect	
	GEOMETRICAL OPTICS	
	Reflection	
	Refraction & Snell's Law	
	Dispersion	
	Critical Angles & Total Internal Reflection	
	Images Formed by Plane Mirrors	
	Images Formed by Spherical Mirrors	
	Images Formed by Spherical Filtrons Images Formed by Refraction: Thin Lenses	
	ELECTRICITY& MAGNETISM	
	Electric Charge Insulators and Conductors	
	Charging by Friction, Conduction and Induction	
	Coulomb's Law	
	Electric Field & Electric Field Lines	
	Electric Current & Potential Difference	
	Resistance & Ohm's Law	
	Series & Parallel Circuits	
	Fundamentals of Magnetism	
	RADIOACTIVITY & RADIATION	
	Properties of Nuclei	
	Binding Energy	
	Decay Processes (Alpha, Beta & Gamma)	
	Decay Constant & Half-Life	
	Activity	
	Medical Applications of Radioactivity	
	Biological Effects of Ionizing Radiation	
	QUANTUM PHYSICS	
1		
	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect	
	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect	
	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves	
FUNDAMENTALS OF	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C	
FUNDAMENTALS OF MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting.	
	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances.	
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related	
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation.	
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance	
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including	
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including	
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of	CONTINUOUS ASEESSMENT Theory test: 50%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals.	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces.	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and correct disposal of waste in accordance with	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and correct disposal of waste in accordance with safety regulations acknowledging occupational	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and correct disposal of waste in accordance with safety regulations acknowledging occupational health and safety principles.	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10%
MEDICAL	Blackbody Radiation and Plank's Hypothesis Photoelectric Effect Photons & Electromagnetic Waves Wave Properties of Particles C Pipetting. Use of balances. Units, measurements and calculations related to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and correct disposal of waste in accordance with safety regulations acknowledging occupational	CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10%

ANATOMY AND	Applied Sciences) The human body. The cell: Fluids and electrolytes,	
	ran rous distributions that exist and its relevance to	
	will be exposed to the basic probability concepts and its various distributions that exist and its relevance to	
	Basic Probability and its distributions (The learners	
	use in the Applied Sciences)	
	will be accomplished through these analyses and its	
	understanding of the relationships between variables	
		Examination: 60%
		Tutorials, class/homework 2%
	Measures of Location and Variation (The learners will be taught the various calculation methods on the data	
	will be discussed) Measures of Location and Variation (The learners will	Practical tests 10%
	form of frequency distributions, graphs and charts	
	Presentation of Data (The presentation of data in the	
	method of collection will be discussed)	
	Sciences and the use of computers in statistics) Collection of Data (The different types data and its	
	inferential statistics and its use in the Applied	
	exposed to the differences between descriptive and	
STATISTICS	Introduction to Statistics (The learners will be	
	Record books Filing	
	Terminology used in QC	
	Use of quality control (QC)	
	deionisation) Refrigeration	
	Water purification (distillation and	
	Microscopes	
	Autoclaving	
	pH meter and pH measurement Laboratory glassware and plastic ware	
	Spectrophotometer and photometry	
	Balances and weighing	
	Centrifuges and centrifugation	
	General laboratory safety rules	
	Biological, physical and chemical hazards Evacuation drills	
	Disinfection	
	Decontamination	
	Anticoagulants Storage	
	Transportation	
	Specimen types	
	Bathopele principles	
	Course structure CPD	
	Hierarchy Course structure	
	OHS act	
	SMLTSA	
	TOPICS HPCSA	
	techniques	
	Fundamental knowledge of statistical	
	communication.	
	Communicate within a group using verbal, written and electronic means of	
	Stock control procedures in the laboratory.	
	specimen testing	
	principles and rules in the laboratory as applied when dealing with different laboratory	
	Apply ethical, professional, and medico-legal	
	scientist.	
	Role and function of the medical laboratory	

PHYSIOLOGY IA	Histology	A supplementary test will be made
	Describe the language relating to anatomy and physiology.	available.
	Describe the organisation of the body, metabolism, and the structure and function of the cell	Each theory test will carry a weighting of 50%
	Identify, describe, label & draw tissue types	
	Explain homeostasis at cellular level	
	Explain the importance and role of electrolytes and fluids in cells and tissues.	
	Skeletal system. Joints. Skin. Thermoregulatory system Describe the integumentary system is in terms of structure and function	
	Classify & describe the anatomy of the skeleton	
	Describe the anatomy and physiology of the voluntary muscles.	
	Explain the structure of the skin & its components.	
	Consider the role of the skeletal system muscle & skin as it relates to issues that may occur in the environmental health scenario .e.g. ergonomics	
	Nervous and endocrine systems. Senses. Describe the nervous system in terms of organization, structure and function.	
	Explain the four special senses and their relationship to each other (taste, smell, hearing and sight) Describe the endocrine system terms of hormones and their effects.	
ANATOMY AND PHYSIOLOGY IB	Heart and circulatory system. Lymphatic system. Respiratory system. Immunology Explain the composition of blood is identified and essential functions are explained.	
	Describe anatomy and physiology of the heart and vascular systems.	
	Describe anatomy and physiology of the lungs and respiratory tree.	2 X two hour theory test A supplementary test will be made
	Explain gas exchange in the lungs and body tissues.	available.
	Explain mechanism of breathing.	Each theory test will carry a weighting of 50%
	Urinary system & reproductive system Describe he anatomy and physiology of the urinary system.	
	Explain the anatomy of the male and female reproductive systems is described.	
	Discuss the essential functions of the male and female reproductive systems	
	Digestive system & nutrition.	

	Describe the anatomy and physiology of the digestive tract and associated organs.	
	Explain the process of digestion.	
	Consider the effects of food and nutrition on the human body as it relates to digestion. E.g. Food poisoning/ chemicals.	
	Describe the role of good nutrition in terms of macro & micro nutrients and the importance of good diet.	
	Discuss the effects of poor nutrition on the human body e.g. malnutrition.	
CELL BIOLOGY	pH and buffers	
CLLL BIOLOGI	r · · · · · · · · · · · · · · · · · · ·	
	biomolecules and bio elements	
	carbohydrates	Theory tests (average of all): 24%
	nucleic acids	Practical tests 10%
	amino acids	Practical reports 2%
	proteins	Assignments/oral presentation: 2%
	l'	
	enzymes	
	lipids	Examination: 60%
	metabolism	
	introduction to Polymerase Chain Reaction (PCR)	
IMMUNOLOGY	Development if immunology as a science; specific	
	immune response; non-specific immune response;	
	adaptive and innate immune response; antigen;	
	antibody; self and non self; primary and secondary	
	immune response; lymphoid organs; cells; functions	
	and structure	
	Structure of antigen and antigen receptor; growth	
	factors; relationship between growth factors and	
		Theory tests (average of all): 24%
	immune response	Practical tests 10%
	Structure of the antibody; functions; induction of	Practical reports 2%
	antibody; effector functions; switch between classes;	Assignments/oral presentation: 2%
	classification and function of classes	
	Humoural immunity; cell mediated immunity; human	Tutorials, class/homework 2%
	lymphocytic antigens; Histocompatibility	Examination: 60%
	Shielding of antigen – recognition as self; disorders of compliment deficiencies; hypersensitivity	
	autoimmune disorders; immune deficiencies; human	
	immunodeficiency virus	
	Properties of complement; nomenclature; complement cascade; amplification loop; tick over;	
	regulation	
CORNERSTONE 101	The module content will be developed around the	
	concept of journeys, across time, across space, and across human relationships; the first use of the	
	concept will take the journey of the Umgeni River	
	(which is close to all DUT campuses) as a metaphor.	l
	The module will bring different disciplinary	A weekly blog written by each
	, ,	student 20%
	perspectives to this content.	Tutorial attendance (forfeited if
	L	student attends less than 80% of
	The module will start with the analysis of a particular	tutorials) 10%
	issue or metaphor (one critical event or development	Visual artefact I5%
	will be and analysed; the event in focus will be selected	
	on the basis of its connections to the theme of	Written report 30%
	journeys and its relevance to the issues of ethics,	Oral presentation 15%
	diversity and critical citizenry).	Peer assessment 10%
	The final section of the module will identify and	
	integrate learning from earlier sections, and examine	
1	implications for further learning. At each stage of	

	the module, students will be required to engage in	
	activities that involve reflection and build	
	communicative practices. There will be a concluding	
	section in which students will identify their learning	
	and examine the implications for their roles as	
	students and as citizens.	
VALUES IN	THE The module will begin with a reflection on personal	
WORKPLACE	values and move to a discussion on how they intersect	
	with values in the workplace. Small group discussions	
	will be formed around how to build positive values in	
	the workplace and the vital themes of ethics, respect,	
	interconnectedness, honesty, creativity and human Assignn	nents 40 %
	diversity will form the basis for building "sacred Present	
	spaces at work." This will set the tone to unpack Reflecti	
	issues around leadership values and ethics and ethical Peer as	
	decision making. The final section of the module will	
	integrate all these aspects and students will be	
	required to identify the implications of what they have	
	learnt to develop social responsibility and their roles	
	as citizens.	
LAW FOR LIFE	Introduction	
LOTT I ON LII L	Civil and criminal law	
		nent 60%
	Law of insurance Assignn Road accident fund Poster	20%
		ocument 20%
	Marriage	
	Succession	
WORLD OF WORK	Traditional and Modern CV Writing;	
	Who Am I?; (DISC, MBTI etc)	
	Job Searching;	
	Job Applications;	
	Networking;	
	Interviewing;	
	Body Language;	
	Verbal Communication;	
	Visual/Graphical Presentation;	
	What Is "Business"?	
	Career Path Options;	
	Work Readiness Expectations	
	Business Processes and Goals;	
	Organisational Aspects;	
	Stress:	
	Business Ethics	
	Etiquette - Telephone: Social Media, General	average of all) 60%
	Goal Setting & Time Management:	
	Personal Finance Classwo	ork 10%
	Numeracy	
	Project Management;	
	1	
	Meetings Technical Report Writing;	
	Productivity in the Workplace	
	Quality in the Workplace	
	Health & Safety in the Workplace;	
	Housekeeping;	
	Computer and Technology Applications	
	Problem Identification & Solving;	
	Creativity, innovation and questioning	
	Interpersonal Skills;	
	Power & Conflict Management, (Johari)	
	Planning; Organising; Motivation; Leadership and	
	Teamwork	
Cultural diversity	The module will be introduced by defining culture and Assignm	nents: 20%
	1	

	lestablishing the caliance of culture in the local and	Oral presentation 40%
	establishing the salience of culture in the local and global context. There is also some attention paid to	
	diverse cultural groups in the SA and global context.	
	The core content focuses on aspects of social	
	responsibility and gives strong attention to issues of	
	anti- discriminatory and anti- oppressive practices.	
	Social justice is unpacked and the effect of	
	marginalization on oppressed groups discussed.	
	Consciousness raising and social action and dialoguing	
	across differences is used to interweave the	
	introductory and main aspects of the module. It forms	
	an appropriate way to conclude the module as it	
	requires students to engage in activities that involve	
	reflection and personal commitment to anti-	
	oppressive practices.	
Environmental Awareness	Introduction to concepts of the environment i.e	- Project report and
for healthcare Practitioners	social, professional and natural.	presentation: 70% weighting.
	Psychological health issues of the environment.	 Assignment: 30% weighting.
	Public health issues relating to the environment.	
	Health care issues in situations of natural or	
	anthropogenic disasters.	
	Health care and the social environment.	B
Issues of Gender & Society within Health care	Gender and related concepts: gender power	Project report and F0%
within Health Care	relations, gender roles, manifestation of gender bias,	presentation: 50%
	gender as one of the many social determinants of	weighting.
	health.	 Assignment 1: 30% weighting.
		Assignment 2: 20%
	The effects of gender discrimination on health	weighting.
	matters of the individual.	weighting.
	Effective communication with patients in a health	
	care setting, demonstrating an awareness of the	
	practitioner-patient power differential and gender	
	and cultural differences.	
	and cultural differences.	
	T	
	The impact of health care delivery systems in	
	relation to gender.	
	The workplace impact of gender-based societal and	
	cultural roles and beliefs on health care practitioners.	
CLINICAL CHEMISTRY I	Anticoagulants and preservatives	
	Collection and handling of specimens	
	Spectrophotometry	
	Quality Assurance Reference ranges	
	Automation principles and methods	
	Amino acids, Plasma protein and albumin	Theory tests (average of all): 24%
	Principles of electrophoresis	Practical tests 10%
	Kidney function tests including urinalysis, osmolality,	Practical reports 2%
	urine tests, calculi	Assignments/oral presentation: 2%
	Liver metabolites	Tutorials, class/homework 2%
	Use and maintain lab equipment	Examination: 60%
	Electrochemical techniques	
	Electrolytes.	
	Uric acid	
	Acid/base balance	
	Laboratory mathematics/calculations	
MEDICAL	Introduction to medical microbiology	Theory tests (average of all): 24%
MICROBIOLOGY I	Good laboratory practices in the microbiology	Practical tests 10%

	T	I=
	laboratory Instrumentation and its application in the laboratory Development of microbiological techniques and application Taxonomy and nomenclature of microorganisms	Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60%
	Microscopy and staining Bacterial cultivation and measurement Microbial metabolism (biochemical tests) Symbiotic relationship and establishment of disease Control of microorganisms	
	Microbial genetics and recombinant DNA technology	
MEDICAL MICROBIOLOGY 2A	BACTERIOLOGY Microbiology terminology and personnel responsibilities Collection, transport, processing of biological specimens Storage and disposal of biological specimen and waste Classification of medically important bacteria Laboratory identification of microorganisms Microbiological tests and techniques(routine and specialised)	
	PARASITOLOGY Classification of medically important parasites Life cycles of medically important parasites Parasites pathogenesis Epidemiology Laboratory identification	Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60%
	VIROLOGY Classification of medically important viruses Epidemiology Replication cycles Cell culture preparation and identification of medically important viruses MYCOLOGY Classification of medically important fungi Fungal structures and reproduction Classification of mycoses	
HAEMATOLOGY I	Blood formation, Cell development: Red cells, white cells, platelets Structure and function of the bone marrow, cells, haemoglobin Growth factors and their effects: erythropoietin, thrombopoietin, Interleukins, cytokines, other growth factors Factors affecting release of mature cells from the marrow Nutritional requirements in cell development: iron, vitamin B ₁₂ , folate Metabolic requirements of cells: Hexose monophosphate shunt; Rabaport-Leubering pathway: Glycolytic pathway:	Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60%

cascade and fibrinolysis Properties of a good anticoagulant and their effects on specimens, good quality samples Sites of blood and bone marrow collection, principles and methods of tests and techniques: full blood count, differential count, reticulcyce count, coagulation studies, polymerase chain reaction, diagnostic usefulness of bone marrow specimens Storage protocol and the effects of storage on haematological specimens Protocols on reporting of laboratory results Good laboratory practice including ethics, safety principles Principles of quality control programmes in haematology IMMUNOHAEMATOLOGY Procedures for the collection, processing and testing. Storage and issuing of blood and blood products Haemovigilance and biovigilance Apheresis. Clinical indications for the use of blood and blood products Haemovigilance and biovigilance Apheresis. Clinical significance of blood group system antigens and antibodies. Basic serological techniques. Blood group interpretation Causes of false results in laboratory testing Blood group reaction patterns and interpretation. Compatibility and transfusion testing. Selection of blood for cross-material of data. Risks and benefits associated with blood transfusion. Transfusion transmitted diseases. Haemolytic disease of the foetus and new-born (HDPN) Quality management systems. Liboratory administration – collection, logging, distribution, data recording, reporting, accession and retrieval of data. Safety in the histopathology laboratory – recognize dangers by fresh, unfixed tissue biopses. Storage and safe handling of themical and dyes. Light and electron microscopy – behaviour of light and electrons. Fination and fixation artefacts and corrective action. Tissue processing – familiar with the handling of the tissue processor and reagents used. Recognize processing artefacts and take corrective action. Tissue embedding — embedding techniques of various tissue biopsies. Microtomy – familiar with the safety features and how to use a microtome for section of a various tissue co			1
(HDFN) Quality management systems. Laboratory administration — collection, logging, distribution, data recording, reporting, accession and retrieval of data. Safety in the histopathology laboratory — recognize dangers by fresh, unfixed tissue biopsies. Storage and safe handling of chemical and dyes. Light and electron microscopy — behaviour of light and electrons. Fixation and fixatives — effects of specific fixatives on tissue and organs. Poor fixation and fixation artefacts and corrective action. Tissue processing — familiar with the handling of the tissue processor and reagents used. Recognize processing artefacts and take corrective action. Tissue embedding — embedding techniques of various tissue biopsies. Microtomy — familiar with the safety features and how to use a microtome for sectioning of various tissue types. Staining — preparation and use of reagents used to stain specific tissue components and structures to contribute to diagnosis. CYTOLOGY 1 The origins and role of Cytology as a discipline as well Theory tests (average of all): 24%	IMMUNOHAEMATOLOGY I	specimens, good quality samples Sites of blood and bone marrow collection, principles and methods of tests and techniques: full blood count, differential count, reticulocyte count, coagulation studies, polymerase chain reaction, diagnostic usefulness of bone marrow specimens Storage protocol and the effects of storage on haematological specimens Protocols on reporting of laboratory results Good laboratory practice including ethics, safety principles Principles of quality control programmes in haematology Blood donation criteria and testing. Procedures for the collection, processing and testing. Storage and issuing of blood and blood products. Clinical indications for the use of blood and blood products Haemovigilance and biovigilance Apheresis. Clinical significance of blood group system antigens and antibodies. Blood group interpretation Causes of false results in laboratory testing Blood group reaction patterns and interpretation Compatibility and transfusion testing. Selection of blood for cross-match Risks and benefits associated with blood transfusion. Transfusion transmitted diseases.	Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2%
		(HDFN) Quality management systems. Laboratory administration — collection, logging, distribution, data recording, reporting, accession and retrieval of data. Safety in the histopathology laboratory — recognize dangers by fresh, unfixed tissue biopsies. Storage and safe handling of chemical and dyes. Light and electron microscopy — behaviour of light and electrons. Fixation and fixatives — effects of specific fixatives on tissue and organs. Poor fixation and fixation artefacts and corrective action. Tissue processing — familiar with the handling of the tissue processor and reagents used. Recognize processing artefacts and take corrective action. Tissue embedding — embedding techniques of various tissue biopsies. Microtomy — familiar with the safety features and how to use a microtome for sectioning of various tissue types. Staining — preparation and use of reagents used to stain specific tissue components and structures to contribute to diagnosis.	Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60%
	CYTOLOGY 1		

	cytotechnologist functioning in a Cytology laboratory. Quality Assurance programme in a Cytopathology LaboratoryThe role of automation in a cytology laboratory, including Liquid- based Cytology and Automated Screening Systems. Growth and differentiation of cells and tissues. The normal cells and tissues found lining the female genital tract (FGT). Collection and processing of cytological samples specimens from the FGT. Cytological evaluation of specimens of the FGT including normal constituents of the cervical smear, infective agents (bacteria, fungi, parasitic and viral agents), inflammatory, degenerative and regenerative changes and other non-neoplastic changes, (Acute inflammation, chronic inflammation, Tissue repair, follicular cervicitis, atrophic vaginitis, metaplasia, parakeratosis and hyperkeratosis) The effects of the reproductive hormones on the cells of the FGT The morphogenesis and cytological presentation of premalignant and malignant conditions of the FGT (Natural history of cervical cancer, Pathogenesis of cervical cancer, LSIL, HSIL, Squamous carcinoma, Adenocarcinoma, Rare Tumours (Clear cell carcinoma, Hydatidiform mole; Choriocarcinoma; Adenosquamous carcinoma, Lymphomas; Melanoma; Sarcomas/ Mixed Mesodermal Tumours, Extrauterine malignancies (ovary/ vulva); Metastatic tumours) Treatment of pre-malignant lesions, cytologic effects of radiation and chemotherapy.	Tutorials, class/homework 2% Examination: 60%
	General diagnostic application of	
	immunocytochemical techniques and molecular biology to cytological samples including PCR of HPV and genotyping.	
MOLECULAR BIOLOGY	Basic overview of DNA and RNA, the history and their structure Prokaryotic and Eukaryotic Genomes and DNA replication DNA extraction; PCR Working with RNA; RNA extraction; Reverse Transcription and RT-PCR Gel Electrophoresis DNA Sequencing	
	Restriction enzymes, Restriction mapping Cloning Vectors: plasmids, bacteriophages, cosmids Cloning: Ligation, transformation; construction of Gene (genomic) libraries Cloning of cDNA libraries; Screening for recombinant DNA	Tutorials, class/homework 2% Examination: 60%
PATHOLOGY	Medical terminology and internationally recognised acronyms Cell adaptation and injury Inflammation and healing. Classification, types and nomenclature of neoplasia Body fluid regulation and disturbances	Theory tests (average of all): 32% Assignments/oral presentation: 5% Tutorials, class/homework 3% Examination: 60%
SYSTEMIC PATHOPHYSIOLOGY	Classification of body organs and systems Disorders and diseases in the following systems: - Cardiovascular system - Respiratory system - Lymphatic system - Digestive system - Endocrine system - Renal system - Skeletal system	Theory tests (average of all): 32% Assignments/oral presentation: 5% Tutorials, class/homework 3% Examination: 60%

	The physiological effects of each disorder. The effects of the disorders on other body systems	
The global environment	Environmental Pollution (Air, water and soil) Differences between air, water and soil pollution in terms of cause and effect. Social, economic and personal impact on environmental pollution. Pollution control strategies. Local case studies. Population growth vs. natural resources Population growth trends in developed vs developing countries. Social, economic and environmental impacts of human population growth in the global context. Strategies to curb population growth Climate change and global warming Causes of increased global mean temperatures. Impact of climate change on extreme weather conditions. Consequences of climate change on human health, natural resources and biodiversity.	Presentation at a Student Nations Summit. PowerPoin Presentation on a giver topic at mocl conference (30%) Web based assignmen on carbon footprin (30%) Problem based learning assignment on the interrelationships between the different issues affecting the environment (40%)
	Sustainable development Concept of sustainable development within the South African and global context Inter-relationships between sustainable development, social responsibility, economic development and environmental protection.	
Equality and diversity	Concepts and terminology – e.g. diversity, equality, inclusion, power, oppression Parameters of diversity as listed in section 9 of the SA Constitution Prejudice, discrimination and inequality The diversity competence continuum Steps to develop competence/sensitivity in relation to diverse others Selected topics	Theory test 100/300 Reflective writing 50/300 assignment Group 50/300 presentation Diversity festival 100/300 TOTAL 300

THE ENTREPRENEURIAL EDGE

BECOMING AN ENTREPRENEUR

Understanding yourself

What kind of business will suite me best

A vision for the business

Why become an entrepreneur

Who are entrepreneurs

Entrepreneurial Resources

Entrepreneurial myths

Entrepreneurial transition

ADDRESSING RISK

Risks the banks are concerned with

From the perspective of the bank

Risks and interest rates

Researching to reduce my risks

Understanding my risks and prospects

Problem solving

Competitive advantage

Business successes and failures

UNDERSTANDING MY MARKET

What does my market look like

Sharing the market

Competitors

Suppliers

Customer Relations Management

PLANNING

The environment

Strategic planning

Operation al planning

Types of plans

Setting the business vision

Determining the business mission

Setting business objectives

Finding and evaluating suppliers

FINANCIAL OBJECTIVES

Costing a product / service

Funding the business

MARKETING

What you should now about products and

services

Considering the price

Finding the proper location

What to consider when advertising and doing promotions

ETHICS AND SOCIAL RESPONSIBILITY

Considering ethical issues to address

Drawing up an ethics standard

Being held ethically responsible

Being responsible to your stakeholders

weighting of all assessments are equal. These three marks need to exceed 50% for a pass.

two tests and one assignment. The

THE

GLOBAL The module content will include the following themes:

ENVIRONMENT		T	
EIAAIKOIAI-IEIAI	Environmental Pollution (Air, water and soil)		
	Differences between air, water and soil pollution in		
	terms of cause and effect.		
	Social, economic and personal impact on		
	environmental pollution.		
	Pollution control strategies.		
	Local case studies.		
	Population growth vs. natural resources		
	Population growth trends in developed vs developing		
	countries.		
	Social, economic and environmental impacts of human		
	population growth in the global context.		
	Strategies to curb population growth		
	Climate change and global warming		
	Causes of increased global mean temperatures.		
	Impact of climate change on extreme weather		
	conditions.		
	Consequences of climate change on human health,		
	natural resources and biodiversity.		
	Sustainable development		
	Concept of sustainable development within the South		
	African and global context		
	Inter-relationships between sustainable development,		
	social responsibility, economic development and		
	environmental protection.		
	D Concepts and terminology – e.g. diversity, equality,		
DIVERSITY	inclusion, power, oppression		
	Parameters of diversity as listed in section 9 of the SA	Theory	33%
	Constitution	Reflective writing assignment	17%
	Prejudice, discrimination and inequality	Group presentation	17%
	The diversity competence continuum	Diversity festival	33%
	Steps to develop competence/sensitivity in relation to	·	
	diverse others		
	Selected topics		

CLINICAL CHEMISTRY 2	Endocrinology	
CERNOAL CHEMISTRY 2	Secretion and regulation, hormones of hypothalamus, pituitary, pineal, thyroid, adrenal, gonads, pancreas, GIT	
	Carbohydrate metabolism Intermediary carbohydrate metabolism, hormonal regulation, disorders [glucose, lactate], ketogenesis, glycosylated Hb, fructosamine, xylose	
	Lipid metabolism Lipid constituents, lipoproteins and disorders, serum lipid and lipoprotein analyses, total fecal fat/steatocrit/oral fat loading test	
	Body fluid analysis CSF [glucose, proteins], amniotic fluid [congenital disease, neural tube defects, hemolytic disease, gestational age, fetal pulmonary development], sweat [inc sweat analysis], synovial fluid, serous fluid [pleural, pericardial, peritoneal], transudates and exudates	Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials class/homework 2%
	Tumour markers Properties, classification, markers: PSA, AFP, CEA, CA 125, 153, 199	
	Pharmacology Introduction [classification, routes of administration, terminology], receptor theory, elementary pharmakokinetics, drugs subjected to TDM [Digoxin, Phenytoin, Phenobarbitol, Carbamazapine, Theophylline, Valproic acid, Lithium, Paracetamol, Salicylates, Tricyclic Antidepressants, Cyclosporin, Amikacin, Gentamycin and Vancomycin], techniques of drug analysis [EMIT, ELISA, El, HPLC, GLC, TLC], toxicology [ethanol, salicylates, paracetamol, barbiturates]	
MEDICAL MICROBIOLOGY 2B	Laboratory administration — collection, logging, distribution, data recording, reporting, accession and retrieval of data. Safety in the histopathology laboratory — recognize dangers by fresh, unfixed tissue biopsies. Storage and safe handling of chemical and dyes. Light and electron microscopy — behaviour of light and electrons. Fixation and fixatives — effects of specific fixatives on tissue and organs. Poor fixation and fixation artefacts and corrective action. Tissue processing — familiar with the handling of the tissue processor and reagents used. Recognize processing artefacts and take corrective action. Tissue embedding — embedding techniques of various tissue biopsies. Microtomy — familiar with the safety features and how to use a microtome for sectioning of various tissue types.	Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60%

	Staining – preparation and use of reagents used to stain specific tissue components and structures to contribute to diagnosis.	
Ethics and Medical Law	Study Unit 1: Professional ethics. Study Unit 2: International ethics principles. Study Unit 3: Professional body and National Health requirements. Study Unit 4: Scope of practice. Study Unit 5: Multidisciplinary and interdisciplinary interactions. Study Unit 6 Legal aspects of medical care. Study Unit 7: Applications in authentic settings.	Theory tests: 60% Projects/ Case Studies/ Assignments : 40%
HAEMATOLOGY 2	Classification and clinical features, causes, laboratory features and management of anaemias, leukaemias, malignancies, platelet and haemostatic disorders and disorders associated with systemic nonhaematological disorders Principles of quality control and quality assurance and troubleshooting Assessment of specimen suitability Correct terminology when reporting results The clinical significance of laboratory results, including reticulocyte counts, full blood counts, coagulation tests, screening tests, confirmatory tests	Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60%
	Collection and preparation of cytological specimens and the normal cells and tissues found lining the following sites in the body: - respiratory tract -serous effusions - urinary tract -central nervous system - gastro intestinal tract. Cytological evaluation of specimens including normal constituents, infective agents (bacteria, fungi, parasitic and viral agents), inflammatory, degenerative and regenerative changes and other non-neoplastic changes of the respiratory tract, serous effusions, urinary tract, central nervous system and gastro intestinal tract. The morphogenesis and cytological presentation of premalignant and malignant conditions of the respiratory tract, serous effusions, urinary tract, central nervous system and gastro intestinal tract. General diagnostic application of immunocytochemical techniques and molecular biology to cytological samples including PCR as applicable. Respiratory Tract: collection and microscopic features in sputa and bronchial brushings/ lavages and FNAB. Inflammation: Non-specific inflammation, Tuberculosis, Eosinophilia Common infective agents and characteristic cytopathic effect for each agent, including Entamoeba sp, Actinomyces sp, Candida sp, Blastomyces sp, Cryptococcus sp, Aspergillus sp, Histoplasmosis sp, Coccidioides sp, Cryptococcus sp, Pneumocystis sp, Echinococcus sp, Entamoeba sp. Other elements: Ferruginous bodies, Curshmann's spirals, Vegetable cells, Charcot-Leyden crystals. Benign reactive: Bronchial hyperplasia and bronchial	Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60%

metaplasia, without/ with atypia.

Lung cancer and its pathogenesis, including known carcinogens

Malignant: Squamous carcinoma, Bronchogenic adeno and Bronchoalveolar carcinoma ,Small cell (neuro carcinoma, Large cell undifferentiated carcinoma, Ou primary/ metastatic tumours

The effects of radiation and chemotherapeutic agents on benign and malignant cells

Urinary tract: Collection techniques, Cytological changes that occur with different inflammatory processes, including those associated with pathogens (esp. Schistosoma haematobium) Casts (e.g. hyaline, granular, cellular) and pathologically significant crystals. Potential sources of diagnostic error in evaluating urinary tract specimens including ileal bladder urine, lithiasis, malakoplakia, etc Malignancies of kidney and urinary tract: (urine/ FNAB): Epithelial tumours of renal pelvis, ureter and urinary bladder: Transitional cell carcinoma, Adenocarcinoma, Squamous carcinoma, Renal cell carcinoma, Wilms' tumour. Other. Metastases.

Effects of radiation and chemotherapeutic agents on benign/ malignant cells, transplant rejection. atypia and its causes, including lithiasis and malakoplakia. latrogenic changes (incl. ileal conduits) and potential pitfalls. Transplant rejection changes.

Central nervous system: Anatomy of brain and spinal cord Macroscopic presentation and significance, fixation, preparatory techniques. "Normal" cells (shunt picture). Meningitis: Bacterial, Viral, TB, Cryptococcal; Parasites. Primary tumours of the CNS; Neural crest tumours; Lymphoma/ leukaemia, midline tumours and miscellaneous 10 tumours, metastatic malignancy.

Gastro intestinal tract

Metastatic malignancy

Anatomy of brain and spinal cord. Macroscopic presentation and significance, fixation, preparatory techniques. "Normal" cells (shunt picture). Meningitis: Bacterial, Viral, TB, Cryptococcal; Parasites Primary tumours of the CNS; Neural crest tumours; Lymphoma/ leukaemia. Miscellaneous 10 tumours.

CLINICAL LABORATORY

PRACTICE I

Clinical Chemistry

Specimen / chemical safety procedures.

Quality control and workflow.

Laboratory calculations and preparation of solutions.

Description of the automated instrument.

Compulsory analytes: Sodium, potassium, chloride, total C02, urea, creatinine and glucose.

All laboratory tests / profiles in chemical pathology.

Selection of the following topics: -

Atomic absorption

Blood gases

Chromatography

Drugs

Electrophoresis

Endocrinology

Nephelometry

Urinalysis

Medical Microbiology

Biosafety protocols applicable to the Microbiology laboratory.

Explain the principles of automated instruments used in the laboratory (where applicable).

Process the following specimens in the laboratory: -

Faeces

Swabs and Pus

CSF

Sputum

Urine

(Range Statement: Includes staining, microscopy, culture, antibiotic susceptibility and identification of organism/s).

Culture media preparation

(Range Statement: Basic principles of selective, enriched and differential media including antibiotic containing media).

Ouality assurance systems.

Virology

Safety

Processing of viral specimens:

Culture and identify viruses in specimens

Media preparation and cell cultures

Serology (HIV, Hepatitis other) PCR

Blood Transfusion discipline

Donor selection

ABO and Rh Crossmatching

ABO and Rh blood typing

Cytology

Set up microscope incl. Köhler illumination

Female genital tract

Inflammation; Benign proliferative reactions

Reactive cellular changes; Microorganisms/ agents of infection

Squamous abnormalities: ASCUS, LSIL, HSIL, SCC Glandular abnormalities: AGUS (outline),

adenocarcinomas

Urinary tract

Normal, Agents of infection (esp Schistosoma)

Average mark obtained from discipline based assessments 60% Portfolio 30% Learning logs 10%

Malignancy: transitional cell carcinoma, squamous ca, adenocarcinoma

Respiratory tract

Normal; Non-cellular findings (incl. ferruginous bodies): Agents of infection

Inflammation (incl. asthma); Bronchial metaplasia and hyperplasia:

Malignancy: adenocarcinoma, squamous carcinoma,

Serous effusion

Normal; Inflammatory/ non-malignant disease states; Malignancy 10 / 20 tumours, incl. carcinoma, lymphoma, melanoma

Serous effusion: prepare and stain two samples (Pap;

MGG stain)
Complete assignment on filter preparations independent

Histopathology

Embedding; Microtomy; Routine H&E staining and mounting

Trim blocks and cut 8 sections of kidney tissue biopsies for special staining techniques.

Special staining techniques:

PAS; PAS/D; Alcian blue; Verhoeff's; Methanamine silver, Toluidine blue; Reticulin, Masson's Trichrome Special techniques: Transmission electron microscope; Immunohistochemistry Frozen sections Stain two sections: one by rapid H&E method and the other for fat.

Electron Microscopy.

Molecular laboratory.

Haematology

Specimen processing, handling, safety procedures and ethics.

Quality control principles.

Perform tests and techniques, following standard operating procedures.

Interpretation of laboratory results, correlation of FBC with the findings of

the peripheral blood film.

Professional conduct, principles of good laboratory practice including ward visits for BM, finger-prick and/or blood collection

DDINGIDI EC	0-	M	
PRINCIPLES	OF	Management Principles (Planning, leading organizing	
MANAGEMENT		and control, problem identification & solving, decision	
		making, communication, negotiation, conflict	Theory tests (average of all): 32%
		resolution, leadership, motivation)	Assignments/oral presentation: 5%
		Organisational Development	Tutorials, class/homework 3%
		Change Management	Examination: 60%
		Resource Management	Examination. 60%
		Industrial Relations	
		Quality Assurance and Safety including Legislation	
RESTORATIVE JUSTICE		Relevance of a restorative approach in the SA	
		context.	
		Aspects of legislation and policy.	
		Restorative philosophy and practice in indigenous	
		communities.	Lectures 20%
		Factors in crime, violence and conflict in modern	Group work 10%
		societies.	Practicum Case studies 10%
		The social control window.	Independent study 40%
		Restoration versus retribution.	Presentations 10%
		Shaming, integration, healing and forgiveness.	
		The restorative practices continuum. Informal and informal restorative conferencing.	
		Informal and informal restorative conferencing.	
PRINCIPLES	OF	The use of the library	
	OF	The use of the library	Theory tests (average of all) 15%
RESEARCH		Referencing	Journal article 10%
		Plagiarism	Poster 10%
		Writing up of research findings; posters, publication,	Research Proposal 10%
		dissertation thesis	researen repesar
RESEARCH PROJECT	st	Statistics reinforce	This module will remain incomplete
registration		Literature review	in Semester I of the fourth year of
		Research methods	study. The module is linked to the
		Research ethics	Research Project Module B offered
		Plagiarism	in Semester 2.
		Writing of research report: introduction, literature	in semester 2.
		review and methodology	
RESEARCH PROJECT		Research methods	B 1 1 200/
-		Literature review	Research project Mod A mark 30%
		Writing up of research findings: posters, publication,	Draft chapters 20%
		dissertation thesis	Complete light bound dissertation50%
INTEGRATED		General aspects of disease	
PATHOPHYSIOLOGY	st	Chromosomal disorders	
registration	•	Pathophysiology of the following systems and	
r egisti ution		integrating these with other systems and laboratory	
		results	No exam, mark contributes to course
		Central nervous system	mark calculation in Module B
		Endocrine system	mark carculation in Flordie B
		Cardiovascular	
		Respiratory	
INITECDATED		Immunology	
INTEGRATED		Pathophysiology of the following systems and	
PATHOPHYSIOLOGY		integrating these with other systems and laboratory	Theory test (average of all) 24%
		results	Assignemnt/oral presentation 8%
		Gastrointestinal	Case studies (tuts) 4%
		Renal	Online tuts 4%
		Blood and bone marrow Reproductive systems	Examination 60%
		Integumentary	
LABORATORY		Legal and social aspects of Healthcare	
MANAGEMENT		Resource management in healthcare settings	Theory tests 24%
		Budgeting and financial management in Healthcare	Oral Presentation 8%
		Leadership in Healthcare settings	Reflective journal 8%
		Relevant legislation pertaining to private practice	Examination 60%
		Relevant legislation pertaining to private practice Laboratory accreditation	Examination 60%

CLUMENT LABORATORY		
CLINICAL LABORATORY		
PRACTICE 2: INCLUDES		
THE FOLLOWING		
SPECIALISATION		
OPTIONS FROM I - 10		
BELOW (THE STUDENT		
WILL HAVE TO SELECT		As per the chosen elective below
ONE OF THESE		
ADVANCED		
SPECIALIZATION		
CREDITS):		
CLINICAL PATHOLOGY		
Ist registration	Specimen requirements and suitability including	
	storage for all laboratory analysis	
	Laboratory equipment (all types of equipment	
	Laboratory reagents	
	Total Quality management ; Quality control	
	Personnel (personnel documents and records)	
	Stock control (storage, receipt, procurement, expiry date)	
	,	
	Documentation	
	Laboratory safety	
	Laboratory related mathematics	
	Molecular biology techniques	
	Special tests and specimens related to the following	
	specific disciplines:	
	·	
	Clinical Chemistry	
	Safety and GLP	
	Workflow, collection and processing of routine	
	samples in a Chemical Pathology laboratory.	
	,	
	Knowledge of quantitative, semi-qualitative and	
	qualitative tests (automated or manual) for analytes	
	on either blood, serum, plasma, urine (timed and	
	random), CSF, aspirates/ fluids with particular	
	reference to:	
	Reagent, controls and calibrators preparation;	
	Calibration and Q.C procedure;	
	Operation of instrument/ method procedure	
	Medical Microbiology	
	Specimen collection, transport, processing and	
	disposal of specimen with pathogenic	
	microorganisms Identification of pathogenic microorganisms from	
	clinical specimens.	
	Quality assurance system	
	TB/HIV management system	
	Haematology:	
	The full blood count including all calculations and	
	interpretation of scatter grams; manual and	
	automated cell counts	
	Preparation of all types of smears and the calculation	
	of absolute counts;	
	Collection and handling of blood samples	
	pathogenesis,	
	laboratory diagnosis and interpretation of	
1	morphology of peripheral blood and bone marrow	
	smears of normal red cell and red cell disorders	
	Tests used in the diagnosis and monitoring of red cell	
	disorders haemolytic anaemias the pathogenesis, the	

	interpretation and correlation of the tests with the	
	clinical presentation.	
	Basic blood transfusion techniques including blood	
CLINICAL DATINGLOCK	grouping and direct antiglobulin test (Coombs test).	
CLINICAL PATHOLOGY	Clinical Chemistry Workflow, transportation and processing of specialised	
	tests in a Chemical Pathology laboratory.	
	Knowledge of quantitative, semi-qualitative and qualitative	
	tests (automated or manual) for analytes on faeces and	
	amniotic fluid with particular reference to:	
	Operation of instrument/ method procedure	
	Safety and GLP.	
	Medical Microbiology	
	Infection control	
	Laboratory accreditation and administration	
	Water examination	
	Milk examination	
	Haematology:	Theory tests (average of all): 15% Practical tests + workbook 30%
	The full blood count including all calculations and	Assignment 5%
	interpretation of scatter grams; manual and automated cell counts	Examination: 50%
	Collection and handling of blood samples	
	pathogenesis, laboratory diagnosis and interpretation	
	of morphology of peripheral blood and bone marrow	
	smears of normal white cell and haematological	
	malignancies	
	Tests used in the diagnosis and monitoring of white	
	cell disorders, the interpretation and correlation of	
	the tests with the clinical presentation.	
	Understanding the current classifications including	
	both WHO and FAB. CD4 counting with all gating strategies	
	Cytochemistry, immunophenotyping (principles,	
	application and interpretation of flow cytochemistry)	
CLINICAL CHEMISTRY Ist	Knowledge of quantitative, semi-qualitative and	
registration	qualitative tests (automated or manual) for the	
	following analytes on either blood, serum, plasma,	
	urine (timed and random), CSF, aspirates/ fluids,	
	faeces and amniotic fluid with particular reference to:	
	Reagent, controls and calibrators preparation;	
	Calibration and Q.C procedure;	
	Operation of instrument/ method procedure; Sodium, Potassium, Chloride, Bicarbonate (TCO ₂),	
	Urea, Creatinine, Cystatin C, Uric Acid, Calcium,	
	Ionized Calcium, Magnesium and Inorganic	
	Phosphorous.	
	Glucose, Ketones, Hb A1c (Glycated Haemoglobin),	
	Fructosamine and MAU (Microalbumin).	No exam, assessment marks
	Cholesterol, High Density Lipoprotein (HDL), Low	contribute to course mark.
	Density Lipoprotein (LDL), Triglyceride,	
	Lipoprotein (a) and Apolipoprotein A&B.	
	Total Protein, Albumin, Globulin, Total Bilirubin,	
	Conjugated and Unconjugated Bilirubin, ALP, GGT,	
	AST, ALT and LDH. Amylase, Lipase & Cholinesterase (serum & red cell).	
	CK, CKMB (mass/Activity), Troponin (T/l),	
	Myoglobin, Pro-BNP/ BNP and Homocysteine.	
	Iron Studies: Ferritin, Iron and Transferrin	
	Lactate, Ammonia.	
	Digoxin, Phenytoin, Phenobarbitol, Carbamazapine,	
	Theophylline, Valproic acid, Lithium, Paracetamol,	

Cyclosporin, Amilacin, Gentamycin and Vancomycin, Benzodiazepine, Cannabis, Ampheramine, Barbiturate, Cocaine, Methadone, Methaqualone, Opiate and PCP TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Productin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, B12, Folate, PTH and ACTH PSA, AFP, CEA, CA, markers 125, 153 & 159. CRP, Ultra-sensitive CRP, PCT (procalcitonin), IgE, IgM, IgG, IgA, 12 Hicroglobins, SACE, Caeruloplasmin, Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatab Illirubini Catecholamines, SHIAA, 17 Hydroxycorticosteroids, Total Faccal Fard Steotocirid Oral Fat Loading Test. Total Faccal Fard Steotocirid Oral Fat Loading Test. Total Calcium analyses on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and aminotic fluid with particular reference to: Reagent, controls and callibrators preparation; Calibration and Q.C. procedure; Operation of instrument/ method procedure; Operation of concur with clinical pricture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess, Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Blirubin, Cardiac: CK, CKMB, Troponin and Myoglobin, Lungs: pH, PCO2, PO2, TCO2 and O3 Saturation; Actual and Standard Bicarbonace, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylace (Total and Pancreatic), Lipase, Toxicology, Organophosphate and Salicylate poisoning.		T	1	
Vancomycin, Benzodiazepine, Cannabis, Amphetamine, Barbiturate, Occaine, Methadone, Methaqualone, Opiare and PCP TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Profestin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin), IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analyses on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faces and amniotic fluid with particular reference to: Reggent, controls and calibrators preparation; Calibration and Q.C procedure; Operation or instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE/ Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faceal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevance to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results. Procedure when results do not concur with clinical picture Renat: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugates Bilirubin. Cardiac CK, CKPB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O ₂ Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancress: Amplase (Total and Pancreatic), Lipase, Toxico		Salicylates, Tricyclic Antidepressants,		
Amphetamine, Barbiturate, Čocaine, Methadone, Methadunolone, Opiate and PCP TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Mistamine, Insulin, Renin, Witamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199, CRP, Ultra-sensitive CRP, PCT (procalcitonin), IgE, IgM, IgG, IgA, bZ Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin, Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonata blirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids, Total Faccal Fard Steotocrid Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analyzes on either blood, serum, plasma, urine (timed and random), CST, sapirates/ fluids, facees and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q. C procedure; Operation of instrument/ method procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugazed Blirubin. Cardiac: CK, CKMB. Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O? Saturation; Actual and Standard Bicarbonate, and Base excess. Thyrioid: TSH, Free T3 & T4. Pancress: Amplase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate polso		,		
Methaqualone, Opiate and PCP TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, U.H, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199, CRP, Ultra-sensitive CRP, PCT (procalcitonin), IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin, Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Facel Fat Steotocrid Oral Fat Loading Test. Gualitation and qualitative semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, spirates/fluids, facecs and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q. C procedure; Operation of instrument/method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faceal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faccal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ correlation between the tests, The significance and interpretation of rests or profiles with reference to: Association/ correlation between the tests. The significance and interpretation of activities and creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Blirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O5 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylas				
TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH. LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Witamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin), IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin, Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Facal Fat/Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, sterum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniost fluid with particular reference to: Reagent, controls and calibrators preparation, Calibration and Q. C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including				
Quantitative bHCG, FSH, LH, Estradio (EZ), Growth Hormone, Testosterone, Progesterone, Profactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin), IgE, IgM, IgG, IgA, bZ Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Facel Far Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/fluids, facecs and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q. C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faceal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faccal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Cardiac Colium, Potassium, Urea and Creatinine including Creatinine Clearance, PH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O5 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Tot		Methaqualone, Opiate and PCP		
Growth Hormone, Testosterone, Progesterone. Prolactin, Aldosterone, Cortisol, Gastrin, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin), IgE, IgM, IgG, IgA, D2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin, Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analyses on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faccal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ correlation between the tests, The significance and interpretation of abnormal results. Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Birubin. Cardiac: CK, CK/NB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2, Saturation, Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.		TSH, T3, T4 (Free and Total), Qualitative and		
Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin. Vitamin, B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal blirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and QC procedure; Operation of instrument/ method procedure; Operation of instrument/ method procedure; Operation and QC procedure; Operation and QC procedure; Operation of instrument/ method procedure; Operation and QC procedure; Operation of instrument/ method procedure; Operation and QC procedure; Operation of instrument/ method procedure; Operation and QC procedure; Operation and QC procedure; Operation of instrument/ method procedure; Operation and QC procedure; Operation of instrument/ method procedure; Serum and urine Protein electrorphoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Facal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Caclulus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevant to the specific organ, Association/ relevant to the specific		Quantitative bHCG, FSH, LH, Estradiol (E2),		
Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, D. Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin, Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamies, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure: Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4 Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning		Growth Hormone, Testosterone, Progesterone,		
Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, D. Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin, Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamies, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure: Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4 Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning		Prolactin. Aldosterone. Cortisol. Gastrin.		
B 12, Folace, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin, Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Setococrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketosity). Faccal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevance to: Association/ correlation between the tests, The significance and interpretation of abnormal results, Practical tests + workbook Assignment Soldium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Birubin. Cardiac: CK, CKMB. Troponin and Myoglobin. Lungs: PH, PCO2, PCO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyrioid: TSH, Free T3 as T4 Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
PSA, AFP, CEA, CA markers 125, 153 & 199, CRP, Ultra-sensitive CRP, PCT (procalcitonin), IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrid/Oral Fat. Loading Test. Callination Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrid/Oral Fat. Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ relevanc t				
CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE. Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevance to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
IJEE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faceal Fad Steotocrid Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4, Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fad' Steotocrid' Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ relevanc to the specific organ, Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4, Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Total Faecal Ganditative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and Calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevant to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4, Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4, Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q, Co procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Neonatal bilirubin Catecholamines, SHIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ relevanc to the specific organ, Association/ relevanc to the specific organ, Association/ crelation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O3 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
CLINICAL CHEMISTRY3B Total Facacl Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase, Toxicology: Organophosphate and Salicylate				
Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ relevanc to the specific organ, Association/ relevanc to the specific organ, Association/ relevance to the specific organ, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate				
CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and ammiotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O3 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate				
qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix), Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.	CLINICAL CHEMISTRY 3B			
urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketositx). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C. procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Reagent, controls and calibrators preparation; Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.		urine (timed and random), CSF, aspirates/ fluids,		
Calibration and Q.C procedure; Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.		faeces and amniotic fluid with particular reference to:		
Operation of instrument/ method procedure; Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.		Reagent, controls and calibrators preparation;		
Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.		Calibration and Q.C procedure;		
Serum and urine Protein Electrophoresis, IFE / Kappa and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
and Lambda free light chains. Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Urine bHCG and Dry Chemistry (dipstick and ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
ketostix). Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Faecal & urine reducing substances, Porphobilinogen, Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.		, , , ,		
Porphyrin. Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Occult Blood/ Faecal Haemoglobin/ Colon Albumin. Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Calculus analysis Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Knowledge of the following laboratory function tests or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
or profiles with reference to: Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.			Theory tests (average of all):	15%
Association/ relevanc to the specific organ, Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Association/ correlation between the tests, The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
The significance and interpretation of abnormal results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.			o .	
results, Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.			Examination:	50%
Procedure when results do not concur with clinical picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
picture Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Renal: Sodium, Potassium, Urea and Creatinine including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
including Creatinine Clearance, pH and Base Excess. Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Liver: ALT, AST, GGT, ALP, LDH, Total Protein, Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Total and Conjugated Bilirubin. Cardiac: CK, CKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Cardiac: CK, ĆKMB, Troponin and Myoglobin. Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Actual and Standard Bicarbonate, and Base excess. Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Thyroid: TSH, Free T3 & T4. Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.				
Pancreas: Amylase (Total and Pancreatic), Lipase. Toxicology: Organophosphate and Salicylate poisoning.		· ·		
Toxicology: Organophosphate and Salicylate poisoning.		Thyroid: TSH, Free T3 & T4.		
poisoning.		Pancreas: Amylase (Total and Pancreatic), Lipase.		
l' a		Toxicology: Organophosphate and Salicylate		
Menopausal Screen: LH. FSH and E2 (Estradial)		poisoning.		
1. 10.10 passas ser com = 1, 1 0. 1 and == (=================================		Menopausal Screen: LH, FSH and E2 (Estradial)		

	1	
MEDICAL	Specimen collection, transport, processing and	
MICROBIOLOGY Ist	disposal of specimen with rare / unusual	
registration	microorganisms	
	Identification of rare / unusual microorganisms from	
	clinical specimens.	
	TB/HIV management system	
	Genotyping characterisation of microorganisms	
MEDICAL	Infection control and epidemiology	Theory tests (average of all): 15%
MICROBIOLOGY	Laboratory accreditation and administration	Practical tests + workbook 20%
	Quality management system	Assignment 5%
	Public Health	Examination: 50%
CYTOLOGY 1st registration	Anatomy, histology, cytology, applications and	Danimacon 5070
CTTOLOGT T Tegistration	techniques, benign lesions and malignant lesions from the following sites:	
	breast and nipple secretions, thyroid, lymph nodes,	
	salivary glands, liver,	
	, 0	
	pancreas, testes, ovaries, prostate.	
	Principles of specialised sample collection techniques	
	from the sites of the organs listed above including fine	
	needle aspiration biopsies (FNAB).	No exam
	Tests and techniques for the interpretation and	
	distinction between normal and abnormal cytology	
	results.	
	Correlation of results with clinical information.	
	Safety, ethics and quality control principles	
	General diagnostic application of	
	immunocytochemical techniques and molecular	
	biology to cytological samples including PCR as	
	applicable including PCR of HPV and genotyping.	
CYTOLOGY	Anatomy, histology, cytology, applications and	
	techniques, benign lesions and malignant lesions from	
	the following sites:	
	Rare Tumours of the female genital tract (Clear cell	
	carcinoma, Hydatidiform mole; Choriocarcinoma;	
	Adenosquamous carcinoma, Lymphomas; Melanoma;	
	Sarcomas/ Mixed Mesodermal Tumours, Extrauterine	
	malignancies (ovary/ vulva); Metastatic tumours).	
	Principles of specialised sample collection techniques	Theory tests (average of all): 24%
	from the sites of the organs listed above including fine	Practical tests 20%
	needle aspiration biopsies (FNAB).	Practical reports 2%
	Tests and techniques for the interpretation and	Assignments/oral presentation: 2%
	distinction between normal and abnormal cytology	Tutorials, class/homework 2%
	results.	Examination: 50%
	Correlation of results with clinical information.	
	Safety, ethics and quality control principles.	
	Treatment of pre-malignant gynaecologic lesions and	
	cytologic effects of radiation and chemotherapy.	
	General diagnostic application of	
	immunocytochemical techniques and molecular	
	biology to cytological samples including PCR as	
	applicable including PCR of HPV and genotyping.	
HAEMATOLOGY Ist	Routine and specialised haematology investigations:	
registration	the full blood count including all calculations and	
J	interpretation of scatter grams; manual and	
	automated reticulocyte counts; differential counts	
	including the preparation of all types of smears and	
	the calculation of absolute counts; erythrocyte	
	sedimentation rate; collection and handling of blood	
	samples; CD4 counting with all gating strategies.	
	Pathogenesis, laboratory diagnosis and interpretation	
	of morphology of smears of peripheral blood and	
	bone marrow of normal; all anaemias; inclusion bodies	
	in red cells; blood parasites; haemolysis and	
	In rea cens, blood parasites; naemolysis and	

	li i e	I
	haemolytic anaemias. Basic blood transfusion techniques including blood grouping and direct antiglobulin test (Coombs test). Good laboratory practice including laboratory safety and ethics	
HAEMATOLOGY	Routine and specialised haematology investigations: the full blood count including all calculations and interpretation of scatter grams; differential counts and the calculation of absolute counts; CD4 counting with all gating strategies. Pathogenesis, laboratory diagnosis and interpretation of morphology of smears of peripheral blood and bone marrow of normal; benign white cell disorders; myeloproliferative disorders; acute leukaemias; platelet disorders; inclusion bodies in white cells; the effects of HIV on blood smears and the theoretical knowledge of bone marrow features of disorders; tests used in the diagnosis and monitoring of haemostatic disorders including thrombosis and anticoagulant therapy; vascular disorders; factor inhibitors; theoretical knowledge of haemophilia disorders and PK assay. The pathogenesis and laboratory diagnosis of all haematological malignancies, the interpretation and correlation of the tests with the clinical presentation, understanding the current classifications including both WHO and FAB including cytochemistry, immunophenotyping (principles, application and interpretation of flow cytochemistry), principle of ISHAGE gating strategy of the enumeration of CD34+ stem cells, cytogenetic techniques, FISH and molecular diagnostic techniques in haematopathology. Good laboratory practice including laboratory safety and ethics	Theory tests (average of all): 24% Practical tests 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 50%
HISTOPATHOLOGY Ist registration	Embedding of various tissue biopsies according to their structural features. Microtomy – thorough knowledge of microtomes and microtome knives. Able to section various tissue biopsies and recognise cutting artefacts and employ corrective measures. Frozen sections – assist in the diagnosis of urgent biopsies that require the use of a cryostat to produce frozen sections. Staining of specific elements – deduce which stain to use for a specific component / structure. Recognise staining artefacts and use corrective measures. 'Trouble-shoot' out of the ordinary staining reactions. Histology of tissues – Identify and describe the tissue types as well as the structure of each organ system. Identify the structures specific to each organ or system.	
HISTOPATHOLOGY	Molecular Biology – have a thorough knowledge of the tests required in Molecular biology to diagnose tumours and bacteria. Knowledge of <i>in situ</i> hybridisation (DISH) Enzyme histochemistry – Simultaneous capture, post-incubation coupling.	Theory tests (average of all): 24% Practical tests 20% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 50%

	le ic	I
	Self coloured substrate and intramolecular	
	rearrangement.	
	Metal precipitation for enzyme detection.	
	Immunocytochemistry – able to distinguish	
	between the various	
	antibodies used to aid in the diagnosis of complicated	
	cases that cannot be	
	assessed with special staining procedures.	
	Electron microscopy – fixation and processing of	
	specimens for analyses	
	under an electron microscope. Recognise	
	ultrastructural organelles and	
	components of the cells using an electron	
	microscope.	
IMMUNOHAEMATOLOGY	Ethics	
Ist registration	Health and Safety	
	Transfusion transmitted diseases	
	Blood donation	
	Blood Processing and component therapy	
	Donation testing	
	Storage and issue of blood and blood products	
	Blood cold chain	
	Clinical indications for the use of blood and blood	
	products	
	Introduction to risks and benefits associated with	
	transfusion.	
	Introduction to the haemolytic disease of the foetus	
	and new-born (HDFN)	
	Haemovigilance and biovigilance	
	Apheresis.	
	Clinical significance of blood group system antigens	
	and antibodies.	
	Basic serological techniques	
	Causes of false results in laboratory testing	
	Antigen antibody reactions in transfusion testing	
	Blood group reaction patterns and interpretation	
	Selection of blood for crossmatch	
	Compatibility and transfusion testing.	
	Quality management systems.	
IMMUNOHAEMATOLOGY	Risks and benefits associated with transfusion.	
	Haemolytic disease of the foetus and new-born	
	(HDFN)	
	Reagent preparation and standardization	
	Paternity testing	Theory tests (average of all): 24%
	HLA testing	Practical tests 20%
	Transfusion reaction investigations	Practical reports 2%
	Antenatal Investigations	Assignments/oral presentation: 2%
	Postnatal (Cord and Maternal) Cases	Tutorials, class/homework 2%
	Transfusion reaction investigations	Examination: 50%
	Antenatal Investigations	30,0
	Postnatal (Cord and Maternal) Cases	
	Quality management systems.	
	County management systems.	
	<u>l</u>	l

II. CLINICAL TECHNOLOGY

II.I. Bachelor of Health Sciences in Clinical Technology (BHCLTI) NB: Students to read this section in conjunction with the relevant Student guides

Module	Content	Assessment plan
Introduction to	I. Introduction and overview of the seven	Continuous assessment
Introduction to Clinical Technology	specialist categories in Clinical Technology 2. Role of the Clinical technologist in each category 3. Laboratory techniques (microscopes, incubators, refrigerators and autoclaves 4. Health care system (clinical health governance structure and Health legislative acts & policy). 5. Organizational structure of the hospital (human resource and sectors) 6. Basic principles of health-care ethics (applied ethics, biomedical ethics, Batho Pele principles)	Continuous assessment Oral presentations (20%) Reflective journal (20%) Written theory assessment (60%)
	National Health Act, Basic conditions of Employment, Health Professions Act	
Chemistry	introduction to chemistry measurements energy and matter atoms and elements compounds and their bonds chemical reactions and quantities gases solutions acids & bases nuclear radiation alkanes and cycloalkanes unsaturated hydrocarbons organic compounds with oxygen and sulphur carboxylic acid and esters amines and amides	THEORY TESTS Two Tests on General Inorganic and Physical Chemistry and Two Tests on Organic Chemistry). PRACTICAL ASSESSMENT FINAL EXAM MARK = CM x 0,4 + EM x 0,6
Physics 101	MECHANICS PROPERTIES OF MATTER	Continuous Assessment 70 % of the average of the 2 Theory Tests 30 % of the Practical Mark, where [Practical Mark = 35% practical book + 65% practical test]
Physics 201	thermal physics waves & sound	Continuous Assessment 70 % of the average of the 2 Theory Tests

	geometrical optics	30 % of the Practical Mark,
		where
	electricity& magnetism	[Practical Mark = 35% practical book + 65%
	 radioactivity & radiation 	practical test]
	 quantum physics 	
	wave properties of particles	
Anatomy I		Continuous assessment
	Unit I	unit I- theory (20%) and
	o Introduction	practical (15%)
	Respiratory Anatomy	
	Cardiovascular anatomyGenitourinary Anatomy	unit 2- theory (20%) and
	Unit 2	practical (15%)
	Neuroanatomy	unit 3- practical (15%) and
	Head and neck	assignment (15%)
		assignment (1570)
	• Unit 3	Internally moderated
	Limbs	,
Physiology I	 Anatomy and physiology are defined. 	Continous Assessement
	 The relationships between anatomy and 	Each of the three units will
	physiology are explained.	be assessed as follows:
	UNIT I	A two hour theory test
	 Cells and tissues, 	at the end of the unit (Minimum of 120
	Integumentary system,	marks)
	Muscular system State of the system	One practical test at
	Skeletal system	the end of the course
	UNIT 2	
	 Nervous system 	
	 Endocrine system, 	
	 Cardiovascular system, 	
	 Immunity and the Lymphatic system, 	
	• Blood	
	UNIT 3	
	 Respiratory system, 	
	Reproductive system	
Pathophysiology I	Basic Immunology: introductory concepts	Semester mark calculations:
	Cells of the immune system	- Two written theory
	Innate and adaptive immune responses	assessment (20% each) - Assignments (Essay 15%;
	(humoural and cellular)	Presentation 30%)
	Antigen-antibody interactions Immunological tolerance and memory	- Reflective journaling: (15%)
	inimanological colerance and memory	exam=60%; semester mark
	AutoimmunityBasic microbiology	= 40%]
	Introduction to Medical microbiology	-
	(micobacterium bacilli, streptococcus,	
	staphylococcus, HI virus)	
	 Infection control, medical and surgical 	
	asepsis	
	Communicable disease patient control	

Instrumentation for Clinical Technology I	Introduction to Man-instrumentation systems; Biometrics Introduction to the Man-instrument System Problems Encountered in Measuring a Living System Basic physiological parameters; 2.1. Heart rate / pulse rate 2.2. Blood pressure 2.3. Stroke volume / Cardiac output 2.4. Respiratory rate 2.5. Tidal volume / minute volume Basic Physiological transducers; The Transducer and Transducer Principle	Semester mark calculations: - Two written theory assessment (20% each) - Assignments (Essay 15%; Presentation 15%) - Practical assessment (30%) - Moderation: Internally moderated. Final marks: Course mark 40% Exam mark 60%
Second level	 Active Transducers Passive Transducers Electrodes Biopotential electrodes Biochemical electrodes Medical terminology Electrical safety. 	
Applied Anatomy and Physiology	Unit 1: The Cardiovascular System Blood & Heart Unit 2: The Respiratory Physiology Functions of the Respiratory System Pulmonary Diseases Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems	Continuous assessment: A two and half hour test at the end of a unit (including theory and applied practical components). Minimum of 150 marks of which a minimum of 10% will comprise the practical component.
Clinical Technology Practice	Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. Anthropometric measurement. Activating clotting time testing. Oral and axillary temperature measurement. Non- provocative nebulisers. Oxygen therapy (mask and nasal cannula).	Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) Presentations (20%)
Instrumentation for Clinical Technology II	BIOMEDICAL INSTRUMENTATION SYSTEMS FOR CARDIOLOGY BIOMEDICAL INSTRUMENTATION SYSTEM FOR RESPIRATORY SYSTEM	Examination Semester mark 40%; exam mark 60 %;

	BIOMEDICAL INSTRUMENTATION SYSTEM FOR CRITICAL CARE BIOMEDICAL INSTRUMENTATION FOR CARDIOVASCULAR PERFUSION BIOMEDICAL INSTRUMENTATION SYSTEM FOR NEUROPHYSIOLOGY. BIOMEDICAL INSTRUMENTATION FOR RENAL SYSTEM BIOMEDICAL INSTRUMENTATION SYSTEM FOR REPRODUCTIVE BIOLOGY	Semester mark calculations: 3 theory tests (60%) Assignments and presentations (40%)
Clinical Pathophysiology I	Epidemiology and related medical terminology Overview of Blood disorders Selected Infectious diseases Neoplasia Cardiovascular system Neurological system Respiratory system Pathophysiology of selected disorders of Calcium Metabolism Pathophysiology of selected Hypothalamic and pituitary diseases and overview of Thyroid disease Diabetes Mellitus Liver Disease Selected Pancreatic disorders Digestive system and Skin disorders Selected disorders of the Renal system Selected disorders of the male and female Reproductive system	Examination Semester 40%; exam mark 60 % semester mark calculation: 3 written theory tests (60%) 2 x assignments [presentation and written] (40%) Moderation: Internal according to DUT policies
Basic Pharmacology	This module is divided into 3 Units: UNIT I General aspects of drug therapy Pharmacokinetics Pharmacodynamics Administration of drugs to patients Adverse effects of drugs Autonomic, Somatic and Sensory Nervous systems UNIT 2 Antimicrobials and other anti-infectives Drugs affecting the CNS Drugs affecting the CVS Haemopoetic drugs Analgesics and anti-inflammatories UNIT 3 Hormones and Hormone antagonists Antihistamines Respiratory Drugs	Assessment will be continuous. A two hour theory test at the end of each unit. Each theory test will be weighted as follows Theory test 1 – 30% Theory test 2 – 35% Theory test 3 – 35%

	a CIT Daviga	
	GIT Drugs	
	Poisoning and emergency drug treatment	
Research	Research Paradigms	Continuous assessment
Methodology I	- The 3 basic research paradigms	Each assessment has a
8,	(positivism, interprets and critical theory)	specific weighting i.e. counts
		a certain % towards the final
	Research study design (Longitudinal, cross-	mark:
	sectional, bi-directional; Quantitative,	
	qualitative, mixed-method; reliability,	Article critique (20%)
	validity and ethics)	 2 x assignments (80%)
	 Research methods and methodology 	
	 Sampling methods (observations, 	
	questionnaire, interviews, surveys, case	
	studies, laboratory experiments)	
	 Data analysis techniques (descriptive 	
	statistics)	
	 Introduction to the review of the 	
	Literature	
	Referencing styles and plagiarism	_
Research	 The steps and stages in the research 	Continuous assessment
Methodology II	process.	The final marks:
	 The research purpose based on a problem. 	 Submission of a
	The literature review	research proposal
	Selecting an appropriate research design	(70%)
		 I x assignment (30%)
	Developing an appropriate sampling plan	
	for a hypothetical study in terms of	Moderation will be
	feasibility, representativeness and available	conducted in accordance
	resources.	
	Developing an appropriate data collection	with DUT rules.
	plan	
	Statistical analysis for the data analysis	
	process.	
	 Ethical issues relating to the conduct of 	
	research	
	i Cocai Cii	

Health Care Management I Pathophysiology for Cardiology	Basic concepts of Healthcare management (managers and management) Basic principles of Healthcare management (organizational culture, quality management, time management, Teamwork) Basic Healthcare information systems CARDIOLOGY Congenital Heart disease Arrhythmias Valvular Heart disease Coronary artery disease Pericardial disease Hypertension	Continuous assessment the final mark: I written theory test (60%) I x assignment [presentation and written] (40%) Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
	Heart FailureOedema	
Pharmacology for	Peripheral vascular disease Understand the application for the	Examination
Cardiology	following therapeutic classes: Anti- arrhythmia therapy, Anti-anginals, Antihypertensives, Diuretic, Pressins, cardiostimulatories and inhibitors, thrombolytics, vasoconstrictors and vasodilators Understand the pharmacological applications for the following cardiovascular disorders: Angina Arrhythmia Oedema Heart failure Systemic and pulmonary hypertension Hypotension Myocardial infarction	Final mark = 40% course mark + 60% exam mark Course mark calculated as follows: 2 written theory tests (60%) 1 x assignment [presentation and written] (40%)
Clinical Technology Practice in Cardiology la	Perform the following procedures and explain the indications, contra-indications, advantages and disadvantages or limitations and complications of the following procedures: Exercise stress testing Arrhythmia monitoring (Holter) Cardiac catheterization left and right heart procedures Intra-aortic balloon pumping Single and dual chamber pacing Basic electrophysiology studies Echocardiography	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
Clinical Technology Practice in Cardiology Ib	Describe the haemodynamics related to angiography and echocardiography for the following conditions: • pericardial disease • Congestive heart failure • Coronary artery disease • Valvular heart disease	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%)

 Congenital heart disease Cardiac resynchronization therapy Describe the underlying pathophysiology of symptom production in the conditions in (2) above. Infection control Cardio-version. Defibrillation. General equipment management.
Describe the underlying pathophysiology of symptom production in the conditions in (2) above. Infection control Cardio-version. Defibrillation.
symptom production in the conditions in (2) above. Infection control Cardio-version. Defibrillation.
above. Infection control Cardio-version. Defibrillation.
Infection control Cardio-version. Defibrillation.
Cardio-version. Defibrillation.
Defibrillation.
Assist with ICU/Trauma/Theatre clinical
procedures.
Physiological data management.
Instrumentations • Electrocardiography Telemetry Continuous assessment
and Techniques Basic terminology relating to Biomedical The final mark:
for Clinical instrumentation and transduction 2 written theory tests (60%)
Technology in Instrumentation used and procedures for 2 x assignments
Cardiology I arrhythmia monitoring or [presentation and written]
termination(non-invasive): (40%)
Exercise stress testing laboratory
equipment
Holter
Internal and external defibrillation
Instrumentations • Invasive monitoring and diagnostic Continuous assessment
and Techniques instrumentation and procedures: The final mark:
for Clinical • Monitoring and blood gas equipment in the 2 written theory tests (60%)
Technology in cardiac catheterization laboratory 2 x assignments
Cardiology Ib • Catheters used and procedures in the [presentation and written]
cardiac catheterization laboratory on adult (40%)
patients (diagnostic angiography and
intervention, cardiac output, IVUS, IABP,
pericardiocentesis, electrophysiology and
pacing)
Resonance and damping;
Cardiac output measurements
Blood gas machine
Coagulation instrumentation;
Equipment bench testing, diagnostics and
quality control;
• Simulators;
Left ventricular assist devices
CRITICAL CARE
Pathophysiology • Myocardial infarction; Continuous assessment
for Critical Care • Heart failure (left & right); The final mark:
• Compensatory mechanisms for a 2 written theory tests (60%)
falling CO; 2 x assignments Shock: [presentation and written]
(40%)
Abdominal compartment syndrome,
• Liver failure;
Pancreatic failure;
Coagulopathies, DIC;
Endocrine disorders;
COPD, Asthma, Pneumonia and
Aspiration;

	 Pulmonary embolism, pneumothorax; Respiratory failure; Gaseous exchange abnormalities; ARDS; Neurological assessment for altered levels of consciousness 	
Pharmacology for Critical Care	 Understand the application for the following: Drugs used in Hypertension and Angina Drugs used in Heart failure. Resuscitation drugs Local Anaesthetics, Anesthetic agents (Inhalational and intravenous), Drugs acting at Neuromuscular Junction and Autonomic Nervous System. Antibiotics, Antimicrobial, Antifungal and Antiviral Drugs. Understand the pharmacological applications for the following disorders: Myocardial infarction; Heart failure (left & right); Compensatory mechanisms for a falling CO; Shock; Abdominal compartment syndrome; Liver failure; Pancreatic failure; Coagulopathies, DIC; Endocrine disorders; COPD, Asthma, Pneumonia and Aspiration; 	Examination Final mark = 40% course mark + 60% exam mark Course mark calculated as follows: 2 written theory tests (60%) 1
	Aspiration; Pulmonary embolism, pneumothorax; Respiratory failure; Gaseous exchange abnormalities; ARDS;	
Clinical Technology Practice in Critical Care la	 Infection control Quality Control of life Support equipment. Statistical analysis and patient scoring. Blood gas sampling, measurement and interpretation Invasive heamodynamic monitoring procedures. Set up equipment for Intra-hospital transportation of critically ill patients, non-invasive heamodynamic monitoring, monitoring of an anesthetized patient. 	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)

	Preparation of ICU drugs.	
	Handling of Infusion devices and drugs.	
	Capnography.	
Clinical	Assists with bronchoscopy and right heart	Continuous assessment
Technology	catheterization.	The final mark:
Practice in	Advanced Cardiac Life Support (ACLS).	Continuous Proficiency
Critical Care Ib	• CPR.	Assessment based on the
	 Intubation, intravenous cannulation, 	application and performance
	emergency drug therapy.	of the procedures or
	Ventilation therapy: monitoring and	techniques as outlined in
	resuscitation.	module content (80%)
	 Determine blood flow (Doppler). 	
	Cardio-version.	Compilation of a logbook of
	Defibrillation.	procedures (20%)
	Electrolyte determination.	
	 General equipment management. 	
	Assist with ICU/Trauma/Theatre clinical	
	procedures.	
	Physiological data management.	
Instrumentations	 Electrocardiography Telemetry 	Continuous assessment
and Techniques	 Invasive pressure monitoring 	The final mark:
for Clinical	equipment;	2 written theory tests (60%)
Technology in	 Resonance and damping; 	2 x assignments
Critical Care la	 Cardiac output measurements 	[presentation and written]
	 Blood gas machine 	(40%)
	 Ventilators and ventilation modes 	
	 Anesthetic machine and accessories 	
	Hemofiltration	
	Thermoregulatory devices	
	Coagulation instrumentation;	
	Arterio- venous flow measurements	
	Infusion devices	
	Gas and vapour analysers —	
	Transcutanous gas measurements	
	Autologous cell recovery	
	Thromboelastograms	
	Point of care analysers (Glucose, Hb,	
	Bilirubin)	
Instrumentations	Endoscopes;	Continuous assessment
and Techniques	 Equipment bench testing, diagnostics 	The final mark:
for Clinical	and quality control;	2 written theory tests (60%)
Technology in	Simulators:	2 x assignments
Critical Care Ib	Left ventricular assist devices	[presentation and written]
	Therapeutic gas delivery systems	(40%)
	Peripheral nerve stimulators;	
	. or prior at the sentimization of	
	Level of consciousness monitors	
	NEUROPHYSIOLOGY	
Pathophysiology	 Abnormalities of Consciousness 	Continuous assessment

for Neurophysiology	 Abnormalities of the brain Epilepsy Stroke Dementia Parkinson Multiple Sclerosis Encephalopathies Meningitis Headaches Hydrocephalus Haemorrhage Aneurysm Coma Brain death Abnormalities of Hearing and Vision Myasthenia gravis Peripheral nerve disorders Entrapment neuropathies Guillain Barre syndrome/CIDP Diabetic and HIV neuropathy Brachial plexopathies Drug related neuropathy Abnormalities of sleep General neurological abnormalities 	The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Pharmacology for Neurophysiology	 Understand the pharmacological application for the following: Neurotransmitters Blood-brain barrier Cholinergic pharmacology Adrenergic Pharmacology Local anaesthetic pharmacology Understand the pharmacological applications for the following disorders: Abnormalities of consciousness Abnormalities of Hearing and Vision Myasthenia gravis Peripheral nerve disorders Abnormalities of sleep General neurological abnormalities 	Examination Final mark = 40% course mark + 60% exam mark Course mark calculated as follows: 2 written theory tests (60%) 1 x assignment [presentation and written] (40%)
Clinical Technology Practice in Neurophysiology Ia	 Brain mapping Assist in Electromyography Nerve conduction studies 	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of

		procedures (20%)
		,
Clinical	Evoked potentials	Continuous assessment
Technology Practice in	Polysomnography	The final mark: Continuous Proficiency
Neurophysiology	 Long-term epilepsy monitoring video studies 	Assessment based on the
lb	Memory testing and WADA testing	application and performance
	, , , , , , , , , , , , , , , , , , , ,	of the procedures or
		techniques as outlined in module content (80%)
		,
		Compilation of a logbook of procedures (20%)
Instrumentation	ELECTROENCEPHALOGRAPHY	Continuous assessment
and Techniques		The final mark:
for Clinical	ELECTROMYOGRAPHY AND NERVE	2 written theory tests (60%)
Technology in Neurophysiology	 CONDUCTION STUDIES Principle utilised in EMG/ENG Recordings. 	2 x assignments [presentation and written]
la	Trinciple dulised in Lind/Lind Recordings.	(40%)
	MEDICAL TERMINOLOGY	
In atomorphism	ELECTRICAL SAFETY EVOLUTION THAT SYSTEMS	Continuous assessment
Instrumentation and Techniques	EVOKED POTENTIAL SYSTEMS TRANSCRANIAL DOPPLERs	The final mark:
for Clinical	POLYSOMNOGRAPHY	2 written theory tests (60%)
Technology in	INSTRUMENTATION	2 x assignments
Neurophysiology Ib		[presentation and written] (40%)
	Nephrology	
Pathophysiology for Nephrology	Clinical Manifestations of Renal Diseases	Continuous assessment The final mark:
ioi itepiirology	 Major Clinical Renal Syndromes (renal failure, tubular defects, urinary tract 	2 written theory tests (60%)
	infections, calculi)	2 x assignments
	Diagnosis of Renal Disease (biopsy, microscopy)	[presentation and written] (40%)
	microscopy) Congenital abnormalities of the kidney	(10/0)
	Glomerular disease	
	Nephrotic syndrome	
	Diabetes mellitus	
	Renal hypertensionAnaemia	
	Aliaellia	
Pharmacology for	Understand the application for the	Examination
Nephrology	following: Drug dosing methods and influencing	Final mark = 40% course
	factors	mark + 60% exam mark
	Anti-hypertensives	Course mark calculated as
		Course mark calculated as

	ACE-Inhibitors, Angiotensin-receptor blockers, Diuretics Beta Adrenergic Blocking Drugs Calcium Channel Blockers Dyslipidaemia management Anaemia management Understand the pharmacological applications for the following disorders: Major Clinical Renal Syndromes (renal failure, tubular defects, urinary tract infections, calculi) Diagnosis of Renal Disease (biopsy, microscopy) Congenital abnormalities of the kidney Glomerular disease Nephrotic syndrome Diabetes mellitus	follows: 2 written theory tests (60%) I x assignment [presentation and written] (40%)
Clinical Technology Practice in Nephrology la	 Renal hypertension Handwashing technique and infection control; Setting up of equipments for HD and PD therapies; Organise equipments for emergencies; Priming and disinfection; Preparation of access sites (PD & HD); Subcutanous administration; Intravenous administration; Water sampling testing; Preassement of patient Monitoring of hemodynamics of HD and PD; Phlebotomy; Commencement and discontinuation techniques of HD and PD. 	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
Clinical Technology Practice in Nephrology Ib	Post hemodynamic monitoring of HD and PD Cannulation using sterile techniques of arteriovenous fistula; Sterile techniques for connection of catheters; Perform chronic hemodialysis therapy; Perform chronic peritoneal dialysis therapy; Hemodynamic monitoring of both above procedures; Management of acute complications during HD and PD; Management of chronic complications of HD and PD; Setting up of equipments for acute HD/PD and CRRT; Hemodynamic monitoring acute HD/PD.	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
instrumentation	Development of dialysis equipment	Continuous assessment

and Techniques for Clinical Technology in Nephrology Ia	Theory of haemo-dialysis and PD. Method of solute transport and ultrafiltration. Types Dialyzers Blood and dialysate compartments Monitoring devices Calibration, servicing and disinfection of equipments Design, operation and SOP of Hemodialysis equipments; Design, operation and SOP of Peritoneal equipments	The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Instrumentation and Techniques for Clinical Technology in Nephrology Ib	 Optimization of dialysis with regards to acute- and chronic dialysis therapy. Dialysate used in haemodialysis, peritoneal dialysis and continuous therapies. Water treatment for haemodialysis Emergency equipment; General and health and safety in the renal unit. Design, operation and SOP of acute dialysis and CRRT equipments; Blood gas analysis 	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Dath anhusials	PERFUSION	C+:
Pathophysiology for Perfusion	 Ischemic Heart Disease Myocardial Infarction Valvular Heart Disease (Acquired and Congenital), Congestive Heart Failure Diseases of the Great Arteries (Dissection, Aneurysm, Pulmonary Embolism) Pulmonary Hypertension Bacterial Endicarditis and Rheumatic Fever Cardiomyopathy and Heart & Lung Transplant Congenital Heart Disease. 	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Pharmacology for Perfusion	Understand the application for the following therapeutic classes: ACE Inhibitors, Angiotensin II Receptor Blockers, Antiarrhythmic Agents, Anticoagulants, Anticoagulants Antagonist, Antiplatelet Agents, Antihistamine, Beta Blockers, Bronchodilators, Calcium Channel Blockers, Cardiac Glycosides, Diuretics, Inotropic Effectors Positive, Local Anaesthetic, Narcotic Analgesia, Narcotic Antagonists, Oxytocic Agents, Steroids, Thrombolytic, Vasoconstrictor, Vasodilators, Nitrates. Understand the pharmacological applications for the following cardiovascular disorders: Angina	Examination Final mark = 40% course mark + 60% exam mark Course mark calculated as follows: 2 written theory tests (60%) 1 x assignment [presentation and written] (40%)

	•	Arrhythmia	
	•	Oedema	
	•	Heart failure	
	•	Systemic and pulmonary hypertension	
	•	Hypotension	
	•	Myocardial infarction	
OI: 1 1			
Clinical Technology	•	Assessing the Physiological Health of	Continuous assessment The final mark:
Practice in		Patient; Use Various Cardioulmonary	Continuous Proficiency
Perfusion la		Components;	Assessment based on the
i criusion ia	•	Electrocardiography (ECG) Measurement;	application and performance
	•	Perform Advanced Cardiac Life Support;	of the procedures or
	•	Spirometry Measurement,	techniques as outlined in
	•	Anthropometric Measurement;	module content (80%)
	•	Anticoagulation Testing (ACT),	(55%)
	•	Blood Pressure Measurement,	Compilation of a logbook of
	•	Temperature Monitoring,	procedures (20%)
	•	Pulse Measurement;	. ,
	•	Perform Bloodgas Analysis;	
	•	Oximetry Measurement;	
	•	Blenders, Vaporizers,	
	•	Perform Capnography;	
	•	Use of Non-provocative Nebulizers;	
	•	Administer Oxygen Therapy,	
	•	Calibrate the Transducers;	
	•	Use of Ventilators;	
	•	Use of Infusion Devices;	
	•	Perform Phlebotomy;	
	•	Utilize Intra-Aortic Balloon Pumps;	
	•	Perform Autologous Blood Salvage;	
	•	Monitor Haemodynamic Parameters;	
	•	Operate Flowmeters;	
	•		
Clinical	•	Perform Cardiopulmonary Resuscitation	Continuous assessment
Technology		(CPR); Utilize the Left Ventricular Assist	The final mark:
Practice in Perfusion Ib		Devices (LVAD);	Continuous Proficiency
Perfusion ID	•	Administer Drugs;	Assessment based on the application and performance
	•	Perform Basic Echocardiography (ECHO);	of the procedures or
	•	Perform Vascular Sonography;	techniques as outlined in
	•	Interpretation and Analysis of Diagnostic	module content (80%)
		Data;	
	•	Perform External Counterpulsation (ECP),	Compilation of a logbook of
	•	3-Dimensional Cardiography (3DVG) Measurement.	procedures (20%)
		Perform Stress Test,	, ,
	-	,	
	•	Monitor the Basic Electroencephalography (EEG);	
	•	Application of Defibrillator and	
		Cardioversion;	
	•	Integrate Hemodialyzer;	
	•	Interpret Magnetic Resonance Imaging	
		(MRI);	
	•	Perform Extracorporeal Membrane	

	Oxygenation (ECMO);	
Instrumentations	Electrocardiography (ECG);	Continuous assessment
and Techniques	Advanced Cardiac Life Support;	The final mark:
for Clinical	Measurement of Spirometry,	2 written theory tests (60%)
Technology in	Anthropometric,	2 x assignments
Perfusion la	 Anti Coagulation Testing (ACT), 	[presentation and written]
	Blood Pressure,	(40%)
	Temperature, Pulse;	
	Bloodgas Analysis;	
	Blenders; Vaporizers;	
	• Oximetry;	
	Capnography;	
	Non-provocative Nebulizers;	
	Oxygen Therapy,	
	 Calibration of Transducers; 	
	 Ventilators; 	
	 Infusion Devices, 	
	 Phlebotomy, 	
Instrumentations	Intra-Aortic Balloon Pumps;	Continuous assessment
and Techniques	 Autologous Blood Salvage; 	The final mark:
for Clinical	 Cardiovascular Monitoring; 	2 written theory tests (60%)
Technology in	 Cardiopulmonary Resuscitation (CPR); 	2 x assignments
Perfusion Ib	 Left Ventricular Assist Devices (LVAD); 	[presentation and written]
	Drug Administration, Echocardiography	(40%)
	(ECHO);	
	Vascular Sonography;	
	Interpretation and Analysis of Diagnostic	
	Data. External Counterpulsation (ECP),	
	3-Dimensional Cardiography (3DVG),	
	• Stress Test,	
	Basic Electroencephalography (EEG);	
	Defibrillators,	
	Cardioverters.	
	Transducers.	
	Cell Savers:	
	Flowmeters;	
	PULMONOLOGY	
Pathophysiology		Continuous assessment
for Pulmonology	Lung injury Pagainatan diaggara	The final mark:
ior Full Hollology	Respiratory diseases	2 written theory tests (60%)
	Infectious diseases	2 x assignments
	Immunological disorders	[presentation and written]
	Cardiovascular disorders	(40%)
Pharmacology for	Understand the pharmacological	Examination
Pulmonology	application for the following classes:	
	Pressins	Final mark = 40% course
	cardiostimulatories and inhibitors	mark + 60% exam mark
	thrombolytics	
	,	Course mark calculated as
	vasoconstrictors and vasodilators	follows:
	Understand the pharmacological	2 written theory tests (60%)
	applications for the following disorders:	I x assignment
	Lung injury Possimeters discosses	[presentation and written]
	 Respiratory diseases 	

	 Infectious diseases Immunological disorders Cardiovascular disorders 	(40%)
Clinical Technology Practice in Pulmonology IA	 Pulmonary function laboratory safety Pulmonary function measurement Lung volume evaluation Ventilation tests and artificial ventilation Basic flow-volume curves Gas distribution evaluations 	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
Clinical Technology Practice in Pulmonology IB	 Diffusion tests Bronchial provocation Bronchodilators Diagnostic bronchoscopy Allergy investigations 	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of
Instrumentations and Procedures for Clinical Technology in Pulmonology Ia	Basic lung function equipment i. Spirometer ii. Flow measuring devices iii. Transcutaneous monitoring devices iv. Gas chromatography v. Mass spectrometer vi. Oxygen analysers vii. Nitrogen analysers viii. Blood gas analysers ix. Lung mechanics	procedures (20%) Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Instrumentations and Procedures for Clinical Technology in Pulmonology Ib	Systems for the determination of lung function i. Spirometry and flow-volume systems ii. Computerised lung function systems iii. Whole body plethysmograph iv. Diffusion capacity systems v. Exercise study equipment Bronchoscopy	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Pathophysiology for Reproductive Biology	Congenital Anomalies of Male and Female Reproductive tract. Pathophysiology of Male and Female Reproductive organs & Systems	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments

Pharmacology for Reproductive Biology	Infertility and Persistent Pregnancy Failure Microbiology Ectopic pregnancy, placenta previa, sacrococcygeal teratoma Genetic disorders (eg Klinefelter syndrome, Turner's syndrome, Down's syndrome) Understand the pharmacological application for the following classes: Ovulation induction drugs Contraception Understand the pharmacological applications for the following disorders: Congenital Anomalies of Male and Female Reproductive tract. Infertility and Persistent Pregnancy Failure Microbiology	[presentation and written] (40%) Examination Final mark = 40% course mark + 60% exam mark Course mark calculated as follows: 2 written theory tests (60%) 1 x assignment [presentation and written] (40%)
Clinical Technology Practice in Reproductive Biology la	Ectopic pregnancy , placenta previa , sacrococcygeal teratoma Genetic disorders (eg Klinefelter syndrome, Turner's syndrome, Down's syndrome)Cardiovascular disorders Fundamentals of Clinical Embryology Introduction to In Vitro Fertilisation and Embryo Culture Congenital Anomalies of Male and Female Reproductive tract. Pathophysiology of Male and Female Reproductive organs & Systems Semen analysis Cervical mucus Examinations Semen (Spermatosoa) - Cervical mucus-interaction tests Extended antispermatosoa antibody tests in semen, cervical mucus and blood serum	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
Clinical Technology Practice in Reproductive Biology Ib	Sexual transmitted infections and blood borne viruses in ART Identification, judgement and manipulation of ova. Fertilization of ova and embryos Cryopreservation of semen, ova and embryos Infertility and Persistent Pregnancy Failure (a). Fertility Preservation in Cancer Patients (b). Infections and Infertility (c). Male and Female Infertility (d). Artificial Insemination (e). Induction of Ovulation Quality Assurance, Risk management and Laboratory organisation Patient-Technologist-Relationship	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)

Instrumentations and Techniques for Clinical Technology in Reproductive Biology la	 Apparatus for the following procedures: Semen analysis Preparation of media ART Laboratory Equipment Maintenance of Apparatus Quality control 	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Instrumentations and Techniques for Clinical Technology in Reproductive Biology Ib	 Reproductive Imaging (Hysterosalphingography, Laparoscopy) Contraception Hormonal Contraception Modern Concepts in Intrauterine Devices Surgical Sterilization 	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Fourth level		
Health Care Management II	 Legal and social aspects of Healthcare Human resource management in healthcare settings Budgeting and financial management in Healthcare Leadership in Healthcare settings Community relations in Healthcare settings 	Continuous assessment The final mark: 2 x written theory tests (60%) 1 x assignment [presentation and written] (40%)
Research Methodology III	 Conduct a research project and collect data using appropriate research methodology. Perform data analysis using appropriate statistical tests and packages. Interpret findings and present these according to set criteria and formatting requirements in the form of a dissertation. Demonstrate an ability to act professionally and ethically when conducting research 	Continuous assessment The final mark: Research project =70% Presentation of research = 30% Externally moderated
Clinical Instruction (Elective I)	 Learning Process and Models of Instruction Teaching and Learning Styles Teaching, Learning, Assessment, and Study Skills Strategies Curriculum Development and Classroom Management Academic Writing and Presentation Mentorship 	Continuous assessment with external moderation : Theory tests (60%) Assignments (40%)

Small business management (Elective 2)	Introduction to Entrepreneurship Theory Self-awareness and development of personal attributes Industry and business classification Business Plan development Marketing for Entrepreneurs Finance, business calculations and financial record keeping for Entrepreneurs Operations Management for Entrepreneurs Human Resources for Entrepreneurs Presentation Skills	Continuous assessment with external moderation: - Theory Tests - Open or closed Book 70% - Individual Participation/Graduate Attributes 10% Business Plan (group work) 20%
	CARDIOLOGY	
Clinical Technology Practice in Cardiology IIa	Setting up and monitoring of the following invasive procedures: Intra-aortic balloon pumping Intravascular ultrasound and fractional flow reserve Right and left heart catheterisation on paediatrics Electrophysiology and ablation Bi-ventricular pacing Implantable cardiac defibrillators Setting up and monitoring of the following invasive procedures:	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
Clinical Technology Practice in Cardiology IIb Instrumentations and Techniques for Clinical Technology in Cardiology IIa	Head-up tilt testing External synchronised cardiac defibrillation Advanced cardiopulmonary resuscitation Perform echocardiography and correctly report on the following: adult and paediatric congenital heart disease valvular heart disease lnfective endocarditis Pericardial disease Dobutamine stress echocardiography Intra-Aortic Balloon Pump. Intra-aortic balloon pump Intravascular ultrasound and fractional flow reserve equipment Right and left heart catheterisation on paediatrics: wires, catheters	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
	 Electrophysiology and ablation equipment and catheters 	
Instrumentations and Techniques for Clinical Technology in	 Bi-ventricular pacing: leads, wires and generators Implantable cardiac defibrillators: leads, wires, defibrillator 	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments

Cardialagy IIb	- F-bdibbb	[succentation and wwitten]
Cardiology IIb	Echocardiography: transoesophageal ach a gold agree by and	[presentation and written] (40%)
	echocardiography and Dobutamine stress	(40%)
	echocardiography;	
	pericardiocentesis	
	Drug Administration and	
	management of side effects.	
	CRITICAL CARE	
Clinical	 Intubation. 	Continuous assessment
Technology	 Assist with acute haemodialysis and 	The final mark:
Practice in	continuous renal replacement	Continuous Proficiency
Critical Care IIa	therapy (CRRT).	Assessment based on the
	 Autologous blood recovery. 	application and performance
	 Cell saving. 	of the procedures or
	 Monitor Intra-Aortic Balloon Pump 	techniques as outlined in
	 Metabolic studies. 	module content (80%)
	 Left ventricle assist therapy. 	
	 Coagulation studies. 	Compilation of a logbook of
	 Endoscopy. 	procedures (20%)
	,	
Clinical	Ultrasonography.	Continuous assessment
Technology	Drug Administration and	The final mark:
Practice in	management of side effects.	Continuous Proficiency
Critical Care IIb	Advanced patient transport (inter-	Assessment based on the
	hospital and international transport).	application and performance
	General equipment management.	of the procedures or
	Physiological data management.	techniques as outlined in
	Neonatal:	module content (80%)
		,
	Set up, apply and maintain the following equipment:	Compilation of a logbook of
	Incubators;	procedures (20%)
	Humidifiers:	
	Phototherapy;	
	Neonatal therapeutic gas	
	administration;	
	Respiratory support devices. Invasive and non-invasive	
	Invasive and non-invasive	
Instrumentations	monitoring	Continuous assessment
Instrumentations and Techniques	Intra-Aortic Balloon Pump. he amendial with marchine.	The final mark:
for Clinical	haemodialysis machine	
Technology in	Continuous renal replacement	2 written theory tests (60%) 2 x assignments
Critical care IIa	therapy equipments (CRRT).	[presentation and written]
Critical care lia	Autologous blood recovery.	(40%)
	Cell saving.	(10/0)
	 Ultrasonography. 	
	Neonatal: Incubators; Humidifiers	
	and Phototherapy;	
	 Acute renal failure; 	
	 Chronic renal failure; 	
	 Hepatic failure; 	
	 Gullian-Barre syndrome, status 	
	epilepticus, meningitis, and	
	myasthenia gravis;	

	Brain herniation, intracranial	
	pressure changes; Drug Administration and	
	management of side effects.	
Instrumentations	Intra-Aortic Balloon Pump.	Continuous assessment
and Techniques	haemodialysis machine	The final mark:
for Clinical	Continuous renal replacement	2 written theory tests (60%)
Technology in	therapy equipments (CRRT).	2 x assignments
Critical care IIb	Autologous blood recovery.	[presentation and written]
	Cell saving.	(40%)
	 Ultrasonography. 	
	 Neonatal: Incubators; Humidifiers 	
	and Phototherapy;	
	 Acute renal failure; 	
	Chronic renal failure;	
	Hepatic failure;	
	Gullian-Barre syndrome, status	
	epilepticus, meningitis, and	
	myasthenia gravis; Brain herniation, intracranial	
	pressure changes;	
	Drug Administration and	
	management of side effects.	
	NEUROPHYSIOLOGY	
Clinical	Paediatric electroencephalography	Continuous assessment
Technology	(EEG)	The final mark:
Practice in	The electroencephalogram in the	Continuous Proficiency
Neurophysiology	unconscious patient in the intensive	Assessment based on the
lia	care	application and performance
	 Sleep and long term 	of the procedures or techniques as outlined in
	electroencephalography	module content (80%)
	 Multiple sleep latency testing 	module content (00%)
		Compilation of a logbook of
		procedures (20%)
Clinical	Intra-operative monitoring	Continuous assessment
Technology	 Trans-cranial Doppler's 	The final mark:
Practice in	 Sub-dural monitoring 	Continuous Proficiency
Neurophysiology	 Drug administration and 	Assessment based on the
lib	management of side-effects	application and performance of the procedures or
		techniques as outlined in
		module content (80%)
		(30,0)
		Compilation of a logbook of
		procedures (20%)
Instrumentation	• Calibration procedures on	Continuous assessment
and Techniques	neurophysiological equipment	The final mark:
for Clinical Technology in	Design, operation and trouble-shooting Continue	2 written theory tests (60%)
Technology in Neurophysiology	skills on the equipment for the following procedures:	2 x assignments [presentation and written]
Ila		(40%)
	Paediatric electroencephalography (EEG)The electroencephalogram in the	(,)
	unconscious patient in the intensive care	
	anconscious patient in the intensive care	

Instrumentation and Techniques for Clinical	Sleep and long term electroencephalography Multiple sleep latency testing Intra-operative monitoring Sub-dural monitoring Selection of clinical instrumentation and	Continuous assessment The final mark: 2 written theory tests (60%)
Technology in Neurophysiology lib	stock control	2 x assignments [presentation and written] (40%)
	NEPHROLOGY	
Clinical Technology Practice in Nephrology IIa	 Chronic Hemodialysis; Acute peritoneal dialysis; Management of transplant patients (pre and post); Anticoagulation Vascular Acesses- AVF/AVG Vascular Acesses-Venous catheter Heamodiafiltration Phlebotomy& Laboratory Investigations 	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
Clinical Technology Practice in Nephrology lib	Acute Hemodialysis (HD) Chronic HD Paediatric dialysis; Therapeutic apheresis Sorbent Dialysis &Hemoperfusion (HP) CRRT therapies:	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
	Liver Dialysis	
Instrumentation and Techniques for Clinical Technology in Nephrology IIa	Blood transfusion Techniques & Procedures related to Vascular accesses Arterio Venous Fistulas (AVF) & Arterio Venous Graft Venous Catheters Phlebotomy techniques & skill in HD & PD Laboratory Investigations Selection /Administration of different dialysates Measurements of dialysis dose Profiling — ultrafiltration, Sodium, temperature peritoneal equilibration test Equipments related to cardiac resuscitation Defibrillators	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)

	Blood gas equipments Administration of oxygen Suctioning Hemodifiltration (HDF) Membranes for HDF Water Quality related equipments Techniques in Anticoagulation and equipment used Equipments for CRRT therapies: Plasma exchange; CVVHD; Hemoperfusion	
Instrumentation and Techniques for Clinical Technology in Nephrology IIb	 Equipments for Acute Hemodialysis; Acute peritoneal dialysis; Paediatric dialysis; Supportive equipment required for acute HD & PD Management of transplant patients (pre and post); Equipments for & related to CRRT therapies: CVVH; CAVVH; SCUF, CVVHD, CVVHDF Cell Saving &Transfusion Sorbent Technology & Hemoperfusion ; Home Dialysis Liver Dialysis 	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Clinical	PERFUSION Assessing the Physiological Health of Patient;	Continuous assessment
Technology Practice in Perfusion IIa	Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Cardiopulmonary Resuscitation (CPR); Utilize the Left Ventricular Assist Devices (LVAD); Administer Drugs Perform Basic Echocardiography (ECHO);	The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%)
Clinical Technology	Perform Basic Echocardiography (ECHO); Perform Vascular Sonography; Interpretation	Continuous assessment The final mark:

Practice in Perfusion lib Instrumentations and Techniques for Clinical Technology in Perfusion II	and Analysis of Diagnostic Data; Perform External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG) Measurement, Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; Integrate Hemodialyzer; Interpret Magnetic Resonance Imaging (MRI); Perform Extracorporeal Membrane Oxygenation (ECMO) 12 Lead Electrocardiography (ECG); Advanced Cardiac Life Support; Lung Dynamics and Measurement, Ventilation/Perfusion Monitoring, Haemodynamic Monitoring, Blood Gas Analysis; Blenders; Vaporizers; Capnography; Provocative Nebulizers; Ventilators; Infusion Devices, Phlebotomy, Intra-Aortic Balloon Pumps; Autologous Blood Salvage; Cardiovascular Monitoring; Cardiopulmonary Resuscitation (CPR); Left Ventricular Assist Devices (LVAD); Drug Administration,	Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Instrumentations and Techniques for Clinical Technology in Perfusion II	Echocardiography (ECHO); Vascular Sonography; Interpretation and Analysis of Diagnostic Data. External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG), Stress Test, Basic Electroencephalography (EEG); Defibrillators, Cardioverters, Transducers, Cell Savers; Flowmeters;	Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%)
Clinical Technology Practice in Pulmonology IIa	Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac	Continuous assessment The final mark: Continuous Proficiency Assessment based on the
r amonology ma	Life Support; Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers;	application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of
	Administer Oxygen Therapy, Calibrate the Transducers;	procedures (20%)
Clinical Technology Practice in Pulmonology IIb	 CEPT (cardio pulmonary exercise testing) Skin allergy investigations using skin prick tests Provocation tests Sleep studies Nitric oxide testing) 	Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%)
Instrumentations and Procedures	Exercise study equipmentSleep study equipment	Compilation of a logbook of procedures (20%) Continuous assessment The final mark:

for Clinical Technology in		2 written theory tests (60%) 2 x assignments
Pulmonology IIa		[presentation and written]
i unifoliology na		(40%)
Instrumentations	Provocation testing equipment	Continuous assessment
and Procedures	Nitric oxide machine (NiOx)	The final mark:
for Clinical	Tritale oxide machine (1410x)	2 written theory tests (60%)
Technology in		2 x assignments
Pulmonology IIb		[presentation and written]
		(40%)
	REPRODUCTIVE BIOLOGY	
Clinical	• Embryo scoring for	Continuous assessment
Technology	transfer/cryopreservation	The final mark:
Practice in	IVF and Embryo Culture	Continuous Proficiency
Reproductive	Micromanipulation	Assessment based on the
Biology lia	Cryobiology and Cryopreservation	application and performance
	0.7 - 1.1-6/ a 1.7 - p. 100 a	of the procedures or
		techniques as outlined in
		module content (80%)
		Compilation of a logbook of
		procedures (20%)
Clinical	 Quality Assurance, Risk management and 	Continuous assessment
Technology	Laboratory organisation	The final mark:
Practice in	 Pre-implantation genetic disease 	Continuous Proficiency
Reproductive	 Fluorescence in-situ hybridization 	Assessment based on the
Biology lib	 Ethics and Law for Embryologists 	application and performance
		of the procedures or
		techniques as outlined in
		module content (80%)
		Compilation of a logbook of
		procedures (20%)
Instrumentations	Equipment/APPARATUS for the following	Continuous assessment
and Techniques	procedures:	The final mark:
for Clinical	 Aspiration, Identification, Evaluation and 	2 written theory tests (60%)
Technology in	Manipulation of Ova.	2 x assignments
Reproductive	Fertilization and transfer of ova	[presentation and written]
Biology lia	Embryo transfer and artificial insemination	(40%)
)	• Lindi yo di ansier and ar dificial inserninadori	•
Instrumentations	Cryopreservation of semen, ova, and	Continuous assessment
and Techniques	embryos	The final mark:
for Clinical	Testicular biopsy	2 written theory tests (60%)
Technology in	1 /	2 x assignments
Reproductive		[presentation and written]
Biology lib	 Quality control procedures 	(40%)
Piciogy IID		(10/0)