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| How to complete Change Request (CR):1. Complete each applicable field including date submitted and priority
2. When completed, save document ensuring filename is the same as the Change Request title. (i.e. kidney dialysis form: change dropdown)
3. Keep one copy for your records and e-mail one copy (see #4)
4. Email change request to: ServiceDesk@GiftOfLife.on.ca
 | CR Number (Service Desk assign) |  |
| Date submitted: |  select date |
| Please select priority from the dropdown list below: |
| click hereto select priority |
| change request details | Requester name: |  |
| Email: |  | Phone:  |  |
| CR Title: |  |
| Source of request(please select) | click here to select source of request | Other:(please specify) |  |
| Specify the affected organ(s): |  | what users are impacted? |  |
| Description: (Please Explain the change) |
|  |
|  |
|  to be completed by information systemsapproval & outcome | impacts/risk Analysis: |
|   |
| to be included into project # |  |
| Disposition | select disposition |
| assigned to implement change: |
| Name  | Title | Date |
|  |  |  select date |
| Approval (clinical team approval required for changes to algorithm or other changes with potential business impact) |
| Name  | Title | Date |
|  |  | select date |
| Change Outcome/Lessons learned: |
|  |