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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 systems  approval & 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: | | | | | | | | |
|  | | | | | | | | |