|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How to complete Data correction (DC):   1. Complete each applicable field including date submitted and priority 2. When completed, save document ensuring filename is the same as the data correction title. (i.e. delete duplicate record 123456) 3. Keep one copy for your records and e-mail one copy (see #4) 4. Email data correction to: ServiceDesk@GiftOfLife.on.ca | | | | | DC Number  (assigned by service desk) | | |  |
| Date submitted: | | | select date |
| Please select priority from the dropdown list below: | | | |
| click hereto select priority | | | |
| Data Correction details | Requester name: |  | | | | | | |
| Email: |  | | | Phone: | | |  |
| DC Title: |  | | | | | | |
| type of correction  (please select) | click hereTO SELECT TYPE OF CORRECTION | | | | Other:  (please specify) | |  |
| Description: complete each column in the table below, if applicable. | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **TGLN ID#** | **PATIENT INITIALS (F. NAME, L. NAME)** | **CURRENT FIELD VALUE** | **FUTURE FIELD VALUE** | **ADDITIONAL INFORMATION/ COMMENTS\*** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **\*In this column, provide all details required to successfully complete the data request.** | | | | | | | |
|  | | | | | | | | |
|  | assigned to make correction: | | | | | | | |
| Name | | | Title | | | Date | |
|  | | |  | | | select date | |
| Approval (clinical or transplant team approval required prior to making data correction) | | | | | | | |
| Name | | Title | | | | Date | |
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