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| How to complete the Hospital Name Change Request Form   1. Complete each applicable field. 2. When completed, save document ensuring filename is the same as the request title. 3. Send to the Directors of Hospital Programs for review and approval. 4. Send completed form and Director approval to   [oh-tgln\_servicedesk@ontariohealth.ca](mailto:oh-tgln_servicedesk@ontariohealth.ca)  ***\*To add a new hospital / corporation to iTransplant/OATS use the “New Hospital/Corporation Request Form*** “ | | | **Date Submitted:** | | Click or tap to enter a date. |
| **Date Change is Required:** | | Click or tap to enter a date. |
| **Requester Name:** | | Click or tap here to enter text. |
| **Priority** | Routine | Urgent | | Stat | |

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| **Current Hospital Name:** | Current hospital name |
| **Proposed Hospital Name iTranspant/OATS) [100 Char Max]:** | Proposed hospital name [100 char] |
| **Proposed Hospital Short Name (OATS) [50 Char Max]:** | Proposed hospital short name (OATS) [50 char] |
| **Proposed Abbreviation (iTranspant / OATS) [15 Char Max]:** | Proposed abbreviation [15 char] |
| **Proposed French Hospital Name (OATS) [100 Char Max]:** | Proposed French hospital name [100 char]. |

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| **Current Corporation Name:** | Current corporation name. |
| **Proposed corporation (OATS) [100 char max]:** | Proposed corporation [100 char]. |
| **Proposed corporation French name (OATS) [100 char max]:** | Proposed corporation French name [100 char] |

**This section will be completed when the change is being processed.**

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| **TICKET #:** | Click or tap here to enter text. | | |
| **CR iTRANSPLANT COMPLETED BY:** | Click or tap here to enter text. | **DATE OF COMPLETION:** | Click or tap to enter a date. |
| **CR OATS COMPLETED BY:** | Click or tap here to enter text. | **DATE OF COMPLETION:** | Click or tap to enter a date. |
| **INFORMATICS COMPLETED BY:** | Click or tap here to enter text. | **DATE OFCOMPLETION:** | Click or tap to enter a date. |