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| How to complete the New Hospital / Corporation 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. e-mails request and Director Approval to [oh-tgln\_servicedesk@ontariohealth.ca](mailto:oh-tgln_servicedesk@ontariohealth.ca)   **For site or corporate name changes use the Name Change 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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| **Hospital Site Name (iTranspant/OATS) [100 char max]:** | Hospital Site Name (100 Char Max) |
| **Hospital Site Short Name (OATS) [50 char max]:** | Site short name (OATS) [50 char] |
| **Abbreviation (iTranspant / OATS) [15 char max]:** | Proposed abbreviation [15 char] |
| **French Hospital Name (OATS) [100 char max]:** | French hospital name [100 char] |

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

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| **Tier Status (OATS)s** | | Yes (Tier 1) | | No | |
| **Hospital Designation Status (OATS)** | | Yes, Designated | | No, Not Designated | |
| **ODH/NDH STATUS:** |  | | **GTA/GOA STATUS:** | |  |
| For Hospital tier status and Hospital designation:  If the Tier status is Yes and designation is Yes then Hospital is an Originally Designated Hospital (ODH)  If the Tier status is No and designation is Yes then Hospital is a Newly Designated Hospital (NDH) | | | | | |

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| **Hospital Region** | CAGTA – Central and GTA | SW – South Western Ontario | |
| E –Eastern Ontario | N – Northern Ontario | O – Outside Ontario |

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| **LOCAL HEALTH INTEGRATION NETWORK**  **(LHIN):)** |
| Click or tap here to enter text. |

**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. |