**iTransplant Enhancement Request Form**

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| **How to complete Enhancement Requests:**1. Complete each applicable field, including date submitted.
2. When completed, save document ensuring filename is the same as the Request title.
3. Send to Manager/Director for review and approval.
4. Keep one copy for your records and e-mail one copy.
5. Manager/Director E-mails Request to:

OH-TGLN, Service Desk: oh-tgln\_servicedesk@ontariohealth.ca cc iTransplant Liaison: michelle.snyder@ontariohealth.ca  | **Request ID #** |  |
| **Date Submitted:** | Click or tap to enter a date. |
| **Manager Approval:** |       |
| **Requester Name:** |       |
| **E-Mail:** |       |
| **Phone:** |       |

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| **Enhancement Request:***Give the request a short name* |       |

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| **Problem Statement:***What isn’t working?**What needs to be fixed?**Why is it a problem?**How would fixing it make the system better?* |                 |

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| **Proposed Solution:***What exactly needs to be done?**Add a new field?**Put a field on a page?**Change a calculation?**Do your best to describe what you anticipate the change to be.* |                 |

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| **Screenshot Description:***System Tab / Area**Page* *Field on page* |        |

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| IM Director Approval: | [ ]  Yes[ ]  No | Date of Approval: | Click here to enter a date. |
| If Not Approved,Reason: |       |

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| Completed by iTx liaison | **Disposition** | select disposition |
| **Date** | Click here to enter a date. |
| **iTransplant Release Cycle** |       |