**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](mailto:oh-tgln_servicedesk@ontariohealth.ca)  cc iTransplant Liaison: [michelle.snyder@ontariohealth.ca](mailto: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** |  |