SELAYANG HOSPITAL
CHANGE REQUEST FORM

Request No

User: Complete this section

Requestor :   Dept: Extension:

DESCRIPTION of Change Request *:

Priority: URGENT   CRITICAL   NORMAL

Change to: HARDWARE   SOFTWARE   NETWORK   OPERATING SYSTEM

Signature of The Requester's Head of Department _____

*Please attach detailed description, screen prints and other DETAILED documentation. Failure to do so will delay approval.

When complete deliver this form to the General Office, IT Department.

Change Control Board complete this section

Change Control Consideration

Scheduled Date: _____   Scheduled Time: _____

Are Interfaces affected?   Y   N   Is downtime necessary?   Y   N

If so, who is responsible for communication? _____ Have the users been contacted? Y   N   N/A

Impact to users: _____

Have all systems/groups affected been notified (please acquire "Pre-approval" signatures below)?   Y   N   N/A

CHANGE CONTROL REVIEW: **APPROVED**   **DENIED**

Change Control Coordinator Signature: _____ Date: _____

Change Control Board Chair Signature: _____ Date: _____

Copy for ACTION	Copy for INFO

ACTUAL IMPLEMENTATION: *Acquire signoff of systems affected (Initials/Date)*

X	System/Group	BUILD	TRAIN	PROD	In	X	System/Group	BUILD	TRAIN	PROD	In
	Interface Engine						PS Billing				
	Data Admin						PS Accounts Rec				
	Core						PS HR				
	Training						PS Payroll				
	Security						Oracle AP				
	Med Records						Oracle GL				
	Master Doctor						Oracle Mat'l Mx				
	Clinic Admin						VST Kitchen Mx				
	Cerner OCF						SLM Caremaster				
	Cerner OMF						Siemens PACS				
	Cerner Doc Mgt						MS Exchange				
	Cerner ProFile						UTD				
	Cerner Orders						PCs				
	Cerner - Siemens						Printers				
	Cerner – Billing						Servers				
	Cerner - VST						Network Items				
	Cerner – Oracle						Psoft – UTD				
	Cerner – MDIs						Psoft – Oracle				

SELAYANG HOSPITAL
CHANGE REQUEST   FORM

Request No

	Cerner – FCS						CSSD				

RESULTS of Implementation IN BUILD : _____

_____

_____

Date of User Acceptance In BUILD   :

User's Signature   :

RESULTS of Implementation In PROD : _____

_____

_____

Date of User Acceptance In PROD   :

User's Signature   :

CHANGE REQUEST PROCEDURE

1.   User completes the Change Request Form and gets HOD's signature
2.   User submits to ITD Office
3.   ITD studies the feasibility of changes
4.   HOD of ITD approves the request.
5.   Approved CRFs are sent to relevant modules developer
6.   Denied CRFs are sent back to the requester
7.   User signs off User Acceptance in BUILD if changes are satisfactory
8.   User signs off User Acceptance in PROD if changes are satisfactory
9.   The Change Request Form will be kept in Change Request File in ITD

Change Control Board Comprises: Head of IT Department
                                                            Head Of Department