|  |
| --- |
| **Product:** |
| **Ticket #:**  | **Initiated by:**  | **Request Date:**  |
| **Type:**

|  |  |
| --- | --- |
| [ ]  | Enhancement |
| [ ]  | Documentation |
| [ ]  | Other |

 | **Request:**

|  |  |
| --- | --- |
| [ ]  | Internal |
| [ ]  | User |
| [ ]  | Other |
|  |  |

 | **Application** *(enter options below):*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Clintegrity  |  |  |
| [ ]  | PQT |  |  |
|  |  |  |  |
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 |
| **Current Version(s) Installed:** |
| **SUBMITTER INFORMATION** |
| **Name:****VAMC &VISN:** **Role/Title:**  | **Email:** **Phone:** **Submitted by (if different):**  |
| **Description of Request** *(Please provide reference screenshots and/or other attachments if possible)*  |
| **Short Description of Change:** **User Story: As a** [enter your user role] **I want** [application] **to** [enter what you need the product to do] **so that** [enter the reason you are requesting this change]. **Example:** ***As a*** *Coder* ***I want*** *Clintegrity* ***to*** *allow me to add a coder comment* ***so that*** *I can communicate to other departments about the encounter.*  |
| **Description of current process** *(Please describe current process, workarounds, challenges and/or pinpoints if possible)* |
| **Describe what is or is not occurring in current state:**  |
| **End-Users Roles Impacted by Changes:** **examples:** *Coding, Compliance, VERA coordination, Inpatient*  |
| **Is a VA change driving this request?** [ ]  Yes [ ]  No If “Yes” please describe:  |
| **Will the change be visual?** [ ]  Yes [ ]  No If “Yes” please describe:  |
| **Will this request benefit all facilities?** [ ]  Yes [ ]  No If “Yes” please describe:  |
| **Will a process be affected by this change?** [ ]  Yes [ ]  No If “Yes” please describe:  |
| **Please email this completed form to** **Suzanne.Powell@nuance.com** |
|  **🡫 INTERNAL USE ONLY 🡫** |
| **Detailed Description of Request**  |
|  |
| **Impact if request is not implemented** |
|  |
| **Anticipated changes** |
|  |
| **Risks**  |
|  |
| **IMPACT TO SYSTEM** |
| **Estimated Time to Complete:**  | **Date/Release to be completed:**  |
| **Cost (if applicable):** | **Schedule Impact:** |
| **1. Systems/Areas Affected** *(List all system impacts, areas in applications that will be affected, etc.)* |
|  |  |
|  |  |
| **2. High Level Tasks:** |
| **Group/Individual** | **Task Description** |
|  |  |
|  |  |
| **APPROVALS** |
| **Product/Project Manager Information****Name:** **Title:** **Email:** **Phone:** **Signature:** | **Customer Information****Name:** **Title:****Email:** **Phone:** **Signature:** |
| **History Log:** |
| **Date** | **Venue for Notes** | **Comments** | **Note Taker/****Attendees** |
| **CHANGE REQUEST STATUS** |
| **Approval Status:** | [ ]  Approved [ ]  Duplicate [ ]  Denied [ ]  Pending |
| **Priority:** | [ ]  1: High [ ]  2: Medium [ ]  3: Low |
| **Resolution (version notes):** |  |
| **Comments:** |  |
| **Change Closed on:** | **Change Closed by:** |
| **Release Version:**  | **Release Quarter/Date:**  |