

**SELAYANG HOSPITAL
CHANGE REQUEST**

**Request No
FORM**

User: Complete this section

Requestor : _____

Dept: _____

Extension: _____

Date Requested _____

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

Are Interfaces affected? Y N Scheduled Date: _____ Is downtime necessary? Y N Scheduled Time: _____

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 Signature: _____ Date: _____

ACTUAL IMPLEMENTATION:

Acquire signoff of systems affected (Initials/Date)

X	System/Group	BUILD	TRAIN	PROD	In
	Interface Engine				
	Data Admin				
	Core				
	Training				
	Security				
	Med Records				
	Master Doctor				
	Clinic Admin				
	Cerner OCF				
	Cerner OMF				
	Cerner Doc Mgt				
	Cerner ProFile				
	Cerner Orders				
	Cerner - Siemens				

X	System/Group	BUILD	TRAIN	PROD	In
	PS Billing				
	PS Accounts Rec				
	PS HR				
	PS Payroll				
	Oracle AP				
	Oracle GL				
	Oracle Mat'l Mx				
	VST Kitchen Mx				
	SLM Caremaster				
	Siemens PACS				
	MS Exchange				
	UTD				
	PCs				
	Printers				

