



SURGICAL INFORMATION SYSTEM (SIS) CHANGE REQUEST FORM

- ▶ Call the Service Desk 1-888-316-7446 (local 337-0600) if you are unclear about any fields below.
- ▶ Please return completed forms to the Service Desk. They can be faxed to the number provided below.

Return to: Fax Number: 306-781-8480
Email: servicedesk@ehealthsask.ca

Requestor's Information

Requestor's Full Name printed:		<i>To be filled out by EHEALTH SASKATCHEWAN Business Analyst</i>	
Work Phone #:	Health Region:	Status: <input type="checkbox"/> review <input type="checkbox"/> approved <input type="checkbox"/> assigned <input type="checkbox"/> closed	
Email Address:		USD Ticket Number:	

Step 1 – Requestor to Complete for Review

Description of Change:

Reason for Change:

Completed by: _____ Date: _____

Step 2 – Regional Administrator Comments

Comments:

Regional Administrator: _____ Date: _____

Step 3 – Details (to be completed by eHealth Saskatchewan BA or AESB SIS Administrator)

Dependencies:	Dependency Exists	Changes Expected	Date of Next Planned Change
SSCN:			
MM (Materials Management)			
ADT			

Regions Impacted: CHR PAPHR RQHR SRISEHR
 FNHR PNRHA SKTNHR "GOLD"

Approval: Granted/Rejected By: **AESB** Granted Rejected

Authorizing Signature: _____

Priority: Emergent High Medium Low

Completed by: _____ **Date:** _____

If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 337-0600)
 The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>