



## iPHIS REPORT ENHANCEMENT REQUEST FORM

► Call the Service Desk 1-888-316-7446 (local 337-0600) if you are unclear about any fields below.

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

<b>Please use this form to request Enhancements / Changes to existing iPHIS reports</b>	<b>ER #:</b> (eHS BA completes) _____
---	--

**Note:** All requests for enhancements should be routed through a regional manager.

**Requester complete this section**

<b>Requester Name printed:</b>	
<b>Requester RHA</b>	
<b>Report Name</b>	
<b>Enhancement/Change Description</b> (Describe in detail the enhancement/change)	
<b>Business Driver</b> (Describe why the enhancement/change is required)	
<b>Request Time Frame</b>	

Manager's signature: \_\_\_\_\_ Date (YY/MM/DD) \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

<b>Business Analyst to complete the following section</b>	<b>Comments</b>
Approved by Ministry <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred to Workgroup	
Workgroup Approval <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Date/Time change will be implemented	
Tester(s)	

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>