# SURGICAL INFORMATION SYSTEM (SIS)
## EMERGENCY CHANGE REQUEST FORM

**eHealth Saskatchewan**

▶ 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:** | |

*To be filled out by EHEALTH SASKATCHEWAN Business Analyst*

| | | |
|---|---|---|
| Work Phone #: | Health Region: | **Status:** ☐ review ☐ approved ☐ assigned ☐ closed |
| Email Address: | | USD Ticket Number: |

| | |
|---|---|
| Regional Administrator: | |
| Who made the emergency change: | |
| Who authorized the emergency change: | |
| Date and Time the emergency change was made: | |

### Step 1 – Requestor to Complete for Review

What was changed?

Why was the emergency change required?

Which booking or case records are associated with the emergency change?

What error messages were generated as a result of the emergency change?

What environments was the emergency change made in? ☐ UAT ☐ Production

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