

SUNY HealthBridge – Request/Change Form

This form is to be completed by the requestor for all changes to SCM production environment.

This change request form is used to record events, decisions, and activities. It must be presented to the IT Steering Committee. Any project Stakeholder, as defined in the Project Charter (project participants, system users, and approving agencies/organizations), must be identified for this request. Once the requestor presents the change to the Health Bridge Steering Committee and it has been approved, the request will also be presented to EPIC governance for review.

Requestor:		Date:	
Department:		Telephone:	
Please complete the following sections. If you have any questions, contact SUNY HealthBridge at 718-270-HELP			
What is the Change?			
What is the reason for the Change?			
Who are the stakeholders affected by the change? ☐ Physicians ☐ Residents, Pas, NPs ☐ Case Management ☐ Respiratory ☐ Lab ☐ Nursing ☐ HIM ☐ Pharmacy ☐ Radiology ☐ Other ☐ Social Work ☐ Physical/ Occupational/ Speech Therapy			
Comments:			
_____ Signature of Requestor		_____ Printed Name	_____ Date
_____ Signature of Department Head		_____ Printed Name	_____ Date
		Healthbridge Use Only	
Risk and Implications for project: (For IS use: Track-It # _____ RFC # _____)			
Resource Impact Statement:			
HealthBridge Steering Committee Presentation Date: _____		Committee Approval Date: _____	