ClintegrityTM VERA Analyzer

ENHANCEMENT REQUEST FORM

|  |  |
| --- | --- |
| **Ticket #:**  | **Date of request:**  |
| **VISN:** **Facility:**  | **Clintegrity version:**  |
| **Requestor name:**  | **Contact phone #:**  |
| **Contact email:**  | **Submitted by:**  |
| **Screenshots added below?** [ ]  Yes [ ]  No |  |
| **Describe Enhancement:** |
| **Describe what is/is not occurring in current version:** |
| **Is a VA change necessitating this enhancement?** [ ]  Yes [ ]  No **If “Yes”, please describe:** |
| **Will the enhancement be visual?** [ ]  Yes [ ]  No **If “Yes”, please describe:** |
| **Will this enhancement benefit all facilities?** [ ]  Yes [ ]  No **If “Yes”, please describe:** |
| **Will any process be affected by this change:**  [ ]  Yes [ ]  No **If “Yes”, please describe:** |
| **What is the urgency of this enhancement?** [ ]  Low [ ]  Medium [ ]  High |

|  |
| --- |
| **Enhancement Committee Use Only** |
| **Date Request Received:**  |  |
| [ ]  Approved [ ]  Denied [ ]  Duplicate | Priority: [ ]  1: High [ ]  2: Medium [ ]  3: Low |
| **Comments:**  |
| **Resolution:**  |
| **Judgment Date:**  | **Released in Version:**  **Quarter/Year:**  |

Please save the completed form**, including your facility name** and email it to **Melissa Gruenloh** at melissa.gruenloh@nuance.com. All enhancements are subject to review. You will be notified when a decision is made on your request. Thank you.