UNIVERSITI TEKNOLOGI MARA | Hospital Al-Sultan Abdullah

SYSTEM REQUEST FORM

A. REQUEST BY (END USER)			
☐ New Request ☐ Change Request			
Name		**Department**	
Position		**Phone No.**	
Date			

B. MODULE
☐ University Medical System (UniMEDS)   ☐ Inpatient Referral ☐ Specimen Management System (SMS)   ☐ Outpatient Referral ☐ Incident Reporting System (QIPS)   ☐ Key Performance Indicator (KPI) ☐ Others: _____

C. REQUEST DESCRIPTION (END USER)
Description (Please elaborate in detail)
Reason (Please elaborate in detail)
Request Classification ☐ Module Improvement   ☐ Work Process Improvement   ☐ Screen Improvement   ☐ Issue/Bug
Priority (Please Check One) ☐ High   ☐ Moderate   ☐ Low
Cost Impact ☐   ☐ Expected Cost: _____
Attachment/Screen Shot (If Applicable)
Suggestion (Please brief in detail)

Requested By:	Signature	Date

D.   REQUEST VERIFICATION BY HOD

Verified By:	Signature	Date

E.   COMMITTEE FEEDBACK

Comment:

Decision:

☐ Approved   ☐ On Hold   ☐ Reject

F.   COMMITTEE CHAIRMAN VERIFICATION

Signature and Stamp: Date: