

Kansas Trauma Registry
Software Change Request Form

- 1. Requestor's Name: _____
- 2. Requestor's Phone Number: (_____) _____ - _____
- 3. Requestor's E-mail address: _____
- 4. Requestor's Facility: _____
- 5. Date Submitted: _____

6. Nature of Issue:
Give a detailed description of the issue pertaining to what is or isn't working.

- 7. Section and Page number of Data Dictionary
Section: _____ Page: _____

8. Current Data Dictionary Definition:

- 9. Pop-up Menu affected: _____ Screen: _____

10. Standard Report Name: _____

- 11. Users Affected: Core Comprehensive Other _____

12. Resolution Proposed:
Describe in detail how the feature should function.

13. State-wide Benefits:
Describe in detail how proposed change will benefit users state-wide.

14. Other Interested Parties: _____
