



SYSTEM SERVICE REQUEST

1. Name of Office*:		2. Requested Date*: ____ / ____ / ____ Time*: ____			
3. Contact Details*:		4. SR Reference # & Bug ID*:			
5. CATEGORY*		6. REQUEST TYPE* [] New [] Enhancement			
		7. PRIORITY* [] High [] Low			
<input type="checkbox"/> HIS (Hospital Information System) <input type="checkbox"/> EHR (Electronic Health Record) <input type="checkbox"/> DTR (Daily Time Record) <input type="checkbox"/> WRIS (Inventory System) <input type="checkbox"/> PACS (Picture Archiving Communication System) <input type="checkbox"/> LIS (Laboratory Information System)		<input type="checkbox"/> DMS (Document Management System) <input type="checkbox"/> ENGAS (Electronic New Government Accounting System) <input type="checkbox"/> IDTOMIS <input type="checkbox"/> SSD/ In- House : _____ <input type="checkbox"/> Integration: _____ <input type="checkbox"/> Others: _____			
8. MODULE/ MENU*					

9. SUMMARY OF USER'S REQUEST * <i>(Please write legibly)</i>					

10. User Action/ Description/ Process Flow*					

<i>(Use separate sheet/attach screenshot/approved template if necessary.)</i>					
11. REQUESTED BY*:		12. APPROVED BY*:			
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Name and Signature of Requesting Personnel		Name and Signature of Approving Head			
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Position		Position			
13. Action Items*:					
DATE	TIME	ACTIONS TAKEN	ACTION OFFICER	SIGNATURE	Remarks/ Status
		<input type="checkbox"/> Receive/ Review			
		<input type="checkbox"/> Delegation			
		<input type="checkbox"/> Data Gathering and Analysis & Design			
		<input type="checkbox"/> Client Approval (Technical Specification Documents)			
		<input type="checkbox"/> Project Manager Approval			
		<input type="checkbox"/> Development			
		<input type="checkbox"/> Quality Assurance			
		<input type="checkbox"/> Client Acceptance Testing			
		<input type="checkbox"/> Deployment/ Implementation			
		<input type="checkbox"/> Client Verification & Final Acceptance			
		<input type="checkbox"/> Post Implementation Review			
14. Noted By:					
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Signature Over Printed Name of IHOMP Head		Position		Date	



15. Progress Notes/Status of Request

DATE	TIME	ACTIONS TAKEN	ACTION OFFICER	SIGNATURE	Remarks/ Status

16. SCOPE & LIMITATIONS*

17. IMPACT ANALYSIS*

Note: * indicates required field
SPMC-F-IHOM-06