

ClintegrityTM VERA Analyzer

ENHANCEMENT REQUEST FORM

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| **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 **Sue Powell** at Suzanne.powell@nuance.com. All enhancements are subject to review. You will be notified when a decision is made on your request. Thank you.