CHANGE REQUST FORM

Perinatal Data Registry &

Perinatal Forms Redevelopment

If this is a request that does not impact data fields or the perinatal clinical forms, please fill out **Part 1 only**. If this is a change that would directly impact data fields or perinatal forms, please fill out **Part 2 also**. Only fully completed forms will be accepted.

**Email completed forms to** Philip Pang, PDR Project Manager, philip.pang2@phsa.ca.

**Part 1: Generic Request for the PDR**

|  |  |  |  |
| --- | --- | --- | --- |
| IDENTIFICATION | | | |
| Submitted by | <Your Name> | Email | <Your Email> |
| Date | <Date> | Phone | <Your Phone Number> |
| Approval | <Who do you report to?> | Location | <Your Primary Work Location> |

|  |
| --- |
| PROPOSED CHANGE |
| description |
| <Describe the nature of the change request. Please provide as much detail as possible.> |
| justification |
| <Describe the rationale for initiating the change request at this time.> |

**Part 2: Requests That Directly Impact Data fields or Perinatal Forms**

|  |  |
| --- | --- |
|  | Response |
| Variable Type | **Please check all that apply**  ☐Existing Variable ☐New Variable ☐PDR Variable ☐Form Variable ☐Other |
| name | <Please state the name of the variable you would like to change, or provide a suggestion for a new variable name> |
| Definition | <Please provide an alternative definition for the variable identified, or a new definition for the variable if required. If no new definition is available or can be suggested, please state what the issue with the current definition may be> |
| Burden of Illness | <What is the benefit this request provides to the patient?> |
| Clinical Significance | <How significant is this request to the clinician?> |
| Public Health Significance | <What impact will this information request have on public health, if any?> |
| Feasibility of Data Collection | <How feasible will it be to collect the data for this variable? Describe collection process and structures/processes/support that would need to be in place to enable documentation and collection. Can this data be collected through another clinical system or application?> |
| References | <Please provide literature or journal references in support of this request> |
| Other Information | <Is there any other information which you believe may help in the decision to accept this request? > |