**SUNY PACS Enhancement Request Form**

Enhancements require a change to SUNY PACS operating base code. This results in additional maintenance support as well as initial and long term operating costs, which will be assumed by the campuses. Therefore, all enhancement requests must be thoroughly and carefully reviewed to ensure system-wide benefits. All enhancement requests will follow the SUNY PACS Enhancement Process (DEV-PMF-001). Enhancement requests must be submitted by authorized campus representative.

To submit an enhancement request for SUNY PACS, please complete this form and submit it to customerservices@rfsuny.org. Please provide screenshots and/or reference documents to assist in review and evaluation.

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| **REQUESTOR INFORMATION** | | | |
| **Requestor’s Name:** |  | **Campus:** |  |
| **Email Address:** |  | **Phone #:** |  |
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| **ENHANCEMENT DETAILS** | | | |
| **Type:** |  | | |
| **Priority:** |  | | |
| **Module(s) Impacted:** |  | | |

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| **Requested Enhancement Details** |
| *Please provide information on the current issue/ background behind the request. Please be as specific as possible, providing information such as the specific fields/ pages within SUNY PACS for which you are requesting the changes.* |

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| **Rationale for Enhancement** |
| *What is the business goal of the requested enhancement? Focus on the criteria indicated in the Enhancement Details section above.* |

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| **Alternatives/Workarounds** |
| *Provide alternatives for consideration that may satisfy the business requirements, i.e. if we are not able to make this enhancement, what are the alternatives? What is the impact?* |

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| **Potential Impact to Reporting** |
| *Provide changes that may be needed to Report Center and module specific reports.* |

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| **FOR POGG USE/REVIEW (Completed by BA)** | |
| **Received/PPM logged:** | (date) SR# |
| **Forwarded to POGG campus representative:** | (date) |
| **Can work be completed by non-Huron resource? Time estimate:** | (date) |
| **Distributed to POGG Members for benefit analysis:** | (date) |
| **Summary of POGG analysis/discussion** | |
|  | |
| **POGG approved for cost estimate:** |  |
| **Sent to Huron for estimate:** | (date) |
| **Review Huron response and cost estimate with POGG:** | (date) |
| **Summary of review** | |
|  | |
| **Move Enhancement forward:** |  |
| **When relevant engage with Peer-to-Peer Compliance group for Review and Discussion:** | (date) |