

Please email completed form to NationalOrganmatchoffice@redcrossblood.org.au

Requested By:

Date Requested:

Module:

OrganMatch Change Proposal

A1. Issue or Improvement:

Benefit of Change (To be completed by the requester)

Is the patient or donor safety compromised?

What are the benefits of the change?

What is the risk if the change is not made?

Do you consider this change as an essential change? Is there are current work around for this?

Endorsement

The above request has been endorsed by: (please provide evidence)

FOR NOMO use only

Change Proposal ID: CP -