## Organ Match

## **Change Request Proposal Form**

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?
Endorsoment
Endorsement  The above removed has been and asset by (release removide socidence)
The above request has been endorsed by: (please provide evidence)  FOR NOMO use only
Change Proposal ID: CP -

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Date Effective: 14/08/2023