

**Change Request Form**  
**Harris Healthcare**  
Version 1.2

**Project:** Harris Healthcare Pharmacy App

**Date:** March 25 2020

**Who is Requesting:** Aleksey Miroff

**Change No:** 005

**Change Category (Check all that apply):**

☐ Schedule

☐ Scope

☐ Requirements/Deliverables

☒ Testing/Quality

**Change Request Description:**

Forms should be filled using yes/no rather than 0/1

**Reason for Change:**

To make the application easier to use and understand

**Describe Risks to be Considered for this Change:**

No risks other than time restrictions

**Estimate Cost for the Change:**

3 functional points

**Describe the Implications to Quality:**

This change will make the application easier to understand for frontline staff

**Decision:**

☒ Approve

☐ Reject

**Justification of Approval, Rejection:**

This is an easy request to implement so it will be approved

**Change Approval:**

**Name**

Harris-1

**Signature**

asdfgh

**Date**

March 25 2020

**Additional Notes:**