

**Public Health Information, Surveillance Solutions and Systems (PHIS3)**

## nmrsmetadata-unified-1.1.omod

# change request

|  |  |
| --- | --- |
| **Project Details:** | |
| **Project Name** nmrsmetadata-unified-1.1.omod, redactedextraction-1.0.0-SNAPSHOT | |
| **Request #:** | **Date of Request:**  13/12/2023 |
| **Requested By:**  *CIHP* | |
| **Request Description:** | |
| *Test Finding*  **nmrsmetadata-unified-1.1.omod**  **Pharmacy order form**   * Pill balance update replaced with Duration of ARV Balance (In Days): * Duration prescribed(days), duration dispensed(days) included on the form   **Client Tracking & Termination Form**   * Clinical parameters of the previous visit included on the form * Client verification is included on the tracking form   **CLIENT INTAKE FORM**   * The client intake form was saved successfully * The Key population type “MSM” is missing on the drop-down list * The Key population type “PWID” when selected changes to “MSM” * The Key population type “TG” when selected changes to “PWID” * The Key population type “People in prison and other enclosed settings” when selected changes to “TG”      * The Recency result interpretation is no longer available for manual edit   **OVC LINKAGE**   * UI framework error message when selected.   **PRESUMPTIVE TB REGISTER FORM**   * The form does not save after filling all required fields   **INITIAL CLINICAL EVALUATION FORM**   * The Initial clinical evaluation form does not save after filling the required fields.   **redactedextraction-1.0.0-SNAPSHOT**  **The omod was successfully deployed**  **The plugin successfully extracted the XML file for redacted encounter and deleted clients** | |
| ***Reasons for this Change Request:*** | |
| 1. *To enable the Adult Initial clinical evaluation form for saving after filling in the required fields.* 2. To resolve the UI framework message after selecting the OVC linkage form. 3. To resolve the KP-type concept mapping on the client intake form. 4. To enable the TB presumptive form to save after entries.     *.* | |
| **Options considered to implement the change:** | |
| *Document the options that have been considered and reviewed by the team.* | |
| **Impact of each option (Cost, Scope, Schedule, Quality):** | |
| *For each option, explain the impact on Cost, Scope, Schedule and Quality.* | |
| **Chosen solution:** | |
| *Explain which option has been chosen and why.* | |
| **Approval Signature(s) and Date(s):** | |
| *CIHP CDC IPS HIS Testing Team* | |