Title:	Change Request Form for System XY				
Author:	dd.mm.yy	Doc. ID:			
Changed by:	dd.mm.yy	Section:			
Printed:	dd.mm.yy	Version 1			
File:		Page: 1 of 6			

General Approach (This instruction page will not be printed)

Principle	All change requests shall pass the change management procedures. If done so, a complete planning and coordination with other projects gets possible. A distinction between important and less important issues gets possible.					
Naming convention	If stored electronically the CR gets the following file name: 0-CR-nnnn.doc, where nnnn is the change request number. No version or state information is contained in the file name.					
Process						
Request a Change	1 The submitter completes the Change Request Form and sends it signed to the change control manager.					
Analyze the change request	The following consideration may lead to one of the following three states (opened, postpone rejected) of the change request:					
	• Impact on business application (on demand the owners of the BA must be involved in the analysis)					
	Cost and time consideration					
	• Emergency / Importance of change					
	QA releases the change request for implementation					
Apply the Change	The implementer performs the necessary changes					
Request	The tester verifies the implementation of the changes					
	The change control manager informs the submitter about the state of the change					
	QA approves the change					
Maintain the Change History	The Change Manager updates the change log					

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I. Change Request		Request Number:						
	Date of Re	equest:	Problem Report Number (Problem Report Number (if raised from a problem):				
itter	Submitter		Planned Completion Date					
Subm	Priority:	\Box High (H) \Box Low (L)	\Box None (N) \Box Emerg	ency (E)				
ed by the	Description of Request – Documents that define the request in more detail shall be referenced here:							
To be completed by the Submitter	Reason for Change / Benefit:							
To be	Estimated	Benefit (Person Days / Year):						
	On Account:							
Sub	Submitter Name Signature Date							
Comp	Completed, printed and signed to the SYSTEM XY Change Manager							

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II. 4	II. Analysis					
	Risks		Remarks			
	Does the requested change have any impact on					
	The functionality of SYSTEM XY?	🗌 Yes 🔲 No				
	The security of the SYSTEM XY?	🗌 Yes 🔲 No				
	Electronic Records managed by SYSTEM XY?	🗌 Yes 🔲 No				
nager	User procedures (how users interact with SYSTEM XY)	🗌 Yes 🔲 No				
Ma	Interfaces to other systems	🗌 Yes 🔲 No				
nge	Printouts out of SYSTEM XY	🗌 Yes 🔲 No				
e Cha	Any other aspects that could influence on the validated state of SYSTEM XY	🗌 Yes 🔲 No				
To be completed by the Change Manager	Severity: GMP 🛛 Business Critical 🗌 1	None				
To be con	Impact on SYSTEM XY (Describe any influence on the validation state of the affected Business Applications)					

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Name all doc	cuments, that must be crea	ted or cha	nged for the in	nplementatio	n of the change red	quest:
	Requirements					
	System description					
	Code (scripts)					
	Test cases					
	SOPs					
	Activities – the verificatio	n activitie	s out of the fol	lowing list n	nust be selected ac	cording to the
impact of the	e requested change					
	(Code-) Review		Unit test			
	Integration test		System test		acceptance test	
	regression test					
	training					
	others (please specify)					
	validation plan will be writte					
	validation plan will be writte	1				
Estimated eff	fort for realization incl. tes	sts (Indivi	duals, Days) fo	or		

III. Assignment for implementation							
Name	Signature	Date					
			□ assigned with date:				
			□ rejected and submitter informed				
			□ postponed and submitter informed				
Quality Assurance			Approved:				
			□ No				
Reason for rejection	:						

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IV. Checklist	IV. Checklist for the release to production							
(8) Transportation deployment was		ıctive						
Name	Signature	Date						
Implementer /			Successfully implemented	□ n/a	□ Yes			
Tester			All required (see analysis part of CR) documentation created and/or updated	□ n/a	□ Yes			
			Successfully build	□ n/a	□ Yes			
			Successfully tested	□ n/a	□ Yes			
			Effort for realization (PT):					
Change Manager			Submitter informed	□ n/a	□ Yes			
			All documentation archived	□ n/a	□ Yes			
			Effort for realization:					

Name	Signature	Date			
Change Manager			□ All related chan	ge requests in other systems closed	
			□ Assigned activities verified		
			□ Released for production		
			□ Submitter informed		
Application System	Approved:		□ Yes		
Owner				□ No	
Quality Assurance			Approved:	□ Yes	
				□ No	

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Appendix: Documents updated/created

Doc Type	Doc. ID, Document Title
Requirements	
Scripts	
System description	
Unit test	
Integration test	
System test	
Acceptance test	
SOPs	