*By providing the information on this form to Data Innovations LLC (“DI”), You agree that such information shall be considered “Feedback” in accordance with the terms and conditions of the software license agreement under which the DI software was licensed.  Further, You agree that DI may utilize such Feedback without any obligation to You and that such Feedback will become the intellectual property of DI.  (“You” shall mean the authorized representative of the company using the DI Software or a business partner of DI.)*

# Directions

Please fill out and submit the following form to Data Innovations. If there are problems completing this form, please contact your DI representative. ***Provide as much information as possible as the form will be reviewed for completeness prior to being evaluated.***

# Section 1: Basic Information

|  |  |
| --- | --- |
| **Customer/Partner**  Click or tap here to enter text. | **Instrument Manufacturer/Name**  Click or tap here to enter text. |
| **Site**  Click or tap here to enter text. | **Vendor Contact – phone and email** (for a new driver)  Click or tap here to enter text. |
| **License #**  Click or tap here to enter text. | **8-character Driver Name** (or N/A if a new driver)  Click or tap here to enter text. |
| **Request Date**  Click or tap to enter a date. | **Driver Version Installed at Site** (or N/A if a new driver)  Click or tap here to enter text. |
| **Application**  Choose an item. | **Application Version**  Click or tap here to enter text. |

# Section 2: Request Details

What is the current problem / issue? What cannot be accomplished that is necessary? Why is this change required?  
Describe the business/workflow problem. Do not describe the desired solution.

|  |
| --- |
| Click or tap here to enter text. |

What changes are being requested and how does this solve the problem above?

|  |
| --- |
| Click or tap here to enter text. |

What has already been done to try to solve the problem?  
If there is an existing case/incident, please summarize (include support incident #).

|  |
| --- |
| Click or tap here to enter text. |

Additional Notes or Comments:

|  |
| --- |
| Click or tap here to enter text. |

# Section 3: Timelines

What is the desired timeline to implement/test these changes?

|  |  |
| --- | --- |
| **Application Installation date**  (leave blank if Application is already installed) | Click here to enter a date. |
| **Instrument/LIS installation date**  (leave blank if Instrument/LIS is already installed) | Click here to enter a date. |
| **Desired date to start testing** | Click here to enter a date. |
| **Desired go-live date** | Click here to enter a date. |

# Section 4: Supporting Details

This section to be filled out with DI Service personnel while reviewing the request.

|  |  |
| --- | --- |
| Select the Application System environment as a whole | Choose an item. |
| Is this request part of a service engagement? | Choose an item. |
| Is the change considered a new driver, bug or an enhancement? | Choose an item. |
| Select the application environment that the driver being requested on is in | Choose an item. |
| Is there an available licensed connection (if unsure attach a license report)? | Choose an item. |
| Do you have the hardware, cables, etc. for this connection?  (choose N/A for a TCP only device) | Choose an item. |
| Is the change optional or required to get the workflow to function as desired? | Choose an item. |
| Enter the name of the LIS/Host being used?  (include the 8 character driver name and version,  required for driver changes to confirm solution is obtainable) | Click or tap here to enter text. |
| Is there a current workaround for the workflow?  (If Yes, enter a quick explanation of workaround or add details in Service Notes) | Choose an item.  Click or tap here to enter text. |
| Is the requested feature available on a different driver?  (If Yes, enter the other driver name) | Choose an item.  Click or tap here to enter text. |
| Does the customer use Specimen Management and/or Rules? | Choose an item. |

Service Notes or Comments:

|  |
| --- |
| Click or tap here to enter text. |

# Section 5: Required Files

To aid in troubleshooting the problem and developing the solution, please submit all available and relevant files or explain why it cannot be provided.

While gathering information, please use a test sample that does not contain patient data.

List the Specimen ID(s) that demonstrate the problem: Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Description** | **File Name(s)** | **Notes** |
| Analyzer or LIS Specifications (pdf, etc.)  (Required for New Driver Requests) | Click or tap here to enter text. | Click or tap here to enter text. |
| Global configuration and other backups | Click or tap here to enter text. | Click or tap here to enter text. |
| Host/LIS Trace Files | Click or tap here to enter text. | Click or tap here to enter text. |
| Instrument Trace Files | Click or tap here to enter text. | Click or tap here to enter text. |
| Specimen Event Log – Support File | Click or tap here to enter text. | Click or tap here to enter text. |