Centers for Medicare & Medicaid Services **Data Standard Change Request Form**	Date of Request

After completing this form, e-mail the request to DataAdmin@cms.hhs.gov .

Data Analyst Name				Date Required *(mm/dd/yyyy)*
Project Title (if applicable)	Project Number	Project Manager	Bus Sponsor	Division/Branch/Section/Unit

SECTION II – STANDARD TOPIC INFORMATION

TOPIC	*(Check one)* ☐ New ☐ Change ☐ Remove
	Topic Number	Topic Title
	Topic Category: ☐ Enterprise Data Topic ☐ Logical Data Topic ☐ Physical Data Topic ☐ Other

REQUESTED CHANGE	

CHANGE JUSTIFICATION	

SECTION III – DATA ARCHITECT / OVERSIGHT MANAGER APPROVAL: By digitally signing

DA Manager *(First and Last Name)*	Date Completed *(mm/dd/yyyy)*

CMS / DA (10-04)