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| --- | --- |
| **requestor information:** | |
| **Primary Contact Name:** Click here to enter text. | **Date:** Click here to enter a date. |
| **Organization:** Click here to enter text. | **Email Address:** Click here to enter text. |
| **Primary Contact Number:** Click here to enter text. |  |
|  | |
| **Application information:**  Check here if application is external development | |
| **Application Name:** Click here to enter text. | **Application Release Version:** Click here to enter text. |
| **Application Requirements *(For example, any infrastructure interdependencies, such as e-mail server)*:**  Click here to enter text. | |
| Data Requirements:  **Provide detailed description of the type of data collected, stored, and sent (e.g., PHI, PII, appointment, etc):** Click here to enter text.   1. **Does the app collect Veteran recorded data?** Yes  No  **Please provide a description:** Click here to enter text. 2. **What data does the app collect or pull from which VA system? Please provide a description and include which VA systems:** Click here to enter text. 3. **What data does the app collect or pull from non-VA systems? Please provide a description and include which data sources:** Click here to enter text. 4. **3)** **What data does the app store? Please provide a description:** Click here to enter text. 5. **4)** **What data does the app communicate to which VA system? Please provide a description and include which VA systems:** Click here to enter text.   Provide additional comments here Click here to enter text. | |
| **Additional Notes or Comments:**  Click here to enter text. | |
| **Designated Mobile Application Project Manager authorizing application request approval:**  **Name:** Click here to enter text. **Contact Number:** Click here to enter text. | |

***Please submit completed Mobile Applications Product Request Form to:******Lynn Blendell (Madeline.Blendell@va.gov)***