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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)***