# **VLAN Request Form**

CA Ticket

Name of Project:

Date of Install

**Description of Project:** 

Vendor Contact Information:

Name	<b>Position / Title</b>	Phone Number	Email Address

## **VA Contact Information:**

Name	Position / Title	Phone Number	Email Address
	Project Manager		
	<b>Bio-Medical Technician</b>		
	ADPAC		
	ISO		
	Network Engineer		
	Critical System Represintative		
	PC Technician		

Who is responsible for Software/Operating System patching and how?

Will the devices support Antivirus?

If yes, do all devices support Antivirus?

### What Operating Systems and Antivirus Software are the devices running?

Device / System Name	Operating System	Antivirus

Number of devices to be installed in new VLAN:		
Number of IP addresses requested:		

What devices does the equipment need to communicate with and what TCP/UDP port numbers will be used for the communication.

# Standard Access Requirements

MDIA Term Server RDP PCAnywhere MDIA McAfee Server MDIA WSUS PACsAdminWorkstation Ports Omaha Desktop (Citrix) Active Directory/LDAP DNS WINS Share Drives (P or S) Vendor VPN Source IP Range

Ports

Network Devices					
Device Name:			IP Address:		
Outbound Traffic (IF		vice is sending to	other devices)		
Destination IP	TCP/UDP	Destination Port(s	S)	Description of	Traffic
Inbound Traffic (IP	traffic this dev	ice is receiving fro	om other devices)		
Source IP		Listening Port(s)		Description of	Traffic
L	1			1	

Device Name:		1	IP Address:		
Outbound Traffic (I	IP traffic this c	levice is sending to	other devices)		
Destination IP	TCP/UDP	Destination Port(s)			
Inbound Traffic (IP		vice is receiving from	m other devices)		
Source IP	TCP/UDP	Listening Port(s)	Description of Traffic		
Device Name:		I	P Address:		
		device is sending to			
Destination IP	TCP/UDP	Destination Port(s)	Description of Traffic		
		vice is receiving fro			
Source IP	TCP/UDP	Listening Port(s)	Description of Traffic		

## Please attach a data flow diagram and a network schematic:

Data Flow File Name

Interview Network Diagram File Name

#### Please attach 6500 and MDS2 documents:

U	VA 6550 Pre-Procurement
---	-------------------------

WA 6550 Pre-Implementation

IIMSS MDS2 Form

## Please list any special information you feel is relevant:

\*\*\*Please Note\*\*\*

Communication will be restricted on the above information. Please be sure to include any information that may impede your device from functioning correctly (DNS, etc). If the information above is not accurate the devices will only be able to communicate with themselves.