System Access Request Form for ICE

Completion of this form means that you have completed basic training in the use of the ICE system via Captivate online training and have authorisation to access the system appropriate to your job and training. Please complete the form in block capitals.

Please note all sections are mandatory and failure to complete will result in delays in receiving access to the live ICE system. **Please Note:** Once training is complete **please Log into ICE** using your **network username and password** so your account can be activated. If you have any problems please contact the I.T. Service Desk on 2877.

Full Name:	
Network login e.g.abcd1102	
Job Title:	
Location:	
Contact telephone number/Bleep:	
Line Manager Name:	
Line Manager Job Title:	

Type of access required   **Place an X in One of the boxes below**

Consultants and Doctors who can request all pathology and radiology tests including MRIs	
Doctors who can request all pathology and radiology tests excluding MRIs (eg Foundation doctors**)**	
Non-Medical staff who can request all pathology and radiology tests including MRIs	
Non-Medical staff who can request all pathology and radiology tests excluding MRIs	
Non-Medical pathology requestor – you can request pathology tests under your own name and are responsible for actioning the test results	
Non-Medical pathology proxy requestor – You can only request pathology tests on behalf of a Doctor who is then responsible for actioning the test results (eg An Auxiliary Nurse requesting a microbiology swab test)	
Administrative Staff – View reports and results only	
STFT Lab User – Pathology Department staff only	
STFT Radiology User – Radiology Department staff only	

Please print this form, sign and date it, and place an 'X' in the appropriate access box. To gain access to the live ICE system, hand-deliver the completed form to the Information Services System Administration Team, Harton Wing, between 8:30-16:30 Monday to Friday, or email to IceRequests@stft.nhs.uk

User Signature ……………………………………….. **Date** ………………………….