

Request Reference Number	
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Please Complete in Block Capitals

Please note all sections are mandatory and failure to complete will result in the form being returned to sender for completion.

This system holds Pathology and Radiology results and request information generated from Sunderland GP's.

User Details:

Name:			
Job Title:			
GMC Code or NMC Number:			
Practice Name:			
Service Provider:	GP/Radiology/Pathology/Other (Please Specify)		
Start Date:		Contact Number	

Tick as Required

New Starter – Logon required	(if a new user)
Amendment to existing Logon (state logon name)	(if existing user)
Staff Leaver	
Start Date	End Date

Tick Profile Required

PROFILE 01 – GP Requestor (Request Pathology & Radiology In Own Name)	
PROFILE 02 – Nurse Path Only (Request Pathology Only in Own Name)	
PROFILE 03 – GP Proxy Requestor (Request Pathology as Proxy Requestor on behalf of GP)	

User Confidentiality:

- I confirm the requirements for access to the Sunderland Health NHS Foundation Trust ICE Order Communications System as indicated above.
- I will comply with GDPR and the Data Protection Act 2018 and will not disclose my password to anyone or disclose any data to which I have access, inappropriately.
- I will adhere to my Code of Conduct/NHS Confidentiality Code of Practice and only access patient records for which I have a legitimate relationship.
- I understand that unauthorised access to any NHS IT system is a criminal offence under Computer misuse Act 1990 and could lead to prosecution
- I understand that access will not be granted until training has been given on the system.
- I understand that any breach of Patient confidentiality or system misuse may result in disciplinary action being taken against me.
- I understand that any issues/incidents regarding the ICE Order Communications System will be reported immediately to the NECS Service Desk on 0300 555 0340 for GP Practice Users.

User Name **Date**

ICE Practice Administrator name

I confirm that the above member of staff requires access to the ICE Order Communications System as part of their role within the organisation stated above and that they have received the necessary training relating to Information Governance.

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ICE Trust Administrator Signature: **Delegated Officer Signature (if applicable):** **Date:**

Please return this form to: gan-tr.pathsupport@nhs.net

PROFILE	USERNAME
01	
02	
03	
Access granted YES/NO (if no state reason) Date:	
Work done by: (print name)	

To be completed by Pathology IT