

# Gateshead Screening Programme

Please Complete in Block Capitals and return this form to [ghnt.pathsupport@nhs.net](mailto:ghnt.pathsupport@nhs.net)

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

This system holds Screening results and request information generated from Gateshead Screening Programme.

## User Details

Name:			
Job Title:			
GMC/NMC Code:		Sample Taker Code:	
Email Address:		Contact Number:	
Practice or Department and Trust Name:			
Primary Care only – Practice Code:			

## Tick as Required

New Gateshead Screening Services ICE Logon required	
Amendment to existing Gateshead Screening Services Logon (state logon name)	
Staff Leaver	
Start Date	End Date

## Tick Profile Required

PROFILE 01 – Cervical Sample Taker (Must include CSTD code)	
PROFILE 02 – Symptomatic FIT	
PROFILE 03 – Cervical Sample Taker and Symptomatic FIT (Must include CSTD code)	
PROFILE 04 – Cervical Screening – Result only access	

## User Confidentiality:

- I confirm the requirements for access to the Gateshead Screening Programme ICE Order Communications System as indicated above.
- I will comply with the Data Protection Act of 2018 and the General Data Protection Regulation (GDPR) 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 0191 445 6504.

User Signature ..... Date .....

Practice\Departmental Administrator Signature .....

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.

## Internal Use Only

Configured on ICE (User name)	
Configured in LIMS (Code)	
Conformation sent to user	
Administrator Completing activity	