**Please note ALL sections are mandatory and failure to complete will result in the form being returned to sender**

**Once complete, please return to** [**ghnt.pathsupport@nhs.net**](mailto:ghnt.pathsupport@nhs.net)

This system holds Pathology and Radiology results and request information generated from Gateshead Hospital and local GP’s.

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **GMC or NMC/ HCPC Registration Number:** |  |
| **Practice Name:** |  |
| **GP Practice Code:** |  |
| **Contact number :** |  |

|  |  |
| --- | --- |
| **New Starter (requires new logon)** | **Start Date:** |
| **Amendment to existing ICE logon** | **ICE user name:** |
| **Leaver (account suspended or deleted)** | **End date:** |

**Select Profile Required:**

|  |  |
| --- | --- |
| **GP Doctor access** – Request Pathology and radiology |  |
| **GP Non -Doctor referrer –** Request pathology and radiology. Must be IR(ME)R trained.  (eg nurse *with* IR(ME)R training) |  |
| **GP Non - Doctor Pathology requestor –** Request pathology  (eg nurse *without* IR(ME)R training) |  |
| **GP Admin proxy access –** Admin staff adding blood tests to ICE on behalf of a clinician |  |
| **GP Results only**– View of results only (eg clinical  or admin staff without permission to initiate investigations on behalf of a doctor) |  |

**User Confidentiality:**

* I confirm the requirements for access to the Gateshead 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.
* Any individual using ICE is subject to random audits which may result in your access being removed or amended.
* 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 Signature ……………………………………………………………….. Date ………………………..……………….**

**Practice Administrator name ….………………………………..………….. 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