**NEW ICE USER REQUEST Form**

Please ensure that you accurately complete this form with all relevent user information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Practice name:** | LIVI PMI | | **Practice code:** | K8D7W |
| **Full name of user:** | Click here to enter text. | | **Start date within practice:** | Click here to enter a date. |
| **User role within practice:** | | |  |  |
| Partner or Salaried GP  Registrar or Trainee GP  Locum GP  Nurse  HCA or Phlebotomist  Pharmacist   |  |  | | --- | --- | | Other | Click here to enter text. | | |
|  | | | | |
|  | | | | |

**National Code(s)** – please complete where applicable:

|  |  |
| --- | --- |
| **GMP ID** aka. prescriber code (must provide for Partner or Salaried GPs). | Click here to enter text. |
| **GMC Number** (All GPs)…………………………………………………………………… | Click here to enter text. |
| **NMC Number** (All Nurses)………………………………………………………………. | Click here to enter text. |
| **GPhC Number** (Pharmacists)………………………………………………………….. | Click here to enter text. |
| **Other**…………………………………………………………………………………………….. | Click here to enter text. |

**Does the user also need to be added as a responsible clinician?**

Yes

No

Note: Only GPs or nurse practioners can be added as a responsible clinician. Responsible clinicians are selected at order entry. When reports come back to your system, they will file to this persons inbox.

**Please email complete forms to:**

[rde-tr.BloodSciencesAdmin@nhs.net](mailto:rde-tr.BloodSciencesAdmin@nhs.net)

We aim to add ICE users within 1 working day of request, and responsible clinicians within 1 week of request. Once users are created in ICE, we will respond to the request submitter to notify them and communicate any required changes in your clinical system.