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- 3.5. User will follow relevant institutional policies and applicable federal, state, and local laws and regulations (if any) concerning the completion of IRB or ethics review or approval that may be required for the Project.
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6. **Acknowledgments.** The TCIA is funded in whole or in part with Federal funds from the National Cancer Institute, National Institutes of Health, under Contract No. 75N91019D00024. User agrees to recognize federal funding of TCIA and TCIA as the source of the Dataset in all written, visual, or oral

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13. **Notices.** User will submit this completed form by email to [help@cancerimagingarchive.net](mailto:help@cancerimagingarchive.net). Any other notice required or permitted hereunder shall be in writing and shall be deemed given as of the date it is: (i) delivered by hand; (ii) received by registered or certified mail, postage prepaid, return receipt requested; (iii) confirmed as received if by facsimile; or (iv) received by nationally recognized, overnight courier, and addressed to the party to receive such notice at the address set forth below, or such other address as is subsequently specified in writing:

**13.1. If to UAMS:**

ATTN: University of Arkansas for Medical Sciences  
Office of General Counsel, Research Division

4301 West Markham Drive #860, Little Rock, AR 72205

With a copy to: University of Arkansas for Medical Sciences  
ATTN: The Cancer Imaging Archive  
4301 W Markham #782  
Little Rock, AR 72205  
help@cancerimagingarchive.net

**13.2. If to User:**

ORGANIZATION
ATTN
ORGANIZATION NOTICE ADDRESS
CITY/STATE/ZIP
PHONE
FAX
EMAIL

**14. Entire License.** This License constitutes the entire agreement and understanding between the User and UAMS related to the Dataset and the Project and supersedes any prior or contemporaneous negotiations, agreements, understandings, or arrangements of any nature or kind with respect to the subject matter herein.

I agree that I have read and agree to the above terms and conditions as outlined above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit the completed form via email to [help@cancerimagingarchive.net](mailto:help@cancerimagingarchive.net)**

**EXHIBIT A**  
**DESCRIPTION OF THE PROJECT**

PLEASE DESCRIBE IN DETAIL THE PROPOSED USE OF THE DATASET, INCLUDING ANY COLLABORATORS: