UAMS
UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

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3.2. User is strictly prohibited from generating or using images or comparable representations of the face, head, or body for facial recognition, reidentification, or other purposes that could allow the identities of research participants to be readily ascertained.

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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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4. **Security Requirements**. Except as authorized under this License or otherwise required by law, User agrees to retain control over the Dataset and will not disclose, convey, transfer, release, sell, rent, lease, loan, or otherwise grant access to the Dataset to any third party, except User Personnel, without the prior written consent of UAMS. User agrees that it has appropriate administrative, technical, and physical safeguards in place to prevent unauthorized use of or access to the Dataset and will comply with any other special requirements relating to safeguarding the Dataset as may be specified in Exhibit A.

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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 public disclosures of the Project, as appropriate and in keeping with customary scholarly standards. These required citations to TCIA shall be in the format specified in the Citations & Data Usage Policy tab on the TCIA website page for the Dataset.

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13. **Notices**. User will submit this completed form by email to 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:**

	University of Arkansas for Medical Sciences
ATTN:	Office of General Counsel, Research Division
	4301 West Markham Street, #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

EXHIBIT A
DESCRIPTION OF THE PROJECT

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