



National Institutes of Health  
National Cancer Institute  
Bethesda, Maryland 20892

## PDQ® Licensee/Distributor Application

**This application consists of two parts: an application form and a test data license agreement. Please complete both sections of the form and return either by**

**Email:** [license@cips.nci.nih.gov](mailto:license@cips.nci.nih.gov) or

**Fax:** (301) 480-8105- Attn: OCE Licensing

If you have any questions regarding this application, call (301) 496-1277.  
Thank you.

*Most information that is collected through this form is for internal use only and will be kept confidential.*

### *General Information about the Licensee*

<b>Application Date</b>	
<b>Organization Name*</b>	
<b>Division/department</b>	
<b>Type of organization</b>	<input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit
<b>Organization phone*</b>	
<b>Organization fax</b>	
<b>Organization email</b>	
<b>Website URL*</b>	
<b>Organization Mailing* Address (contact information for customers/subscribers)</b>	

Allow organization information (marked with asterisks in the table above) to be listed on the [NCI Web site](#), after production version is launched.

## Business Contact Information

<b>Name:</b>	
<b>Mailing address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

## Technical Contact Information

Emails about updates to PDQ data and other notifications of technical changes will be sent to this contact.

Same as Business Contact

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

## Backup Technical Contact Information

Please provide at least name, phone number, and email address for a backup technical contact.

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

Please provide responses to the following questions to help us evaluate your application.

1. Briefly describe your organization (2-3 sentences):
  
  
  
  
  
  
  
  
  
  
2. Please provide a detailed description of your service(s) or product(s) that will include NCI information  
(you may attach a separate document – including business plans).
  
  
  
  
  
  
  
  
  
  
3. How do you plan to distribute your products/services that will include NCI information?  
(Check all that apply.)
  - CD /DVD
  - E-mail
  - World Wide Web
  - Print: please specify \_\_\_\_\_
  - Other: please specify \_\_\_\_\_

4. Who are the target audiences for your products/services that will include NCI information?

*(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Attorneys                | <input type="checkbox"/> Medical Librarians |
| <input type="checkbox"/> Biomedical Professionals | <input type="checkbox"/> Nurses             |
| <input type="checkbox"/> Business Professionals   | <input type="checkbox"/> Patients/Families  |
| <input type="checkbox"/> Educators                | <input type="checkbox"/> Pharmacists        |
| <input type="checkbox"/> General Public           | <input type="checkbox"/> Physicians         |
| <input type="checkbox"/> HMOs                     | <input type="checkbox"/> Researchers        |
| <input type="checkbox"/> Hospitals                | <input type="checkbox"/> Scientists         |
| <input type="checkbox"/> Medical Faculty/Students | <input type="checkbox"/> Universities       |
| <input type="checkbox"/> Other (specify):         |   |

5. Are these audiences end-users of the information? If not, please describe in detail:

6. How do you plan to promote your products/services that will include NCI information?

7. Will your product/service that includes NCI information contain advertising? If so, what types of products will be advertised?  
Where will the advertising be placed in relation to NCI data (provide Example)?

**8.** Is there a cost to end users of your products/services that include NCI information. If so, please indicate what you will be charging.  
(If more than one product/service, please specify price of each.)

**9.** How often do you plan to update NCI data within your products/services?

**10.** Will you be able to provide statistics for NCI content as specified below?

For Web Sites

Number of page views?       Yes       No

Number of visits?       Yes       No

Number of users/subscribers?       Yes       No

For Other products

Number of users/subscribers?  
(Please describe)

**11.** What is your target date for launching this product/service with NCI information?

**NCI Licensing and Distribution Program**  
**Test Data Agreement for NCI's PDQ® Cancer Information Databases**

Complete this form and return with your completed license application.

The undersigned requests test file(s) containing data used to create the National Cancer Institute's information database, PDQ®. Upon receipt of the file(s), the undersigned agrees that the file(s) will be used exclusively to examine the structure and content of the database and that neither the file(s) nor the data in the file(s) will be made available to any other organization or individual for any purpose.

The undersigned also agrees to acknowledge receipt of the file(s), and to destroy the file copy(s) and all data obtained through use of the file(s) (including derivative files or printouts) within one month after the PDQ® database becomes available for distribution under a standard licensing agreement or 6 months from the date of this Test Data Agreement.

If, prior to finalizing a license agreement, the undersigned wishes to demonstrate to the public the product developed with the test file(s), the undersigned agrees to: 1. sign a Demonstration Agreement, and 2. make the demonstration version available to the NCI for review at least one month prior to the public demonstration.

No representations or warranties, express or implied, including any implied warranty of merchantability or fitness for a particular purpose, with respect to the test file(s) or the data on them are made by Provider.

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Organization

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Signature

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Name of Individual Authorized to Enter into this Agreement

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Title

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Date

To send your application and test data forms by regular mail:

Licensing and Distribution Program  
Office of Communications  
National Cancer Institute  
6116 Executive Blvd, Suite 300  
Bethesda, MD 20892-8321  
Fax: 301-480-8105  
e-mail: [license@cips.nci.nih.gov](mailto:license@cips.nci.nih.gov)