Data Sharing License Agreement

This Data Sharing License Agreement ("Agreement") is entered between:

1. Provider Scientist:
   * Name: Dept. of Electrical and Computer Engineering, University of Sao Paulo (USP)
   * Address: São Carlos - SP - Brazil
   * Contact Person: Marcelo Andrade da Costa Vieira
   * Email: mvieira@sc.usp.br
2. Recipient Scientist:
   * Name: [Recipient Institution/Organization Name]
   * Address: [Recipient Institution/Organization Address]
   * Contact Person: [Contact Person's Name]
   * Email: [Contact Person's Email]

RECITALS

* Whereas, the Provider Scientist possesses a collection of mammographic images.
* Whereas, the Recipient Scientist desires to use the Data for academic research purposes only.
* Whereas, the Provider Scientist agrees to share the Data with the Recipient Scientist under the terms and conditions set forth in this Agreement.

AGREEMENT

1. License Grant

The Provider Scientist grants the Recipient Scientist a non-exclusive, non-transferable, royalty-free license to use the Data solely for academic research purposes. The Recipient Scientist shall not use the Data for commercial purposes.

2. Term

This Agreement shall commence on the Effective Date and shall continue in effect for a period of one year, unless terminated earlier in accordance with the provisions of this Agreement.

3. Data Use and Restrictions

The Recipient Scientist shall use the Data in compliance with all applicable laws and regulations. The Recipient Scientist shall not share, distribute, or disclose the Data to any third party without the prior written consent of the Provider Scientist.

4. Confidentiality

The Recipient Scientist agrees to maintain the confidentiality of the Data and shall not disclose the Data to any person or entity except as necessary to accomplish the academic research purposes set forth in this Agreement.

5. Publication and Acknowledgement

The Recipient Scientist agrees to acknowledge the Provider Scientist in any publications or presentations that result from the use of the Data.

6. Termination

The Provider Scientist may terminate this Agreement immediately if the Recipient Scientist breaches any term of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

Provider Scientist:

* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name: Marcelo Andrade da Costa Vieira, PhD
* Title: Associate Professor, Graduate Program Coordinator
* Date: [Date]

Recipient Scientist:

* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name: [Name]
* Title: [Title]
* Date: [Date]