**Memorial Sloan Kettering Cancer Center**

**OncoKB License - Intake Form**

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| **Name of organization** | *Name of organization* |
| **Key contacts** | *Provide emails and phone numbers for key contacts, including:*   * *Business contact* * *Product contact* * *Legal contact* |
| **Description of organization** | *Provide a brief description of the company:*   * *Key products and services* * *Size of organization (e.g., FTEs, revenues, etc.)* |
| **Use case** | *Provide description of use case, leveraging OncoKB content.*   * *How will you utilize OncoKB? What product or service will incorporate OncoKB content?* * *Describe customer/user profiles (e.g., internal use, provider, hospital, lab, technology company, etc.)* * *How will the product/service be delivered to the end user? (E.g., patient report, SaaS offering)* |
| **Pricing model**  **(for use in a product or service)** | *For use in a product or service, please provide information on your pricing model so that we can align the license fee structure to your customer model (e.g., annual SaaS license, per report fee, etc.).*  *Please provide an estimate of expected volume for years 1-3 (e.g., 1,000-3,000 reports monthly, 20-40 annual SaaS licensees per year)* |