

## Application Form for Data Usage

I, the undersigned, understand that the ColpoVisions requires that the following Data Use Terms be signed, submitted and approved before applicants may receive access to the data generated by the Li's group at Macao Polytechnic University (MPU), Macao and Jing Ma's group from The First Teaching Hospital of Tianjin University of Traditional Chinese Medicine (TJUTCM), Tianjin, China. I hereby give consent to the following terms of use of the data (hereinafter referred to as "ColpoVisions Data").

### A. Definitions of ColpoVisions data elements covered by these terms:

1. Matrix data of original colposcopy images, acetic acid reaction time series at 60 and 120 seconds, and iodine staining images.
2. Subject information (female, diagnosis by pathological reports).

### B. Qualification

I, as an applicant, am expected to meet one of the following criteria to qualify as a party granted access to ColpoVisions Data:

1. I am a Principal Investigator (PI) of scientific research at a university, a research organization (including commercial entities) or a government agency who is the leader of a laboratory or research team or who is working independently; or
2. I can provide the name of the PI who is overseeing my research and is approved for access under #1.
3. If I do not meet either of the above criteria, I may still be considered qualified based on a track record of scientific publications or on the basis of a written reference from someone who meets qualification #1, verifying that the data will be used only for the purpose of legitimate scientific research.

### C. Responsibility for ColpoVisions Data

1. The administrator is responsible for the data. If the administrator finds any bug or mistake, he/she will appropriately update the database and release information describing such changes on the website (<https://github.com/Li-OmicsLab/CerviFusionNet>).
2. The administrator accepts no responsibility for any direct or indirect damage or any loss attributed to the use of the data.

## D. Obligations of Applicant

I request access to the ColpoVisions data. To ensure proper use of ColpoVisions data and to protect the privacy of the subjects, I agree to abide by the following terms.

\_\_\_\_\_ 1. I am a Principle Investigator (PI).

Initial **OR**

☐ I am not a PI.

Please complete and submit this application. ATR must additionally receive an application from the applicant's PI before ATR can process this application.

☐ Name of PI (please print legibly) \_\_\_\_\_

\_\_\_\_\_ 2. I will not redistribute the ColpoVisions data.

Initial

\_\_\_\_\_ 3. I will keep the ColpoVisions Data secure (password protected so that the data are accessible only to individuals who have already been granted access).

Initial

Initial 4. To meet restrictions on publishing ColpoVisions data elements of individual subjects, I will assign and only use my own study-specific subject ID for each individual, e.g. subjects A, B, C, etc.

Initial 5. I will use the ColpoVisions data exclusively for the purposes of scientific research, technology development, and education under the auspices of an academic, research, government or commercial entity.

\_\_\_\_\_ 6. I will contact the administrator by email when I publish manuscripts, conference presentations, or other publicly available documents.

Initial 7. I will not assume or assert that the administrator has any responsibility for any direct or indirect damage or loss attributed to use of ColpoVisions data.

\_\_\_\_\_ Initial

8. I will cite ColpoVisions data using the expressions given on the ColpoVisions data website (<https://github.com/Li-OmicsLab/CerviFusionNet>).

Applicant information (required for all applicants):

Name: \_\_\_\_\_

Position or title: \_\_\_\_\_

(e.g. Professor, Postdoc, Graduate Student)

Institutional affiliation: \_\_\_\_\_

Highest academic degree: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

➔ NOTE: Either electronic or handwritten initials and signatures will be accepted.

Submitting this application

The applicant should save this completed, signed and initialed form, naming it with applicant's family name and first initial (e.g. Bob\_T.pdf), and send it as a scanned PDF file or JPEG/PNG/TIFF image to [kefengl@mpu.edu.mo](mailto:kefengl@mpu.edu.mo) or [majing2609@163.com](mailto:majing2609@163.com).

➔ Please note that it may take up to a week before this application is considered for processing.

Questions about this document and its provisions should be sent to [kefengl@mpu.edu.mo](mailto:kefengl@mpu.edu.mo) or [majing2609@163.com](mailto:majing2609@163.com).

## Privacy Policy

The member of the ColpoVisions Project takes privacy very seriously, whether dealing with participants data or the data of those visiting this website.

The participant data from our research into the ColpoVisions Data Repository that is stored in our database system is de-identified, and contains no personal health information.

Our website may also collect non-personal data about site visits, sessions, and IP addresses. This information is only used for diagnostic or debugging purposes, to help us optimize our website's performance, and is not shared externally. This is a standard practice for most websites, and this data is never linked with personally identifiable information.

This website contains links to other websites, whose content we think is relevant. However, ColpoVisions Database website is not responsible for maintaining or updating the content of these other sites. If any of these sites are found to contain irrelevant or offensive information, please contact us.

By using the ColpoVisions Data Repository, you signify your agreement to our privacy policy as stated above. Note that this policy may be revised periodically without notice. Please re-read this privacy prior to submitting any personal information if you have concerns about how your information is being collected and used.