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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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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:

ATTN: University of Arkansas for Medical Sciences
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: