**AIS Data v1.0 Access Form**

For noncommercial and scientific research purposes

This form applies to an application for a request of AIS data. A representative video de-identified using digital masks on children’s faces for each disorder or behavior in AIS study can be requested for noncommercial and scientific research purposes. Please fill out this form for your intended research in which the AIS data will be used. The completed form can be submitted via email to linht5@mail.sysu.edu.cn together with the requested license. Submitted license and data access forms will be evaluated by AIS TEAM to verify whether the request is subject to any intellectual property, privacy protection, or confidentiality obligations. For requests from verified academic researchers, access will be granted within one month.

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| 1. **Details of the primary applicant** | |
| **Name:** |  |
| **Position / Function:** |  |
| **Institute / Organization:** |  |
| **Lab / Research Team:** |  |
| **Address:** |  |
| **ZIP or Postal code & City:** |  |
| **Country:** |  |
| **Telephone Number:** |  |
| **Email:** |  |

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| 1. **Description of your intended research** | |
| **Research Title:** |  |
| **Research Type:** |  |
| **Research Purpose:** |  |
| **Research Conditions:** *(Please provide a brief description of your research conditions, for example, the previous work relating to this research, laboratory conditions, etc.)* |  |

1. **Motivation for AIS Data request**

*(Please provide a rationale for all the requested types of representative video needed for your research. For example, when you request Congenital Cataract video, please provide an explanation why you need this specific data to answer the research question(s) stated in your research.)*

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| 1. **Required data** *(Please select the type of representative video for your research. Please note that one representative video of per disorder or behavior can be requested.)* | |
| **Ophthalmic conditions:** | |
| □ | **Nonimpairment** |
| □ | **Aphakia** |
| □ | **Congenital cataract** |
| □ | **Congenital glaucoma** |
| □ | **High ametropia** |
| □ | **Peters’ anomaly** |
| □ | **Nystagmus** |
| □ | **Persistent fetal vasculature** |
| □ | **Other fundus diseases** |
| □ | **Congenital ptosis** |
| □ | **Retinoblastoma** |
| □ | **Strabismus** |
| □ | **Limbal dermoid** |
| □ | **Microphthalmia** |
| □ | **Pupillary membranes** |
| □ | **Systemic syndromes with ocular manifestations** |
| □ | **Other ophthalmic conditions** |
| **Abnormal behavioral patterns:** | |
| □ | **Suspected strabismus** |
| □ | **Nystagmus** |
| □ | **Squinting** |
| □ | **Compensatory head position** |
| □ | **Motionless fixation** |

1. **Other remarks**

*(If you have any other remarks regarding this form, please specify here.)*