

Applied Model Card Template

Name: Developer:		Inquires or to report an issue: <a href="mailto:abc@abc.com">abc@abc.com</a> or +1 (999) 999- 9999			
Release Stage: Global Availability:		Release Date: Regulatory Approval, If applicable:	Version:		
Summary:  Keywords:		Uses and Directions: <ul style="list-style-type: none"><li>Intended use and workflow:</li><li>Primary intended users:</li><li>How to use:</li><li>Targeted patient population:</li><li>Cautioned out-of-scope settings and use cases:</li></ul>			
Warnings <ul style="list-style-type: none"><li>Known risks and limitations:</li><li>Known biases or ethical considerations:</li><li>Clinical risk level:</li></ul>					
Trust Ingredients					
AI System Facts: <ul style="list-style-type: none"><li>Outcome(s) and output(s):</li><li>Model type:</li><li>Foundation models used in application, if applicable:</li><li>Input data source:</li><li>Output/Input data type:</li><li>Development data characterization:</li><li>Bias mitigation approaches:</li><li>Ongoing Maintenance:</li><li>Security and compliance environment practices or accreditations, if applicable:</li><li>Transparency, Intelligibility, and Accountability mechanisms, if applicable:</li></ul> Transparency Information: <ul style="list-style-type: none"><li>Funding source of the technical implementation:</li><li>3rd Party Information, If Applicable:</li><li>Stakeholders consulted during design of intervention (e.g. patients, providers):</li></ul>					
Key Metrics					
Usefulness, Usability, and Efficacy		Fairness and Equity		Safety and Reliability	
Goal of metric(s):		Goal of metric(s):		Goal of metric(s):	
Result:	Interpretation:	Result:	Interpretation:	Result:	Interpretation:
Test Type:		Test Type:		Test Type:	
Testing Data Description:		Testing Data Description:		Testing Data Description:	
Validation Process and Justification:		Validation Process and Justification:		Validation Process and Justification:	
Resources <ul style="list-style-type: none"><li>Evaluation References, If Available:</li><li>Clinical Trial, If Available:</li><li>Peer Reviewed Publication(s):</li><li>Reimbursement status, if applicable:</li><li>Patient consent or disclosure required or suggested:</li></ul>					

NOTE: For instructions, references, resources, contributors, and disclaimers please refer to the full documentation located at [www.chai.org](http://www.chai.org).

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