

## Agreement of Data Confidentiality

### To the organizers of the Retinal OCT Dataset:

Zainab Haddad<sup>1,2,4</sup>, Désiré Sidibé<sup>2</sup>, Hedi Tabia<sup>2</sup>, Imen Zghal<sup>3</sup>, Nawres Khelifa<sup>4</sup>

1 Laboratory of Biophysics and Medical Technologies, National Engineering School Tunis, University of Tunis El Manar, Tunis, Tunisia

2 University of Paris-Saclay, Univ Evry, IBISC, Evry, France

3 Hedi Raies of Ophthalmology Institut, Department A, Tunis, Tunisia

4 Laboratory of Biophysics and Medical Technologies, Higher Institute of Medical Technologies of Tunis, University of Tunis El Manar, Tunis, Tunisia

### From:

Team name:

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Contact person:

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Others with access to data:

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Affiliation:

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Country:

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E-mail:

(the "Recipient")

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### Data Confidentiality Terms:

- The Recipient agrees that the Dataset shall not be disclosed, redistributed, shared, or transferred to any persons who are not part of the registered research team without prior written authorization.
- The Recipient shall use this Dataset exclusively for non-commercial scientific research purposes in the field of medical imaging, including but not limited to classification, prediction, segmentation, benchmarking, and methodological development.
- The Recipient agrees to use the Dataset only for non-commercial scientific research and shall not use the Dataset for any commercial purposes. If the Recipient is employed by a profit-oriented entity, the Recipient shall ensure that the Dataset is used strictly for non-commercial research purposes, and the employer shall also be bound by this Agreement. The Recipient confirms that he/she is fully authorized by the employer before entering into this Agreement.
- The Recipient shall perform all activities in accordance with applicable laws, regulations, and, where necessary, ethical approvals. The Recipient shall not re-identify or attempt to re-identify any individual represented in the Dataset.

- The Recipient may publish scientific results and trained models derived from the Dataset, provided that no original images or identifiable data are redistributed.
- The Recipient agrees to properly cite the official Dataset DOI and any associated publication in all publications, presentations, software, or derivative works resulting from the use of the Dataset.
- The Dataset Providers reserve the right to cancel or withdraw authorization at any time in case of breach of this Agreement and may request the deletion of all copies of the Dataset.

We shall be grateful if you will confirm your understanding and acceptance of the above terms by returning a signed copy of this letter.

For and on behalf of the Recipient:

Institution: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_