

## Access Request Form and End User License Agreement for AmsterdamUMCdb

Please fill out and sign this form to request access to AmsterdamUMCdb both for yourself, the main applicant, and for your reference. Your reference should be a practicing intensivist, easily identifiable as such through an online directory, institutional web page or an equivalent source. Both you and your reference should sign this form, agree with the terms of the End User License on this form and share the associated responsibilities.

### **Terms of the End User License Agreement**

1. We will only share access to AmsterdamUMCdb or any part thereof with those whose access request form has also been approved by the administrators of AmsterdamUMCdb and not with anyone else and only after specific additional approval by e-mail by the administrators of AmsterdamUMCdb.
2. We will only use AmsterdamUMCdb and any results from using AmsterdamUMCdb for lawful, non-commercial, scientific research purposes.
3. We will avoid any attempt to re-identify anyone or anything in AmsterdamUMCdb.
4. We will avoid any disclosure of the identity of anyone or anything in AmsterdamUMCdb.
5. We will immediately notify the administrators of AmsterdamUMCdb if we suspect that anyone other than us has gained access to AmsterdamUMCdb or if we suspect that there is any possibility to re-identify anyone or anything in AmsterdamUMCdb and report on this in such detail that allows for corrective action.
6. We will deposit all code we write to interact with AmsterdamUMCdb to the AmsterdamUMCdb GitHub repository.
7. We will actively attempt to involve intensive care professionals of Amsterdam UMC in our projects related to AmsterdamUMCdb to provide domain expertise and academic guidance and we will request them to participate as co-authors on our publications related to AmsterdamUMCdb, in which we will also appropriately reference AmsterdamUMCdb.
8. We agree that the Foundation VUmc, the legal entity of one of the hospitals of Amsterdam UMC, will store our personal data on this form for administrative purposes, for analytical purposes and to publish these personal data and the results of those analyses online.
9. We confirm that the main applicant has completed the DSOR course from CITI, the BROK course from NFU or an equivalent course and we have attached proof.
10. We confirm that the reference of the main applicant is a practicing intensivist who is willing to assist the main applicant by providing domain expertise.
11. We acknowledge that our obligations with respect to AmsterdamUMCdb shall also continue after termination of this agreement for any reason.
12. We agree that if we fail to meet any of the aforementioned terms, we will immediately be required to pay to Foundation VUmc, the legal entity of one of the hospitals of Amsterdam UMC, either the sum of ten thousand euros and an additional one thousand euros for every day such failure continues, or the real value of damages, lost profit and potential lost profit incurred by such failure, whichever amount is higher.

<b>By signing this form, we formally request access to AmsterdamUMCdb and we formally accept the terms of the End User License on this form</b>		
Intended use		
	About you, the main applicant	About your reference
Full name		
Affiliation		
Institutional E-mail		
Date		
Place		
Signature		