

Agreement for the Transfer of Materials Implementing the ACR-EULAR Myositis Response Criteria

In response to the RECIPIENT's request for the 2016 ACR-EULAR Myositis Response Criteria, including supporting computer programs, user guide, data dictionary and validation data set, (MATERIAL) for work directed by the RECIPIENT SCIENTIST: (select all that apply)

- 2016 ACR/EULAR Criteria for Minimal, Moderate, and Major Clinical Response in Adult Dermatomyositis and Polymyositis and other candidate criteria
- 2016 ACR/EULAR Criteria for Minimal, Moderate, and Major Clinical Response in Juvenile Dermatomyositis and other candidate criteria

which is to be used for the purpose of

the PROVIDER asks that the RECIPIENT and the RECIPIENT SCIENTIST agree to the following before the RECIPIENT receives the MATERIAL:

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2. The MATERIAL will be used for teaching and non-commercial research purposes only. For an avoidance of doubt, the use of the MATERIAL to assist in the development of therapeutic products for the treatment of myositis does not constitute commercial use.
3. RECIPIENT represents that RECIPIENT SCIENTIST has adequate expertise and appropriate licensure to safely use the MATERIAL for the purpose described above.
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5. REPIPIENT agrees to not modify the MATERIAL without expressed written permission by the PROVIDER.
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7. The RECIPIENT agrees to acknowledge Lisa G. Rider, MD, Frederick W. Miller, MD, PhD: NIEHS, NIH, Bethesda, Maryland; Rohit Aggarwal, MD, MSc, Howard Rockette, PhD, University of Pittsburgh, Pittsburgh, Pennsylvania; Angela Pistorio, MD, PhD, Istituto Giannina Gaslini, Servizio di Epidemiologia e Biostatistica, Genoa, Italy; Jiri Vencovsky, Vencovsky, MD, PhD: Charles University, Prague, Czech Republic. IMACS; PRINTO; NIEHS; ACR; and EULAR in any publications reporting use of it.
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10. The MATERIAL is provided at no cost.

RECIPIENT and RECIPIENT SCIENTIST must sign this agreement and email an electronic copy to PROVIDER Scientific and Administrative Contacts at the addresses below.

RECIPIENT INFORMATION and AUTHORIZED SIGNATURE

Recipient Scientist: _____
Recipient Organization: _____
Address: _____
Name of Authorized Official: _____
Title of Authorized Official: _____
Signature of Authorized Official: _____
Date: _____

Certification of Recipient Scientist: I have read and understood the conditions outlined in this Agreement and I agree to abide by them in the receipt and use of the MATERIAL.

Recipient Scientist

Date

PROVIDER INFORMATION and AUTHORIZED SIGNATURE

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Signature of Authorized Official: _____