APPLICATION FORM - DIGIROP™

DIGIROP™2.0 (**pre-screen and screen**) is a web-based screening tool software developed from an algorithm based on neonatal variables (**pre-screen**- gestational age, sex, birthweight and days on parenteral nutrition during first 4 weeks in life, < or ≥14 days and **screen**-updated with ROP screening outcomes, i.e. the timing of the first ROP sign), which may be used as support when predicting treatment for Retinopathy of Prematurity (ROP). By inserting these variables of a preterm infant, a medical doctor may use DIGIROP™ as support when determining the risk of developing sight-threatening ROP.

DIGIROP™ is only to be used as a tool of assistance when determining the risk of ROP needing treatment and may never be used as a replacement or substitute to routine screening of an infant.

The use of DIGIROP™ is free of charge.

This application form may be downloaded from DIGIROP's website. The application for the use of DIGIROP™ is made by

1) Printing the form
2) Filling out the form
3) Signing the form
4) Scanning the form, and
5) Sending the form by e-mail to carola@winrop.com

If you are accepted as an applicant by The Sahlgrenska Center for Pediatric Ophthalmology Research, you will be sent a username and password by e-mail.

As a future user of DIGIROP™, I assure and certify to the following (PLEASE TICK):

☐ I assure The Sahlgrenska Center for Pediatric Ophthalmology Research that I am a medical professional in the field of pediatric ophthalmology or neonatology.

☐ I assure The Sahlgrenska Center for Pediatric Ophthalmology Research that I will use DIGIROP™ in a safe and professional manner and that I will not disclose my user name or password to anyone unauthorized.

☐ I am aware that - if I use DIGIROP™ as a support tool – the software does not replace or substitute a routine screening.

☐ I am aware that even if DIGIROP™ indicates a low risk of ROP treatment, there is no guarantee that the infant in question will not need ROP treatment.

☐ I assure The Sahlgrenska Center for Pediatric Ophthalmology Research that I, by using DIGIROP™, will not deviate from applicable policies and guidelines adopted by my employer or the hospital/medical center where I am practicing medicine. Further, I assure that I, by using DIGIROP™, will not violate or infringe local and/or national laws, rules, guidelines or regulations. I also assure The Sahlgrenska Center for Pediatric Ophthalmology Research that I – before using DIGIROP™ – will have made efforts to investigate whether violations policies, laws etc. would be made by using DIGIROP™, and found that that would not be the case.

☐ I am aware that customary ethical and regulatory guidelines will apply when publishing data gathered with the support of DIGIROP™.

☐ I have read and understood the disclaimer (no warranty/no liability) below and certify and undertakes, by signing this form, to observe the conditions for the use of DIGIROP™.

I hereby declare that I accept and consent to what is written above

Signature: _____Date:_____

NO WARRANTY

As a user of this software – DIGIROP™ - I hereby declare that I am aware of and consent to to the following.

This software – which is free of charge - is provided "AS IS" without any warranty with

regard to the appropriateness of the use, output or results of the use of this software in terms of its quality, correctness, accuracy, reliability or any other characteristic. Errors in computer software or hardware, errors in entered data, and user errors can affect the information supplied by this software. The software does not replace or substitute a routine screening and as a user of the software, you must independently verify all data and recommendations obtained through the software before applying it to a person, whether it is a patient or otherwise.

NO LIABILITY

The Sahlgrenska Center for Pediatric Ophthalmology Research, the provider of this software, assumes no responsibility whatsoever for its use.
The risk of any and all loss, damage, personal damage or injury, or unsatisfactory performance of this software rests exclusively with you as user. If a court of law, regardless of the disclaimer above, would find that The Sahlgrenska Center for Pediatric Ophthalmology Research is liable for damages, The Sahlgrenska Center for Pediatric Ophthalmology Research's aggregate liability shall be limited to 0 (nil).

Signature: _____
Clarification of signature: _____
Title: _____
City: _____ZIP CODE: _____
Country:_____
Institution: _____
Hospital: _____
E-mail: _____
Phone No. to place of work: _____
Fax No. to place of work: _____
E-mail your application to: carola@digirop.com
When receiving a signed application form (both pages) by e-mail, including necessary contact information The Sahlgrenska Center for Pediatric Ophthalmology Research will, if the application is accepted, send the applicant a user name and password to the applicant's e-mail address.