

APPLICATION FORM - WINROP®

WINROP® is a web based screening tool software developed from an algorithm based on weekly neonatal measurements of bodyweight which may be used as support when predicting Retinopathy of Prematurity (ROP) development. By inserting the bodyweight of a preterm infant with weekly intervals during a certain period of time a medical doctor may use WINROP® as support when determining the risk of developing sight threatening ROP.

WINROP® is only to be used as a tool of assistance when determining the risk of development of ROP and may never be used as a replacement or substitute to routine screening of an infant.

The use of WINROP® is free of charge.

This application form may be downloaded from WINROP's website. The application for the use of WINROP® 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 Premacure AB (carola@winrop.com).

If you as applicant are accepted by Premacure AB, you will be sent a user name and password by e-mail.

As a future user of WINROP® I assure and certify to the following (PLEASE TICK):

I assure Premacure that I am a medical professional in the field of pediatric ophthalmology or neonatology.

I assure Premacure AB that I will use WINROP® 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 WINROP® as a support tool – the software does not replace or substitute a routine screening.

I am aware that even if WINROP® would indicate a low risk of the development of ROP, there is no guarantee that the infant in question will not develop ROP.

I assure Premacure AB that I, by using WINROP®, 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 WINROP®, will not violate or infringe local and/or national laws, rules, guidelines or regulations. I also assure Premacure AB that I – before using WINROP® – will have made efforts to investigate whether violations policies, laws etc. would be made by using WINROP®, 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 WINROP®.

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 WINROP®.

I hereby declare that I accept and consenting what is written above

Signature: _____ Date: _____

NO WARRANTY

As a user of this software – WINROP® - I hereby declare that I am aware of and consenting 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

Premacure AB, 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 Premacure AB is liable for damages, Premacure AB’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@winrop.com

When receiving a signed application form (both pages) by e-mail, including necessary contact information Premacure AB will, if the application is accepted, send the applicant a user name and password to the applicant's e-mail address.