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Laboratory of Computer Science  
Massachusetts General Hospital  
399 Revolution Drive, Suite 790  
Somerville, MA 02145

You may also scan the signed document and email to: [dexplain@mgh.harvard.edu](mailto:dexplain@mgh.harvard.edu)

Upon receipt of the signed agreement, we will arrange for the access codes and instructions to be sent to you.

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For: \_\_\_\_\_  
(Name of Institution/Company)

Contact Name (print / type clearly): \_\_\_\_\_

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

Contact Title: \_\_\_\_\_ email: print / type) \_\_\_\_\_

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

Address: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Name / Title of Institutional Officer-print / type clearly)

Signature of Institutional Officer: \_\_\_\_\_

IP Address(es) for institutional access: \_\_\_\_\_

Type of Institution:  Medical School  Hospital  Hospital Consortium  Health Network   
Other: \_\_\_\_\_

If Hospital: Number of beds \_\_\_\_\_ # Residents \_\_\_\_\_ # MDs \_\_\_\_\_  
# Other Health Professionals \_\_\_\_\_ Number of Medical Students \_\_\_\_\_

If Medical School: # students enrolled \_\_\_\_\_

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