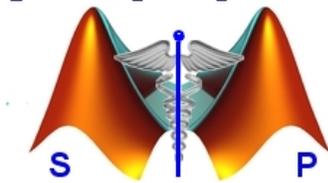


Mammography

Statistical Image Processing



Abbas Cheddad (PhD. Digital Image Processing, UK)
Researcher in Medical Imaging (Office: 6204, Nobels väg 12A)
Medical Epidemiology and Biostatistics (MEB)
Karolinska Institutet, Box 281, S-171 77
Stockholm, Sweden.

Email: cheddad@gmail.com
Office: +46 8 524 861 09
URL: <http://www.abbascheddad.net>

Agreement Letter for the Transfer of Material

*In response to RECIPIENTs request for the material (1/ Software package for implementation of the mean intensity of pectoral muscle (MIP) described in Cheddad et al., Cancer Epidemiology, Biomarkers & Prevention (CEBP), 2015, PMID: 25870223, and Cheddad et al., Cancer Epidemiology, Biomarkers & Prevention (CEBP), 2014, PMID: 24722754 2/ Software package for implementation of area and volumetric density measurement and features extraction as presented in Cheddad et al., PLoS One, 2014, PMID: 25329322) the provider asks that the RECIPIENT **agrees** to the following before the RECIPIENT receives the material.*

1. The above MATERIAL is the property of the PROVIDER and is made available as a service to the research community.
2. The MATERIAL will not be further distributed to other parties without the PROVIDER's written consent. The RECIPIENT shall refer any request for the material to the PROVIDER.
3. The recipient agrees to acknowledge the papers shown above in any disclosure reporting use of this MATERIAL.
4. THE PROVIDER SHALL NOT BE LIABLE TO THE RECIPIENT FOR ANY LOSS, DAMAGE, COSTS, EXPENSES OR OTHER CLAIMS WHICH ARISE OUT OF OR IN CONNECTION WITH ANY SERVER OR OTHER COMPUTER CRASHING OR FOR THE DELETION, CORRUPTION, LOSS OR REMOVAL OF ANY DATA. IT IS THE RECIPIENTS SOLE RESPONSIBILITY TO TAKE ALL SUCH PRECAUTIONS AS MAY BE NECESSARY OR DESIRABLE TO PROTECT THE RECIPIENTS SYSTEM AND ALL DATA ON IT INCLUDING, WITHOUT LIMITATION, KEEPING COPIES OF ALL RELEVANT MATERIALS, INFORMATION, IMAGES OR DATA AND INSURING AGAINST THEIR LOSS, DAMAGE OR CORRUPTION AND MAKING BACK-UPS.
5. The MATERIAL is provided at no cost.

PROVIDER INFORMATION

Provider Full Name: Abbas Cheddad
Provider Organization: Medical Epidemiology and Biostatistics (MEB) Karolinska Institutet. Box 281, S-171 77 Stockholm, Sweden.

RECIPIENT INFORMATION ^(*)

Recipient Full Name:
Machine type: 32 / 64 bit
Recipient Email Address:
Recipient Organization:

SIGNATURE PROVIDER: DATE:

SIGNATURE RECIPIENT: DATE:

(*) The RECIPIENT must sign this letter and return it to the PROVIDER. The PROVIDER will then send the material to the email specified above.