

SNOMED CT License Fee Waiver Application

HUMANITARIAN OR CHARITABLE USE

Organization name:

Organization address:

Applicant name:

Applicant email address:

Nature and scope of proposed SNOMED CT use

Product/service in which SNOMED CT will be used

Please send your completed application to info@snomed.org

Offered strictly to not for profit organizations who would like to use SNOMED CT non-commercially, for the betterment of people living in rural areas and/or poorer countries.

Important notes:

- You will be obliged to report your project progress, findings and any implementations on an annual basis.
- Successful applicants will receive a public good agreement, which must be signed prior to the start of the project
- All users of the product containing SNOMED CT, will be required to obtain a license

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SNOMED CT License Fee Waiver Application Humanitarian or charitable use

Estimated deployment date

Description of how progress will be monitored/evaluated

Fees (if any) that will be charged to health professionals or others for the use of the SNOMED CT-enabled product or service

Other relevant facts to support your application *(optional)*

Signature

I certify that the information in this application is true and that I am an official representative of the university, research organization or other appropriate body represented in this application

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