

## Request form for CMI Critical Illness cause-specific diagnosis rates spreadsheets

Please supply me with a copy of the spreadsheets that the CMI is making available to CMI member offices related to 2003-2006 cause-specific diagnosis rates, as described in CMI Working Paper 52.

Note: If you would also like to be supplied with the spreadsheets relating to the 2003-2006 all-causes diagnosis rates, as described in CMI Working Paper 50 and/or those relating to the 1999-2004 diagnosis rates, as described in CMI Working Paper 43, please indicate in the table below:

	Spreadsheets required
<b>Working Paper 52</b>	
<b>Working Paper 50</b>	
<b>Working Paper 43</b>	

I hereby agree to the following conditions:

- I understand that the data contained in the spreadsheets is intended to allow me to experiment with alternative sets of diagnosis rates and may not be suitable for any other purpose;
- I understand that although the CMI has made reasonable attempts to validate the data that its accuracy cannot be guaranteed and that the CMI accepts no liability for its use;
- I understand that although the CMI has made reasonable attempts to ensure the accuracy of the spreadsheets, their accuracy cannot be guaranteed and that the CMI accepts no liability for their use;
- I understand that the CMI will not provide any support in relation to the software;
- I understand that the data and the spreadsheets will be made available for my company's use only. I will not pass the spreadsheets, the data or copies of the data to any other organisation;
- I agree that I will communicate any issues I discover in the spreadsheets or in the data to the CMI Critical Illness Committee (e-mail to [ci@cmib.ork.uk](mailto:ci@cmib.ork.uk)) at the earliest opportunity before making any public comment based on this data; and
- I agree that in any published comment or analysis that I will acknowledge the CMI as the source of the spreadsheets and data.

Please provide an e-mail address below as this will allow us to provide updates in future if appropriate.

PLEASE COMPLETE IN BLOCK CAPITALS

<b>Surname:</b>		<b>Title (Mr/Mrs/Dr):</b>	
<b>Forename(s):</b>			
<b>Job Title:</b>			
<b>Company:</b>			
<b>Address:</b>		<b>Telephone:</b>	
		<b>Fax:</b>	
<b>Email:</b>			
<b>Signed:</b>		<b>Date:</b>	

Please complete this form and return to Mark Paulson, CMI, 3<sup>rd</sup> floor, Cheapside House, 138 Cheapside, LONDON, EC2V 6BW, tel: 020 7776 3820, fax: 020 7776 3810 or by e-mail to [ci@cmib.org.uk](mailto:ci@cmib.org.uk).