**Application to Integrate the MIMS Medicine Database**

1. There is a fee for MIMS technical assistance with integrating the MIMS Medicines Database into a third party application and for clinical reviews undertaken by our editorial team. This fee will be invoiced when we send the NDA and access to the FTP site will only be given once the fee is paid.
2. To ensure your request is directed to the right person quickly, please ensure you complete all the questions on the application form as fully as possible.
3. Once you have spoken to a member of the business team, MIMS Australia will send you a Mutual Non-Disclosure Agreement, which you will need to sign before we give you access to the MIMS Medicine Database. At the same time you will receive an information pack to help you understand the process for access and evaluation of the data as well as our expectations for the integration of our data.
4. Please read these documents carefully then sign and return two copies of the NDA marked to the attention of: *Caryn Lind, MIMS Australia, Locked Bag 3000, St Leonards* *NSW 1590*. A signed copy will be returned to you for your records.
5. Once the NDA has been returned and the developers fee paid we will send you an e-mail link to access the FTP site. From here you can download the MIMS dataset, data specifications and a guide on how to integrate the data. Permission for use is granted for 6 months. After this six month period if we have not heard from you your access will be terminated. If you require access for a longer period, you will need to apply for an extension to access by contacting your Business Development Manager (BDM).
6. As soon as MIMS sends you access to the data, you will be contacted by the MIMS Product Manager. The Product Manager will discuss the data format and any issues or concerns you may have at this time. We will stay in touch throughout your development time to ensure all is as it should be for both parties and to support you through the process.
7. During your development the MIMS BDM will be working with you or your nominated business contact to agree on the payment terms and ensure you are comfortable with the MIMS licensing process. We are happy to discuss the fees at any time, once the NDA is signed, and you may want to do this even before you start the development. It is your responsibility to ensure you fully understand our fee structure and how it fits into your business model.
8. The provision of MIMS data is contingent on two important steps that must be taken prior to deployment of your application to end users:

* All licensing agreements between MIMS and your organisation ***must have been negotiated, agreed to and signed by both parties***
* The MIMS Product Manager ***must review and approve*** the integration of the MIMS data within your software. We will require remote access to your application for this process.

1. Once item six (6) has been completed you will be notified by e-mail, sent to your nominated contact, informing you that approval to deploy your software with MIMS integrated is granted.

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| Date: | | | | 20/06/2013 | | | |
| Company Name: |  | **ABN:** | | | |  | |
| Street address: |  | | | | | | |
| Postal address (if different from above): |  | | | | | | |
| Contact Details: | **Phone:** | **Fax:** | | | | **Website:** | |
| Details of existing products/solutions: |  | | | | | | |
| Technical/Developer contact: | **Name:** | **Title:** | | | | | **Phone:** |
|  | **Mobile:** | **E-mail:** | | | | |  |
| Please indicate: | Outsourced Design/Development  In-house Design/Development | | | | | | |
| Business Contact: | **Name:** | **Title:** | | | | | **Phone:** |
|  | **Mobile:** | **E-mail:** | | | | |  |
| Software Functionality, please highlight all relevant options: | | | | | | | |
| Prescribing  Dispensing  Medication Management  Clinical Management    Electronic Patient Record | | | | Electronic Medical/Health Record   Aged Care – Patient Management  Other – please specify:  Administration  Other – please specify: | | | |
| Intended User Base, please highlight all relevant options: | | | | | | | |
| GP  Specialist  Hospital Staff (please specify)  Allied Professional i.e. physiotherapist,  optometrist, dentist etc Please specify | | | | Hospital Pharmacy   Community Pharmacy  Nurse Practitioners   Other please specify | | | |
| What is your intended software platform and development environment? | | | |  | | | |
| Type of Application, please highlight all relevant options: | | | | | | | |
| Client/Server  Standalone Desktop Application  Standalone Mobile/PDA Application | | | Web Based (intranet)   Web Based (internet)  Web Service:   Other, please specify | | | | |
| Programming Language: | | |  | | | | |
| Distribution method for MIMS monthly update to end users, please highlight all relevant options: | | | | | | | |
| Desktop (CD)  Secure Internet (please specify)  Secure Intranet (please specify)  Other (please specify) | | | | | | | |
| Intended User Security for MIMS Monthly Updates, please highlight all relevant options: | | | | | | | |
| Password Protected (login)  Encrypted (login)  Other (please specify) | | | | | | | |
| Briefly describe the purpose of your software and how the MIMS data will be used in the software? Please also state how user (e.g. clinician) will be using the MIMS data in the software. | | | | | | | |
| Please provide details about your development life cycle: | | | | | | | |
| Expected Start Date of Integration of MIMS data into software: | | | | |  | | |
| Expected Launch Date of software with MIMS data: | | | | |  | | |