



STS Vendor Licensing Information Form

Vendor Name: _____

INITIAL LICENSE SALES - (If not fully complete, form will be returned to vendor)

Per the STS Vendor Agreement, Section 6.2: "In order to assist STS in its coordination of participation in the STS National Database and its performance of this Agreement, Vendor will provide STS with the following information regarding each of Vendor's licensees promptly upon Vendor's grant of a license with respect to Vendor's STS Certified Software [or STS Harvest Compliant Software], and upon any subsequent change with respect to such information:"

Vendor Agreement Section 6.2.1 (customer/participant info goes here)

Licensee is a current participant in the STS National Database? Yes/No. _____

If yes, enter PID # _____

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Individual Responsible for contact with the Vendor on behalf of the licensee: _____

Effective Date: _____

Vendor Agreement Section 6.2.2

Software licensed to Surgeon Participant _____ (check if true).

Name and contact info (and date issued) of individual who is currently (or will soon be) the Surgeon on the Participation Agreement, e.g., Surgeon Participant:

Or, software licensed to Hospital Participant. _____ (check if true).

If a hospital is licensing the software: the name and contact info (and date issued) of the hospital who is currently (or will very soon become) the Hospital Participant on the Participation Agreement, e.g., Hospital Participant. _____

>>>Note: A licensee: a) must be a Surgeon Participant or Hospital Participant. B) cannot be a third party entity, i.e., government agency. C) cannot be a hospital purchasing a license for another hospital. Contact STS for clarification, as needed.<<<

Vendor Agreement Section 6.2.3

The initial license fee paid or payable by licensee to Vendor and all associated fees (e.g., annual maintenance and service fees) paid or payable by licensee to Vendor thereafter:

1) Initial license fee paid: \$ _____

2) Other associated fees license fees payable to Vendor: \$ _____

3) Full Retail Price, paid by customer, WITHOUT volume or other discounts applied:

\$ _____

Vendor Agreement Section 6.2.4

The specific product name of Vendor's software licensed to licensee: _____

The specific version(s) of Vendor's software licensed to licensee. **Indicate all that apply.**

Adult Cardiac Surgery Database: _____

General Thoracic Surgery Database: _____

Congenital Heart Surgery Database: _____

>>>Reminder: There must be a Participation Agreement on file at STS for each license issued. If vendor issues licenses in a "bundle," e.g., Adult Cardiac Surgery Database and General Thoracic Surgery Database, there must be a Participation Agreement for each on file at STS.<<<

Please return this completed form to stsd@sts.org.



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Vendor Name: _____

LICENSE TERMINATION

Participant ID# (5digits) – required: _____

Site/Customer Name:

Address:

Customer Email and/or Phone Number:

Termination Date:

Please return this completed form to stsd@sts.org.