



American Society of Clinical Oncology

PERMISSION REQUEST FORM

INSTRUCTIONS FOR USE

1. Please describe your product thoroughly. This information is used to calculate an appropriate permissions fee and to verify ASCO's copyrights to the material.
2. You may send multiple requests with one customer information page.
3. Once your request is processed, you will receive an invoice requiring payment within 30 days. Attached to the invoice is a document requiring the requester's signature; this confirms that the Terms and Conditions of use have been read and that payment is forthcoming. Permission will be valid once we receive this signed confirmation of the requester's intent to pay. Any requests requiring a response within five business days will be considered "rush" and assessed a \$50 fee in addition to any applicable permission fees.
4. Without needing ASCO's permission, authors may do the following after their work has been published by ASCO. Note that the original ASCO work must be cited appropriately:

Present the work orally (partially or in its entirety) for non-commercial, educational purposes. To re-use material in any form other than a slide presentation (including handouts of the slides), permission must be requested.

Use the article in a thesis and/or dissertation.

Post on the author's personal Web site, departmental Web site, and/or the university intranet a hyperlink to the article on the ASCO journal website. Permission is required for institutional repositories to post ASCO material on their site.

For any of the above uses, the following permission line must be included: "Originally published by the American Society of Clinical Oncology. [Author(s): Journal Vol. (issue), date: pp-pp]" ©ASCO. All Rights Reserved

5. If you have any questions or need assistance completing this form, please contact:
Licensing, Rights, and Permissions Division
American Society of Clinical Oncology
2318 Mill Road, Suite 800
Alexandria, VA 22314
Licensing & Rights Coordinator (571) 483-1722
(703) 518-5094 (fax)
permissions@asco.org
6. For commercial orders of 50 or more reprints (print or electronic) of a **full JCO or JOP Article**, abstract or Meeting Abstract, please contact Springer Healthcare:

Ben Mace

Springer Healthcare
236 Gray's Inn Road | London | WC1X 8HB | UK
tel +44 (0) 20 3192 2442
ben.mace@springer.com
www.springerhealthcare.com



American Society of Clinical Oncology

PERMISSION REQUEST FORM

FOR ASCO PERSONNEL USE ONLY
RECEIVED:
INVOICED:
INVOICE NUMBER:

REQUESTER CONTACT INFORMATION **BILL TO** (if different from requester)

NAME:		
TITLE:		
DEPARTMENT:		
INSTITUTION:		
ADDRESS:		
COUNTRY:		
PHONE:		
FAX:		
E-MAIL:		

- FUNDING SOURCE:**
- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Pharmaceutical Company | <input type="checkbox"/> | Cancer Center |
| <input type="checkbox"/> | Commercial Publisher | <input type="checkbox"/> | Government Agency |
| <input type="checkbox"/> | Nonprofit Organization | <input type="checkbox"/> | Commercial Business |
| <input type="checkbox"/> | Original Article Author | <input type="checkbox"/> | CME Provider |
| <input type="checkbox"/> | University | <input type="checkbox"/> | Student |

ADDITIONAL INFORMATION
PLEASE STATE IF THIS IS A **RUSH** REQUEST OR IF A RESPONSE IS NEEDED BY A CERTAIN DATE. A \$50 PROCESSING FEE WILL BE ASSESSED FOR THOSE REQUIRING A RESPONSE WITHIN FIVE BUSINESS DAYS. (This is in addition to applicable permissions fees.)



American Society of Clinical Oncology

PERMISSION REQUEST FORM

SOURCE INFORMATION

1. Were you a contributing author of the ASCO material for which you are seeking permission?

If so, please see No. 5 on the Instructions page before continuing.

Yes

No

2. What is the full citation of the source article?

(1st author: journal title, vol. #, issue #, yyyy: pp-pp)

3. Which items do you wish to reproduce? (List figure number, table number, abstract number, whole article, etc.)

4. Do you plan to adapt this material?

If you are creating a new table or figure from data discussed in an ASCO text, you do not need permission.

Simply cite the source document in the footnote or caption.

Yes

No

(Attach adapted material)

DESCRIBE YOUR PRODUCT

1. Approximate number of people who will view your product

2. Media forms (e.g., print, Internet, etc.)

3. Languages

4. Title and author

5. Volume and issue number (journals) or edition (books)

6. Release/publication date

7. Purpose (e.g., classroom teaching, marketing, staff training, regulatory purposes, etc.) . . .

8. Company that will publish your product if different from your own

9. Distribution: World Wide or North America only



American Society of Clinical Oncology

PERMISSION REQUEST FORM