



Iowa Drug Information Service

**IDIS/Web User Profile Questionnaire
For**

**Multiple-Users/Single-Site License
or Multiple-Sites License**

Name of Individual Completing this Form: _____

If current *IDIS* subscriber:

Subscriber Number: _____

Subscription Contact Name: _____

Name of Institution: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Subscription Agent Used (if applicable): _____

1. Which of the following describes the access you wish to obtain?

<input type="radio"/> Single Site Academic Institution	<p>Single campus; one contiguous geographic location; under a single administration. Campus has a single Carnegie Classification of Institutions of Higher Education designation.</p>	<p>Authorized Users: faculty (permanent, visiting, emeritus, adjunct), staff, students officially affiliated with the institution, individuals who are located at remote sites or campuses of the subscribing institution who are administered by the subscribing institution, authorized clients of the institution's library.</p>
<input type="radio"/> Single Site Not-for-Profit Institution or For-Profit Corporation	<p>One contiguous geographic location encompassing no more than a 5-mile (kilometer) radius of the main administrative office; has a single administration.</p>	<p>Authorized Users: employees, staff, includes persons remote from the subscriber's physical location (at home or traveling) who are under the administration of the subscribing institution.</p>
<input type="radio"/> Multiple Site Academic Institution	<p>More than one campuses or branch campus, each with their own Carnegie designation, and administered independently. Universities or colleges that are part of a State or Regional system, but managed, controlled and administered locally are considered multiple sites.</p>	<p>Authorized Users: faculty (permanent, visiting, emeritus, adjunct), staff, students officially affiliated with the institution, individuals who are located at remote sites or campuses of the subscribing institution who are administered by the subscribing institution, authorized clients of the institution's library.</p>
<input type="radio"/> Multiple Site Not-for-Profit Institution or For-Profit Corporation	<p>Multiple geographic locations, separated by more than 5 miles (kilometers), or administered independently. Does not include multiple institutional or corporate entities sharing the database, such as a consortium.</p>	<p>Authorized Users: employees, staff, includes persons remote from the subscriber's physical location (at home or traveling) who are under the administration of the subscribing institution</p>

2. If you are requesting multi-site access, how many sites do you wish to provide access?
Please list the name and location of each site on Attachment A.

3. What will be the approximate size of the authenticated user pool (total number of possible users with access to the database)?

<input type="radio"/> Academic	Number of faculty: Number of students: Number of staff:
<input type="radio"/> Not for Profit Institution	Number of employees:
<input type="radio"/> For Profit Institution or Corporation	Number of Employees:

4. How many **concurrent** (parallel) users do you wish to accommodate?
5. If you are a multi-site entity, please describe in detail the legal relationship among the institutional or corporate entities.
6. How will your institution regulate access to the database?

<input type="radio"/> User Identification and Password (assigned by IDIS)
<input type="radio"/> Internet Protocol (IP) address(es) [Please complete Attachment A]
<input type="radio"/> Proxy server [Please complete Attachment A]
<input type="radio"/> Other methods. Please explain.

7. Will any external users (i.e. people not employed by your institution or registered as students) be allowed to access the *IDIS* database? ___ Yes ___ No
If you answered yes, please explain in detail.

8. Will you offer article reprints? ___ Yes ___ No
If you answered yes, please explain in detail.

9. Are you an educational institution? ___ Yes ___ No
If you answered yes, please give details of type of drug information services you provide and identify the main users of the database.

10. Do you plan to sell or redistribute for profit any information from the *IDIS* database?
_ Yes ___ No _____
If you answered yes, please explain in detail.

Thank you for your assistance in completing this questionnaire. Please return to:

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