

## CQSC Tool User Application and Agreement

**We appreciate your interest in the Coleman Questions for a Survivorship Care Appointment (CQSC) Tool.**

A collaborative of 100+ clinicians, funded by The Coleman Foundation, developed the CQSC Tool based on validated instruments (NCCN Guidelines® for Supportive Care and the NCCN Distress Thermometer and Problem List, the PHQ-4, PROMIS, the Commission on Cancer standards (2.4 Palliative Care Services, 3.2 Psychosocial Distress Screening, 3.3 Survivorship Care Plan), ASCO guidance, and the Institute on Medicine's 2013 Report on Delivering High-Quality Cancer Care. The Tool is available in English and Spanish.

**Copyright and Dissemination:** The CQSC Tool is copyrighted by The Coleman Foundation and is distributed by The Coleman Foundation directly or via their partner The Center for Business Models in Healthcare (Center). It may not be used or modified in any form without prior written permission from The Coleman Foundation.

**User Fees:** At this time, there is no charge for using the Coleman Supportive Oncology Collaborative (CQSC) Tool.

**User Agreement:** Please read this agreement carefully. Your signature at the end of this document indicates that you have agreed to comply with the following:

**Public Distribution of the CQSC Tool:** Do not distribute the CQSC Tool to anyone outside of your institutional group, division, or department, or place it on a public website without first obtaining The Coleman Foundation's prior written permission, which may be withheld at The Coleman Foundation's sole discretion.

**Use of the CQSC Tool:** For clinical use, the CQSC Tool is available in pen/paper formats at this time. You may not convert the Tool to any other online or web-based administration without prior permission from The Coleman Foundation.

**Quarterly Reports:** Within thirty days of the end of a calendar quarter, you must provide The Center for Business Models in Healthcare with aggregate, non-identifying information on the number of patients screened using the CQSC tool, and answer some basic questions (see example on page 4). You must submit this information in a timely manner, as it is required by our funding source in exchange for the institutional use of the CQSC tool, which is free of charge. The Center will send you a reminder each quarter with a link to the survey.

**Research use of the CQSC Tool:** If you plan to use the CQSC tool for research, you must obtain any required institutional approvals prior to use. Please provide The Coleman Foundation with a brief written summary of your current or proposed research, highlighting the study questions, design, sample, and outcome measures. In addition to the quarterly report, you shall provide The Coleman Foundation/The Center with a brief final report at the end of your project, summarizing your study outcomes and data, including any papers, posters or manuscripts that reported on your use of the CQSC tool.

**Clinical use of the CQSC Tool:** If you plan to use the CQSC Tool clinically, you must obtain any required institutional approvals prior to use. In addition, please provide The Coleman Foundation with a brief description of your setting and the patient population.

**Contact Information:** Indicate the name and full contact information for the person responsible for overseeing / supervising the use of the CQSC at your institution. Please provide updated contact information in the event of personnel changes.

**Scientific Publications / Presentations:** While we encourage publication and dissemination of your results from using the CQSC Tool, if you plan to publish or present information or data regarding your use of the CQSC Tool, please provide an abstract or manuscript at least thirty days in advance of submission or presentation. We will send you a specific language and reference you must include when describing the CQSC Tool in your manuscript.

After receiving and reviewing your completed application form, The Coleman Foundation (or via their partner The Center for Business Models) will communicate with you about any questions and provide permission to use the CQSC Tool. The Center will send you your official copy of the CQSC Tool to use.

**Additional Information:**

**Updates on the CQSC Tool:** The Coleman Foundation will communicate and collaborate with CQSC users on a regular basis regarding the CQSC's implementation and evaluation. The Coleman Foundation will provide you updated information on the CQSC Tool as it becomes available.

**Changes to the CQSC Tool:** The CQSC Tool is a copyrighted measure. You may not modify or change the CQSC Tool in any way without prior written permission from The Coleman Foundation.

*Please complete and sign the CQSC Tool user application on pages 2-3.*

**CQSC Tool User Application**

1. Name and mailing address of hospital/agency where the CQSC Tool will be implemented at (please include center/department/division):
2. Name, title and contact information for the person responsible for overseeing the use of the CQSC Tool and for providing quarterly reports (please include email address, backup email address, primary phone, and backup)
3. How will you use the CQSC Tool?  Research study  Clinical application
4. **Research Use:** If the CQSC Tool will be implemented as part of a research study, please provide a brief summary of the proposed research, and attach a one to two-page summary, including study questions, design, samples, and outcome measures. Please include information about how the research is funded.

5. **Clinical Use:** If the CQSC Tool will be implemented for clinical use, please provide a brief description of the setting in which it will be used in, the Patient population provided to, and the implementation plan and timetable.
6. What is the proposed timeline to begin using the CQSC Tool?

**Other Terms and Conditions**

1. **Warranty Disclaimer.** YOU WILL ACCEPT THE CQSC TOOL “AS-IS.” THE COLEMAN FOUNDATION MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE CQSC TOOL OR ANY ADAPTATIONS OR TRANSLATIONS DERIVED THEREFROM. BY WAY OF EXAMPLE BUT NOT LIMITATION, THE COLEMAN FOUNDATION MAKES NO REPRESENTATIONS OF COMMERCIAL UTILITY, MERCANTABILITY, OR FITNESS FOR ANY PARTICULAR PURPOSE, OR THAT THE USE OF THE CQSC TOOL WILL NOT INFRINGE ANY RIGHTS OF ANY THIRD PARTY. THE COLEMAN FOUNDATION SHALL NOT BE HELD TO ANY LIABILITY WITH RESPECT TO ANY CLAIM FROM A THIRD PARTY ON ACCOUNT OF, OR ARISING FROM, THE USE OF THE CQSC TOOL.
2. **Indemnification.** To the extent permissible by law, Recipient Institution agrees to defend, indemnify, and hold harmless The Coleman Foundation and their partner’s organizations for all claims, liabilities, and costs (including reasonable attorneys’ fees) arising from the use of the CQSC Tool. The terms of this Section 2 shall survive the termination of this Agreement.
3. **Term and Termination.** This agreement will remain in force for three years from the signing date below. Either party may terminate this agreement for any reason upon thirty days written notice to the other party. Upon termination, the Recipient Institution will cease use of the CQSC Tool and send to The Coleman Foundation any outstanding reports.
4. These terms and conditions shall survive termination of this Agreement.

*I agree to the terms of using the CQSC Tool specified on pages 1-3.*

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

*\*Note: you may use a digital signature, or type you name in lieu of a digital signature.*

Please return the completed user agreement to: [weldon@centerforbusinessmodels.com](mailto:weldon@centerforbusinessmodels.com) ; one of our team members will follow up promptly after receipt.

## The Coleman Supportive Oncology Collaborative (CQSC) Tool Report

The Center will send you an email with a web link to a survey (likely in survey monkey) to report the following type of information in aggregate on a quarterly basis:

- Your Name:
- Your Institution:
  
- I am reporting on: \_\_\_ Clinical Use \_\_\_ Research Use
  
- Number of patients screened with the CQSC tool – English Version:
- Number of patients screened with the CQSC tool – Spanish Version:
  
- Please describe patient comments/feedback about the tool:
  
- Please describe clinician / staff comments/feedback about the tool:
  
- What suggestions do you have to improve or adapt the tool?
  
- What modifications would you like to make to the tool at your institution?