MILO Information Request for Mobile Applications (APPs)

\*This form is for APPs requesting placement on a McMaster APP storefront\*

# Princi pal Creator Information

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| --- | --- |
| Name:       | Title:       |
| Department/Institute:       | Faculty:       |
| Telephone:       | Email:       |
| Co-Creators:       |  |

# Mobile Application (“APP”) Information (Please fill in details where applicable)

Please contact ?? if you are not sure on how to answer any questions

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| Was the content in the APP created by McMaster faculty, staff, students only? (This includes any backend resources, i.e. cloud hosting or packaged third party resources should be indicated)If content or software was developed by 3rd party (including backend resources), please provide agreement, contract or other information regarding service terms – intellectual property rights, use, cost. | [ ]  Yes – only McMaster involved[ ]  No – Please attach relevant documents with 3rd parties |
| Is the APP intended to be commercialized, (i.e. do you plan to charge a fee to download, have in-app purchases, subscription fees, freemium model, advertising?) | [ ]  Yes - we will charge fees[ ]  No - will be completely free |
| To your knowledge, does this APP require any regulatory approval? (FDA, Health Canada, ethics, HIPPA/GDPR compliance, etc.) | [ ]  Yes – regulatory required[ ]  No – regulatory required |
| Does this APP collect: Personal information from the users (e.g. name, address, age, weight); Health data (e.g. medical history, test/lab results); external Device data (e.g. from a wearable, phone location)? (Please check all that apply) | [ ]  Personal[ ]  Health[ ]  Device[ ]  Not Applicable |
| If any Personal, Health or Device are collected, will this information be transmitted to/stored at a McMaster-controlled or at a 3rd Party location (including cloud-based storage)? Are data transfer and storage safety protocols in place/planned?(Please check all that apply) | [ ]  McMaster[ ]  3rd Party[ ]  Protocols in place[ ]  Protocols to be planned |
| Do you have a plan to provide ongoing administration, management or updates for the APP? | [ ]  Yes[ ]  No |
| Will this APP be recommended/promoted/referred to users by any professional group? (e.g. Physicians, teachers, etc.) | [ ]  Yes[ ]  No |
| Who do you think are the main users/market of the APP? (Please be as specific as possible, e.g. hospital administrators, healthcare providers, patients, general public, consumers, parents, kids, teachers, students, businesses, etc.) |       |
| Will the APP be licensed: | 1. Directly to consumers? [ ]  Yes
2. Through third party license and then distribution? [ ]  Yes
3. Directly to a commercial entity? [ ]  Yes
4. Through another channel?       Specify
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| Which platform(s) will this APP be made available? (Please check all that apply) | [ ]  Apple Store[ ]  Google Store[ ]  Other – Specify:      |

# Signatures

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| Principal Creator:       |
| Signature: |
| Date:       |

McMaster / MILO Mobile APP internal checklist prior to approval for posting on McMaster Apple Store or Google Play store.

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| MILO has signed disclosure form for APP |       |
| All creators in agreement with commercialization of APP |       |
| Regulatory approvals in place (if applicable)  |       |
| Process in place to ensure privacy of data submitted is secure (if applicable) |       |
| Person responsible for administration of APP identified |       |
| Errors and bug checking of APP completed |       |
| Privacy, consent, terms of use agreement or forms in place  |       |
| McMaster approvals in place (as applicable)1. UTS/CSU
2. Department chair or Associate Dean, Research
3. Public Relations (if using McMaster logo)
4. Privacy Officer
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