



...A national data science challenge established to advance human health through machine learning

**Hosted by The University of Texas (UTHealth) School of Biomedical Informatics
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Please Note: *Only individuals currently residing in the United States may participate in this Challenge.*

Challenge Form Delineating Team Name, Team Leader, Team Members, Institutional Affiliations, Contact Information, and Approving Institutional/Departmental Official(s)

For the purposes of the SBMI National Data Science Challenge, the leader of each Challenge team is responsible for obtaining and ensuring the accuracy of the required information. He/she is also accountable for obtaining information from, and the signatures of, the affiliated approving institutional/departmental officer(s) for all of the team members. Once the forms for the team are complete, please send them and any related material to: DII.NDSC@uth.tmc.edu.

Challenge Team Name:

**Name, Team Member #1:
(i.e., Team Leader)**

**Institutional Affiliation:
Country of Residence:
Contact E-mail:
Phone:**

Name, Team Member #2:

**Institutional Affiliation:
Country of Residence:
Contact E-mail:
Phone:**

Name, Team Member #3:

**Institutional Affiliation:
Country of Residence:
Contact E-mail:
Phone:**

Name, Team Member #4:

**Institutional Affiliation:
Country of Residence:
Contact E-mail:
Phone:**

Name, Team Member #5:

**Institutional Affiliation:
Country of Residence:
Contact E-mail:
Phone:**

Name, Team Member #6:

**Institutional Affiliation:
Country of Residence:
Contact E-mail:
Phone:**

Name, Team Member #7:

Institutional Affiliation:

Country of Residence:

Contact E-mail:

Phone:

Name, Team Member #8:

Institutional Affiliation:

Country of Residence:

Contact E-mail:

Phone:

I, the undersigned, agree that the participation of this team member has been sanctioned by our institution to participate in the DII Data Science Challenge.

NOTE: If the Challenge Team members represent multiple entities, an officer signature and contact information from each of the members' institutions must be on file before the Challenge Team is approved for participation. In such instances, this section below can be duplicated for each institutional officer's signature.

Institutional/Departmental Officer Sanctioning Challenge Team Participation

Name:

Title:

Institution:

Country of Residence:

E-mail:

Phone:

Signature of Institutional Officer:

Date: