EDITORIAL:
SOFTWARE SURVEY SECTION

The purpose of the Software Survey Section in CLINICAL HEMORHEOLOGY is to encourage the open exchange of information on software programs unique to our professional field. With the rapid penetration of computers into academic and industrial institutions has come a parallel increase in the number of scientists and researchers designing their own software. The existence of much of this software remains unknown to even those of us who could most benefit from its use. We believe that it is of vital importance to our readers that such information be made available. We believe also that a professional journal is the best place to share such information. Your contribution would be most welcome.

The questionnaire on the following pages is designed to assist you in reporting on software that you may have developed or be in the process of developing. By completing this form, your information will reach thousands of your colleagues who may benefit from your work and may possibly offer suggestions for further enhancements to your software. Please complete the enclosed form and return it to:

Dr. Arpad Matrai
Klinik fur Physikalische Medizin
Universitat Munchen, Innenstadt
Ziemssenstr. 1
8000 Munchen 2, Germany GFR

We do not intend to review or comment on the contents of the questionnaire. It will be published as is in order to expedite the information cycle process. I would welcome any comments you may have.

THE EDITORS
Software Survey Section

JOURNAL NAME

PERGAMON
SOFTWARE DESCRIPTION FORM

Title of software program: 

Type of program: [ ] Application [ ] Utility [ ] Other 

Category: 

Developed for (name of computer/s): 

in (language/s): 

to run under (operating system): 

available on: [ ] Floppy disk/diskette. Specify: 

Size _______ Density _______ [ ] Single-sided [ ] Dual-sided 

[ ] Magnetic tape. Specify: 

Size _______ Density _______ Character set 

Hardware required: 

Memory required: _______ User training required: [ ] Yes [ ] No 

Documentation: [ ] None [ ] Minimal [ ] Self-documenting [ ] Extensive external documentation 

Source code available: [ ] Yes [ ] No 

Stage of development: [ ] Design complete [ ] Coding complete 

[ ] Fully operational [ ] Collaboration welcomed 

Is program in use? [ ] Yes How long? _______ How many sites? _______ 

[ ] No 

Is the contributor available for user inquiries: [ ] Yes [ ] No 

Distributed by: 

Cost of program: _______ 

Demonstration disk available? [ ] Yes Cost: _______ 

[ ] No 

RETURN COMPLETED FORM TO: 

Dr. Arpad Matrai 
Klinik fur Physikalische Medizin der Universitat Munchen 
Innenstadt, 8000 Munchen 2 
Federal Republic of Germany 

[This Software Description Form may be photocopied without permission]
Software Survey Section

Description of what software does [maximum: 200 words]:

Potential users: __________________________________________

Field/s of interest: _______________________________________

# # # # # # #

Name of contributor: _____________________________________

Institution: _____________________________________________

Address: _______________________________________________

_____________________________________________________

Telephone number: _________________________________

# # # # #

Reference No. [Assigned by Journal Editor] ________________

[The information below is not for publication.]

Would you like to have your program:

Reviewed? [ ] Yes [ ] No [ ] Not at this time

Marketed and distributed? [ ] Yes [ ] No [ ] Not at this time

[This Software Description Form may be photocopied without permission]