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**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
Ziemssemstr. 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

NAME OF JOURNAL CLINICAL HEMORHEOLOGY

P E R G A M O N
SOFTWARE DESCRIPTION FORM

Title of software package: _____

It Is: Application program Utility Other _____

Specific area _____ (e.g. Thermodynamics, Inventory Control)

Software developed for [name of computer(s)] _____

in [language(s)] _____

to run under [operating system] _____

and is available in the following media:

 Floppy disk/diskette. Specify:Size _____ Density _____ Single-sided Dual-sided Magnetic tape. Specify:

Size _____ Density _____ Character set _____

Distributed by: _____

Minimum hardware configuration required: _____

Required memory: _____ User training required: Yes NoDocumentation: None Minimal Self-documenting
 Extensive external documentationSource code available: Yes NoLevel of development: Design complete Coding complete
 Fully operational Collaboration would be welcomedIs software being used currently? Yes No
If yes, how long? _____ If yes, how many sites? _____Contributor is available for user inquiries: Yes No

(continued)

RETURN COMPLETED FORM TO:

Dr. Arpad Matrai
Klinik für Physikalische Medizin
Universität München, Innenstadt
Ziemssemstr. 1
8000 München 2, Germany GFR

[This Software Description Form may be photocopied without permission]

Description of what software does [200 words]:

Potential users: _____

Fields 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]