TBCRC Link Request Form

To request that a website be added as a link from the TBCRC website, please complete the information below. Requests for links to third-party websites are reviewed based on criteria listed below and approved by TBCRC staff and/or volunteer members.

Please provide the name and URL of the website you are requesting a link to:
______________________________________________________________________________

**Organization/Company Information**
Organization/Company:__________________________________________________________
Contact Name: ________________________________ Title: __________________________
Street Address: __________________________________________________________________
City: ____________________________ State: ________ Zip: __________________________
Phone: _________________ E-Mail: __________________

Please state the primary mission or business objective of this organization/company:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Is this a not-for-profit organization? (circle one) YES NO

What is the organization’s primary scope? (check one)
_____ Local  _____ Regional  _____ National  _____ International
This link request is on behalf of: (check one)

___ Patient Advocacy Organization   ___ Cancer Center   ___ Commercial Business

___ Government Agency   ___ Publisher

Other: (please explain): ______________________________________________________

**Website Information**

Please summarize the website’s primary content:

____________________________________________________________________________

____________________________________________________________________________

Main Target Audience (choose one):

___ Patients   ___ Media   ___ Medical Professionals   ___ General Public   ___ Other:

____________________________________________________________________________

Date website was launched: _____ / ____ / ______

Indicate the frequency with which the website is routinely updated (check one):

___ Daily   ___ Weekly   ___ Monthly   ___ Quarterly   ___ Yearly

Who reviews the website’s content for medical and factual accuracy? Please list the members of the site’s editorial board and their credentials/affiliations. (Attach additional sheet if necessary).

____________________________________________________________________________

____________________________________________________________________________

Indicate the URL for the editorial board listing on the website: ___________________________

Does your website offer a mechanism for users to provide feedback? (circle one):   YES   NO
Indicate the funding/financial sources for producing and maintaining the website:

______________________________________________________________________________

______________________________________________________________________________

Indicate the URL for the website privacy policy: ______________________________________

Please list awards or other endorsements by external organizations (such as the HONcode principles of the Health on the Net Foundation):

______________________________________________________________________________

Does your website currently link to TBCRC.org? (circle one): YES  NO

Signature of Person Requesting Link: ________________________________________________

Date: __________________________

Please email your completed linking request form to: rburns@emmes.com

Thank you for your interest in the TBCRC. Your request will be reviewed promptly. Please note that the TBCRC reserves the right to refuse any linking requests. In addition, current links on TBCRC.org are regularly reviewed according to the criteria posted on the website and can be removed at any time. For more information, please review the TBCRC Linking Policy, at http://tbcrc.org/resources.