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EDITORIAL:
SOFTWARE SURVEY SECTION

The purpose of the Software Survey Section in BIOCHEMICAL PHARMACOLOGY 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. David Stagg
Department of Pharmacology
Yale University School of Medicine
333 Cedar Street
P.O. Box 3333
New Haven, CT 06510

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.

JOURNAL NAME BIOCHEMICAL PHARMACOLOGY

P E R G A M O N P R E S S
SOFTWARE DESCRIPTION FORM

Title of software program: _____

_____

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

Category: _____ (ie. Psychological assessment, statistics, thermodynamics, etc.)

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

(continued)

RETURN COMPLETED FORM TO:

Dr. David Stagg
Department of Pharmacology
Yale University School of Medicine
333 Cedar Street - P.O. Box 3333
New Haven, CT 06510

[This Software Description Form may be photocopied without permission]

IV

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]