

AetherHeal Research Collaboration Brief

Turn your clinical question into a research instrument

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We invite professors to lead AI research grounded in clinical practice. Under their direction, we build the research tools and AI needed to test their questions.

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1 Which question could we explore together?

These proposed studies begin with the investigator's question and comparison criteria. AetherHeal builds tools for testing under consistent conditions. We are recruiting research partners.

Table 1: Proposed studies to design together.

Research question	Possible research tool	Research team contribution · What we could evaluate
01 Where do two reviewers read the same image differently?	A research interface could place approved images and annotations side by side, recording review locations, supporting evidence, and reasons for withholding interpretation.	Research team contribution: Define the images and findings in scope, annotation criteria, independent reviewers, and how disagreements will be resolved. What we could evaluate: Reviewer agreement, missing annotations, and reasons for abstention

Research question	Possible research tool	Research team contribution · What we could evaluate
02 Where are follow-up records incomplete?	A data preparation tool could gather protocol-defined measures from an approved cohort and make missing fields visible at each observation point.	Research team contribution: Define the cohort, measures, acceptable observation windows, and conditions for access to the data. What we could evaluate: Data completeness, missing observation points, and consistency of repeated extraction
03 Can the receiving clinician understand what needs to happen next?	A research form could organize problems, evidence, unfinished work, and ownership in the specialty's handoff sequence for comparison with the existing format.	Research team contribution: Define handoff scenarios, required fields, comparison formats, and assessment criteria. What we could evaluate: Preservation of required information, reviewer understanding, and identification of unfinished work

The question and data determine the components: search, annotation assistance, a workflow combining rules and models, or separate training. We fix the evaluation version and conditions so that findings can be checked again.

Proposed research sequence · subject to protocol, institutional review, and agreement

1. Define the question
2. Agree the permitted scope
3. Fix the evaluation version
4. Investigators interpret findings

2 The research team sets the criteria. We implement them.

The professor and research team lead the question, evaluation criteria, and interpretation. AetherHeal contributes research interfaces, data processing, and a reproducible execution environment. The protocol and agreement define the specific responsibilities.

Table 2: Responsibilities of the research team and AetherHeal by area.

Area	Professor and research institution	AetherHeal
Question and study design	Defines the clinical question, hypothesis, intended use, inclusion and exclusion criteria, outcome measures, comparators, and clinical interpretation.	Translates the question into implementable requirements, reviews technical fit and risk boundaries, and prepares the technical documentation required by the protocol.

Area	Professor and research institution	AetherHeal
Data	Secures lawful authority to access the data and the basis for research use, and defines the included scope and institutional review process.	Sets up the data pipeline, data dictionary, validation rules, and processing records within the approved scope. AetherHeal does not grant data-access authority on the institution's behalf.
Annotation and evaluation	Defines the annotation criteria, clinical expert reviewers, adjudication process, and criteria for interpreting the results.	Sets up the infrastructure for annotation interfaces, reviewer assignment, version control, disagreement tracking, and the history of evaluation outputs.
Engineering	Explains the research users' sequence of work and its exceptions, and reviews whether the tool remains within the clinical question.	Takes responsibility for research interfaces and services, approved system connections, error handling, testing, deployment, and technical operation.
Reproducibility and change	Approves protocol changes and analytical decisions, and judges how a change affects interpretation of the findings.	Provides an execution environment with fixed code, dependencies, data schemas, and configuration; preserves version and change records; and supports reruns under the same conditions.

Bespoke development can be included in the research-support scope. That scope is limited to the question, approved data, users, functions, evaluation measures, fixed version, and exit conditions recorded in the protocol and agreement. It may include the interfaces, pipelines, annotation, analytical support, and deployment required for the research tool. Integration with a hospital's systems of record (booking, EMR, or CRM), hospital-wide release, service levels for clinical operations, and continuous maintenance are not treated as part of the same scope. Moving a research result into clinical operations requires separate security, regulatory, transition, and contractual review.

3 Why now

Clinical knowledge is no less valuable. What has changed is the cost structure of turning that knowledge into software that can be tested.

Even a first research test required specifications, a development team and contracts, servers and security, data and annotation design, and a fixed execution environment. Bug fixes and maintenance followed deployment.

Generative AI and reusable development tools have reduced the work required to build a small research tool. An interface, data processing, annotation rules, and an evaluation environment can be held within one defined scope. The version used in a study can also be fixed and rerun under the same conditions. The investigator sets the clinical criteria and exceptions, decides what counts as input and when judgment should be withheld, and determines which results are meaningful.

AetherHeal is responsible for development and operation of the research environment. With the professor, we document the hypothesis, protocol, and rules governing how the tool behaves. We configure the environment within the approved study scope.

Clinical experience holds research questions: which findings and records belong together, and when should judgment be withheld? We help professors turn that experience into questions that can be tested.

The professor and research team set the question and interpret the findings. AetherHeal builds the software, data processing and research environment needed to test it.

We are recruiting research partners. Each study begins by establishing its agreement, IRB review requirements, data access conditions, and permitted scope. Individual researcher participation and institutional agreements or endorsements are confirmed separately. Institutional collaborations are described within the terms of a signed agreement and permission to disclose.

4 How the data-governance terms are set

Before work begins, the parties define control of source data, who may access it, responsibility for de-identification, who leads institutional review, and what happens when the study ends. The terms below are our default proposal; final terms follow institutional policy, review decisions, and the research collaboration agreement.

Table 3: Data-handling questions, default proposals, and documents to agree before work begins.

Question	Default proposal	Agree before starting
Where will the data reside?	Our default proposal is to keep source data within the research institution's controlled environment. If external transfer is required, only the approved minimum dataset moves, under a separate agreement and the institution's transfer procedure.	Data-flow diagram, storage locations, processors, and any cross-border transfer
Who may access it?	Only people named, or assigned a named role, in the protocol and agreement receive least-privilege access. Before work begins, the parties define the purpose of access, how access is granted and withdrawn, and who is responsible for reviewing the records.	Access list, role-based permissions, access records, and incident-response procedure
How will the data be de-identified?	The research institution, or a party it authorizes, removes direct identifiers or pseudonymizes the data. The institution retains the re-identification key. Identification risks that may remain in dates, free text, audio, or images are reviewed separately.	De-identification standard, custodian of the re-identification key, residual-risk review, and destruction method
Who submits for IRB review?	For work involving human-participant data or medical information, our default proposal is for the principal investigator at the research institution to submit to that institution's IRB. AetherHeal provides the study plan, tool description, data-flow materials, and risk-management materials. The institution's own process also determines whether the work is exempt from review.	Single-site or multisite structure, principal investigator, sponsor role, IRB costs, and responsibility for reporting changes

Question	Default proposal	Agree before starting
Can the data be reused for another purpose?	Our default proposal is not to reuse research data or pseudonymized derivative data for model training or another study outside the agreed research purpose. Any reuse requires a separately defined institutional review and contractual scope.	Permitted reuse of derivative data, models, and evaluation outputs, and the approval procedure
What happens when the study ends?	Copies without a basis for retention are destroyed and access rights are revoked at the time specified in the agreement. Outputs needed to verify reproducibility require separate approval of the retention purpose, period, and access scope.	Retention period, confirmation of destruction, and the retained scope of derivative data and the execution environment

5 Who owns the results, and how is authorship determined?

Technical support does not alter academic leadership of the research or the principle that findings may be disclosed. The collaboration agreement sets the allocation of specific rights and review periods before the study begins.

Table 4: Proposed terms on results and authorship.

Principle	Proposed terms
Academic leadership	The professor and research team retain academic leadership of the research question, study design, clinical interpretation, and manuscript. We propose terms under which neither the findings nor the manuscript becomes the exclusive asset of one party. Participating researchers have the right to analyze and present the findings within the agreed research purpose.
Data and intellectual property	The research institution controls the source data, and each participant retains the intellectual property it held before the study. The research collaboration agreement separately defines rights to use the research tool and source code, inventions arising during the study, generalizable foundation modules, and any reuse of pseudonymized derivative data, according to contribution and institutional policy.
Publication of negative findings	We propose terms that do not prevent presentation or submission when findings are negative or not statistically conclusive. AetherHeal will not request changes to a manuscript, delay disclosure, or seek withdrawal from publication because of the direction of the findings.
Authorship criteria	Authorship and author order follow the target journal's criteria and actual scholarly contribution. Roles are documented before the study begins and updated to reflect actual contribution before manuscript submission. Providing a tool, funding, or technical support alone does not establish authorship.

Principle	Proposed terms
Review before submission	Each institution may review a manuscript before submission for factual accuracy, personal information, confidential information, and patentability. That review does not confer authority to change the interpretation of findings or refuse disclosure. The agreement sets the review period and any limited delay required for a patent filing in advance.

6 Where to begin

We invite professors and research teams to explore AI research with us. The first conversation covers the research question, access to materials, required reviews and agreements, and the development scope.

Table 5: How a study begins.

Step	Description
01 A one-page research question	Set out the clinical question, the workflow currently performed by hand, the types of data that may be available and their access status, and the output the tool would need to produce.
02 Scope and feasibility review	Review whether the question can be implemented as a research tool, whether the required data and evaluation conditions can be established, and whether the scope is distinct from hospital-wide operational adoption.
03 Protocol and agreement	Document the roles, measures, data responsibilities, bespoke-development scope, costs, rights in the results, authorship criteria, and conditions for ending the study.
04 Institutional review and environment preparation	Access to data and setup of the research environment begin only after the required IRB and data reviews, contracts, and security review are complete.

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Send us a one-page research question, and we will review with you whether it can become an approvable study scope and an implementable research tool. Send enquiries to drjeeju@aetherheal.com.