**Trial collaboration agreement form for national principal investigators**

**Title:** Agents Intervening against Delirium in Intensive Care Unit (AID-ICU) Trial

**Sponsor:** Lone Musaeus Poulsen, Dept. of Anaesthesia and Intensive Care Medicine, Region Zealand University Hospital - Køge, Denmark

**I hereby declare that I as national principal investigator of** *[insert country]* **will coordinate the AID-ICU trial in this country.**

**Name of national principal investigator:** *[insert name]*

**Signature national principal investigator:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature sponsor:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_