**Place in Site Master File #6a**

**GODIF Case money Form**

**Thank you very much for recruiting patients for the GODIF trial**

**The number of patients eligible for case money and corresponding pay-out.**

The e-CRF has per [insert date] revealed that in [insert quarter] of [insert year] your site [insert site name] is eligible for case money for the following number of patients with the corresponding pay-out cut at a finalized 90-days follow-up:

1. Included patients with adequate 90-day follow-up without transferal to another ICU (recruiting site will perform 1-year follow-up) (400Euro)

XXX = YYY Euro

1. Included patients with adequate 90-days follow-up with transferal to a non-GODIF ICU (recruiting site will perform 1-year follow-up) (400 Euro)

XXX =YYY Euro

1. Included patients with transferal to another GODIF ICU (the receiving site – will perform 1-year follow-up) (200 Euro)

XXX = YYY Euro

1. Transferred patients (1st transferal) from another GODIF ICU for continued intervention, consent procedures, data registration, 90-day follow-up, and 1-year follow-up or until transferal to another site (200 Euro)

XXX = YYY Euro

**Total = YYY Euro**

Please prepare an invoice covering the case money and forward it by e-mail to [godif@cric.nu](mailto:godif@cric.nu). We foresee that your financial department may need the following information: VAT number: ​30099869

**How we count patients**

We use information from the e-CRF to count patients in the steps outlined, which at any time will be those patients not accounted for since the last counting, which will take place once every quarter of the year.

If you have any concerns regarding the case money pay out, please feel free to contact us by sending an e-mail to [godif@cric.nu](mailto:godif@cric.nu) or phone: +45 4829 6773.