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

**Title:** TheStress Ulcer Prophylaxis in the Intensive Care Unit (SUP-ICU) trial

**Sponsor:** Morten Hylander Møller, Dept. of Intensive Care 4131, Rigshospitalet, Denmark

**I hereby declare that I as national principal investigator of** (*insert country)* **will coordinate the SUP-ICU trial in this country.**

**Name of national principal investigator:** (*insert name)*

**Signature national principal investigator:**

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

**Signature sponsor:**

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