Place in Site Master File # 6b



**COVID STEROID 2 Case money form**

**Thank you very much for recruiting patients in the COVID STEROID 2 trial**

**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 corresponding pay-out cut at a finalised 90-days follow-up:

1. Included patients with adequate 90-days follow-up *without* transferal to another site (recruiting site will perform 180 days follow-up) (400 Euro/participant)

XXX = YYY Euro

1. Included patients with adequate 90-days follow-up *with* transferal to a hospital/ward not participating in the COVID STEROID 2 trial (recruiting site will perform 180 days follow-up) (400 Euro/participant)

XXX =YYY Euro

1. Included patients with transferal to another COVID STEROID site (recruiting site will perform 180 days follow-up) (300 Euro/participant)

XXX = YYY Euro

1. Transferred patients (1st transferal) from another site for continued intervention, consent procedures and data entry in the e-CRF up to 90-days follow-up or until transferal to another site (100 Euro/participant)

XXX = YYY Euro

Total = YYY Euro

Please prepare an invoice covering the case money and forward it by e-mail to contact@cric.nu.

We foresee that your financial department may need the following information: VAT no. 29765790.

**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. We will count patients once a quarter.

**Contact CRIC**

If you have any concerns regarding case money pay-out, please feel free to contact CRIC by sending an e-mail to contact@cric.nu or by phone +45 3545 0552.