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

**GODIF Case-money Form**

**Thank you very much for recruiting patients in the GODIF 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 finalized 90-days follow-up:

1. Included patients with adequate 90-days follow-up without transferal to another ICU (recruiting site will perform 1year 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 Included patients with transferal to another GODIF ICU (recruiting site will perform 1-year follow-up) or withdrawn from the trial (300 Euro)

XXX = YYY Euro

1. Transferred patients (1st transferal) from another site for continued intervention, consent procedures and e-CRF through 90-days follow-up or until transferal to another site (100 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: EAN-number: 5798 0010 6846 8 and VAT number: 30167686

**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 a quarter.

If you have any concerns regarding case-money pay-out, please feel free to contact us by sending an e-mail to godif@cric.nu.