TERAVOLT: Thoracic Cancers International COVID-19 Collaboration

Investigator's agreement for per patient subsidies payment

ERS is providing financial support to investigators having included patients in the TERAVOLT registry to compensate the work linked to data entry. Eligibility criteria to apply for payment are the following:

- Institution of the investigator is based in a European country according to the WHO definition (https://www.who.int/about/regions/euro/en/)
- Investigator is a member of ERS Assembly 11 "Thoracic Oncology" at the time of agreement signature.
- This document referred as "Payment Agreement" is signed by the investigator.

ERS takes no responsibility for compliance of investigators to the applicable regulations, ethics requirements, and data protection requirements linked to patient clinical data as well as for the quality and reliability of data included in the TERAVOLT registry.

Investigators have to ensure that Data Use Agreement and Ethics Committee approval are in place before sharing any patient data with the study sponsor.

Payment rules

- A per patient subsidy of €180.- will be paid for patient included in the TERAVOLT registry by European Institutions. These subsidies are non-negotiable and include any overheads or taxes of any kind to be paid by the institution or ERS.
- ERS Teravolt Steering Committee will approve eligible investigators.
- In case of several eligible investigators at an institution, only one will be allocated responsibility for payment. This investigator will have to coordinate the internal process (i.e. provide the list of all patients included at the institution and the invoice) and the internal funding allocation for his/her institution.
- Payment will be done for every patient entered in the registry for whom a completed dataset has been provided to the sponsor.
- ERS will guarantee the payment for a maximum of 400 patients over the all study or until closure for accrual whatever comes first. In case final accrual by all eligible investigators is over 400 patients, ERS will not guarantee payment.
- Payment will only be made for completed cases.
- Payment will be made only to an account of the institution of the investigator. Payment to private accounts will not be accepted.
- Payment can be requested up to 90 days after ERS request for invoice. After this delay, ERS reserves the right to refuse payment.
- Payment will be done within 30 days of invoice receipt via bank transfer.

Payment process

- Payment will be triggered twice as follows:
    - At signature date of this payment agreement.
    - At closure for accrual of the registry.

- Investigators will have to submit the list of completed cases including the date of registration and patient unique number.
- ERS Teravolt steering Committee will approve the list of completed cases.
- ERS will inform the investigator about the approval/non-approval of this list and request an invoice, if applicable.
- Once approved, an invoice should be addressed by the institution of the investigator to ERS and should include the following information:
    - Payment agreement reference: ERS TERAVOLT
    - Payable activity description: it will specify the eligible patients (ie. complete cases) and the total amount of per patient subsidies approved for payment
    - Institution information and Bank details:
        - Institution Name:
        - Institution tax ID:
        - Institution address:
        - Bank account holder:
        - Bank name:
        - IBAN:
        - Bank identifier code (SWIFT):
        - Payment currency: EUR (€)
        - Payment Method: Bank transfer
    - Invoice should be addressed to:

      EUROPEAN RESPIRATORY SOCIETY
      Avenue Sainte-Luce 4
      1003 Lausanne, Switzerland
      ATTN: Director of Scientific Activities

      And send via email to scientific@ersnet.org

Signature

By signing this agreement, I confirm that:

- I understand and agree with the payment eligibility criteria and payment rules and process mentioned above.
- I will provide accurate information to ERS regarding the number of patients included in the TERAVOLT registry at my institution.
- My institution doesn't receive payment from any other source to compensate the work related to entry of patient data within the TERAVOLT registry.
- I take full responsibility for submitting the Data Use agreement to the study sponsor and I will ensure that Ethics Committee approvals are in place.

INSTITUTION:

INSTITUTION ADDRESS:

NAME: SURNAME

DATE: SIGNATURE: