

USIDNET CHART REIMBURSEMENT AGREEMENT

This Agreement is between and the United States Immunodeficiency Network, also known as USIDNET.

Participating institutions in the USIDNET protocol, "*A Registry of Patients with Primary Immune Deficiency Disorders*", are eligible to receive reimbursement for entry of data from patient charts into the USIDNET Patient Registry.*

Reimbursement eligibility will be based on:

1. The enrolling site must provide USIDNET with an estimate of the number of consented patients and their diagnoses for prior approval.
2. As funds are limited, reimbursement cannot not be made for other patients entered over this number agreed upon.
3. An IRB-approved protocol and consent must be in place.
4. The consent must be signed in accordance with local rules.
5. Data for all red-colored fields and at least 90% of green-colored fields in the USIDNET Registry must be entered in order to be eligible for reimbursement.
6. Principle Investigator at the enrolling institution must approve the entered data and set the record as "complete".
7. Re-consented "Legacy" Patients (entered in the past with no consent) will be reimbursed in the same manner as new charts.
8. Quarterly invoices must be submitted by the 15th day of the month following each quarter to USIDNET (see attached schedule). Reimbursement checks will be sent to enrolling institutions within 30 days of the submission deadline.

Reason(s) for not qualifying for reimbursement:

1. Deviation from the above.
2. Entries with insufficiently completed fields.
3. Data abstraction completed by a member of the USIDNET staff.

The rate of reimbursement per chart is listed below:

- a. \$100 for each initial patient entry.
- b. \$50 for each update occurring at 2-year intervals, except ADA SCID.
- c. ADA SCID updates occur at 1-year intervals and are reimbursed at \$100 per update.
- d. Re-consented Legacy Patient charts will be reimbursed in the same manner as the new charts.

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IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the Effective Date.

..... Medical Center

Entity Name: USIDNET

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

*Reimbursement is contingent upon availability of funds.

Schedule of Reimbursement

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|--|--|--|
| April – June | July – September | October – December | January - March |
| Submit invoice by July 15 th | Submit invoice by October 15 th | Submit invoice by January 15 th | Submit invoice by April 15 th |