Payment Schedule – VERIFY (U.S.)

Site Start-up Payment
A non-refundable start-up payment totaling $9,250 will be made to each participating RCC or Satellite when site has been released to enroll, which includes full execution of the Research Clinical Trial Agreement, receipt of CIRB approval, and completion of required study start-up training.

The $9,250 amount is for reimbursement of time required for study training and set-up (including TMS training, Healthy Volunteers Reimbursement, MRI training, outcome assessment training/certification) and regulatory paperwork preparation and completion. Please note that this does **not** include travel expenses for the Initial Investigator Training & Study Startup Meeting, should a live meeting be scheduled.

Per-Subject Payment Schedule
All payments are contingent on receipt of eCRFs for the relevant study visit. Each payment will be inclusive of up to 50% indirect costs when applicable.

PAYMENT SCHEDULE AND RELATED REQUIREMENTS:

Screening, Baseline, & 30 Day for Enrolled Patients[1] **$3,083.75**
- Related screening performed, and informed consent is obtained.
- All data for screening and baseline assessments are completed and entered into WebDCU™
- 30-day assessments are completed and entered (or documented as fully attempted) into WebDCU™
- The receipt of applicable imaging has been confirmed in WebDCU™
- All queries are resolved for the subject
- Subject payment reads "Ready" in WebDCU™

Significant Weekend and Holiday Effort **Additional $500**
- Informed consented or TMS is performed during weekend or local institutional holiday hours

90 Day Visit[2] **$1,535.00**
(or $50 if only done by phone)
- All data for 90-day study visit are entered into WebDCU™
- All queries are resolved for the subject
- 90-day assessments are completed and entered into WebDCU™
- Day 90 Visit payment reads "Ready" in WebDCU™

Screen Failure Reimbursement **$150.00** to a maximum of $2250 per year (i.e., up to 15 screen failures)
- If screening is completed, the subject is consented, and study visit 1+/-2 are completed, but participant is unable to be enrolled (i.e., initiation of TMS stimulation or study-specific MRI sequences)

Healthy Volunteer Reimbursement for TMS Training
$25.00 to a maximum of $100 per volunteer and a total of $1000 per site.
- Sites will be reimbursed $25 per TMS training session to compensate health volunteers for up to 4 sessions per volunteer (maximum $100).
- The funds for this reimbursement are included in the site start-up payment and allow for up to 40 training sessions per site ($1000) towards healthy volunteer training.

Notes:

[1]The baseline compensation includes up to $750 to perform the full MRI, including study-specific sequence, if not performed clinically.

[2]The full 90-day visit compensation includes $150 compensation to the study participant and up to $40 transportation reimbursement for either the participant or the study staff. (For additional transportation expense coverage, such as medical transportation, sites may contact the VERIFY Team on a case-by-case basis.)

Schedule of Events:

Procedures	Screening/ Consent *	Baseline **	Post-TMS Hospital	Day 30 By Phone	Day 90	
					In Person	By Phone
Informed consent	X					
SAFE score	X					
Demographics	X					
Pregnancy Test, if applicable	X					
UE-FM		X			X	
NIHSS		X			X	
MRI***		X				
TMS		X				
Medical history		X				
Rehab Utilization Assessment		X	X	X	X	X
mRS via RFA				X	X	X
ARAT					X	
MAL-14					X	
10-Meter Walk Test					X	
EQ5D					X	X †
MoCA					X	
Geriatric Depression Scale					X	X
NeuroQOL Anxiety (8Q)					X	X
Star Cancellation Test					X	
Pain Visual Analog Scale					X	
Adverse Events (AEs)		X	X			
Serious AE and AE of Special Interest		X	X	X	X	X
Total:				$3,033.75	$1,535.00	$50.00

** Stroke onset (or time last known well) is Hour 0*

*** (i) At least 24 hours from stroke onset, and only after presumed clinical stabilization, at least 24 hours after any potential acute reperfusion therapy, and prior to discharge;*
(ii) Study Visit 2 and 3 may be performed on same day.

**** The study-required 3D-T1 MRI sequence (with a concurrent DWI) should ideally be performed within 72-168 hours. If the 3D-T1 was already performed clinically within 24-72 hours, then this will be accepted as an exception. For the remainder of the sequences, a clinical MRI is acceptable, even if performed at <24 hours from onset.*

† If Study Visit 6 cannot occur by person, EQ5D will be performed without the visual analog portion.