DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs)																								
Article 2 - Section 2.03 & Schedule 2 & Clause 24																Date of publication:								
	Full Name						HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address ide				Unique country local identifyer OPTIONAL	Donations and Grants to HCOs			vents	Fee for service an		nd consultancy		Blank Column (Clause X)		
														and Benefits in Kind to HCOs	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract		Blank Column (Clause X) (Clause X)		OPTIONAL	
	Title	First Name	Initial	Last Name	Speciality	Role	HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Institution Name	Location	Address Line 1	Address Line 2	Code Em	Local Register ID or Third Party Database ID				·						
							INDIVIDUAL N	MED DISCLOSURE	- one line per HCP/	ORDM (i.e. o	all transfers	of value during a y	ear for an ir	ndividual HCP will be su	mmed up: itemization	should be available for th	ne individual Recipient or p	ublic authorities' consultat	ion only, as appropriate)					
															N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount				0
																								0
2	HCP3I		L								OTUEN	NOTINGUIDED	001/5	!				Yeariv amount	Yeariv amount	Yearly amount				
8				- A Davisiana	- A- 2.2 CCDIA:	Tamalata & Clause	24				OTTIER,	, NOT INCLUDED?	BOVE - WII	ere injornation cannot										
보 片	Number of Recipients in aggregate disclosure - Art. 3.2, EFPIA Template & Clause 24																				•			0
	Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures) - Art. 3.2 & Clause 24													N/A	N/A	%	%	%	%				N/A	
									HCO 1, Payment 1						Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				0
ő								HCO 1, Payment 2								Payment Amount	Payment Amount	Payment Amount	Payment Amount				0	
													Payment Amount	Payment Amount				0						
											OTHER,	, NOT INCLUDED A	BOVE - wh	ere information cannot			sons							
<u> </u>	Aggregate amount attributable to transfers or value to such kecipients - Art. 3.2, EFPIA Template & Clause 24.9  Number of Berjants in aggregate disclosure, Art. 3.2, EFPIA Template & Clause 24.9																							0
Number of Recipients disclosed in aggregate as A of all Recipients (Individual & aggregate disclosures) - Art. 3.2 & Clause 24.9  Number of Recipients disclosed in aggregate as A of all Recipients (Individual & aggregate disclosures) - Art. 3.2 & Clause 24.9													Number of HCUs	Number of HLUS %	Number of HCOs %	Number of HCUS	Number of HCUs %	Number of HLUS %				N/A		
														AGGREGATE DISCLOSE	URE (Clause X)									
Research and Development																2687,5			N/A					
	HCOs HCPs and ORDI	HCP11  HCP21  HCP21  HCP21  HCP31  HC	HCP11 HCP21 HCP31	Title First Name Initial    Initial	Title First Name Initial Last Name    HiCP1	Title   First Name   Initial   Last Name   Speciality	Full Name  Title First Name Initial Last Name Speciality Role    Hcp1	Full Name  Full Name	Full Name  Name  Note: City of Principal Practice  Country of Principal Practice  City of Principal Practice  C	Full Name  Name  Specialty  Role  Country of Principal Practice City of Principal Practice	Full Name  Speciality  Role  Country of Principal Practice  Cav of Principal Practi	Full Name  Name  Specialty  Role  Pull Name  Full Name  Full Name  Full Name  Name  Specialty  Role  Pull Name  Pull Name  Pull Name  Pull Name  Country of Principal Practice  Pull Name  Pull Name  Role  Pull Name  Pull Name  Pull Name  Pull Name  Country of Principal Practice  Name Pull Name  Name Pull N	Full Name  Full Name	Full Name  Specialty  Role  Cry of Principal Practice Principal Pra	Full Name  Full Name	Full Name    NCPs: City of Principal Practice Address   Country of Principal Practice	Full Name  Full Name	Full Name    Full Name   HCPs: City of Principal Practice Address   Principal Country local Identifier OPTIONAL Country of Principal Practice Address   Principal	Full Name    Control of Principal Practice Address   Principal Princi	Full Rame    HGPs City of Pricigial Practice Address   Principal Practice Principal Principal Practice Principal Practice Principal Practice Principal Practice Principal Principal Practice Principal Practice Principal Practice Principal Princi	Full Name  Full Name	Foll Name  Foll Name	Pull Name  Pull Name  Pull Name  Procedular	Full Name  Full Name