

Publication Date:.....													
	Full name <i>(Article 1.01)</i>	HCPs: City of Principal Practice HCOs: city where registered <i>(Article 3)</i>	Country where the place of business/ registered office is located <i>(Annex 1)</i>	Address of place of business/ registered office <i>(Article 3)</i>	Vat/ Tax Registration Number <i>(Article 3)</i>	Donations & Grants to HCOs (Article 3.01.1.a)	Contribution in the cost of events <i>(Articles 3.01.1.b & 3.01.2.a)</i>			Fees for consulting and other services <i>(Articles 3.01.1.c & 3.01.2.b)</i>		TOTAL	
							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, including travel & accommodation relevant to the contract		
HCPs	INDIVIDUAL NAMED DISCLOSURE - one line per HCP (i.e. all transfers of value during a year for an individual HCP will be summed up (detailed description of each transfer must be available to the individual Recipient or public authorities where required))												
	HCP A					Not applicable	Not applicable	Annual amount	Annual amount	Annual amount	Annual amount		
	HCP B					Not applicable	Not applicable	Annual amount	Annual amount	Annual amount	Annual amount		
	etc.					Not applicable	Not applicable	Annual amount	Annual amount	Annual amount	Annual amount		
	OTHERS NOT INCLUDED ABOVE - in case information may not be disclosed for legal reasons												
	Aggregate amount attributable to transfers of value to such Recipients						Not applicable	Not applicable	Aggregate HCPs	Aggregate HCPs	Aggregate HCPs	Aggregate HCPs	Optional
	Number of Recipients in aggregate disclosure						Not applicable	Not applicable	number	number	number	number	Optional
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed						Not applicable	Not applicable	%	%	%	%	Not applicable	
HCOs	NAMES OF HCOs FOR DISCLOSURE - one line per HCO i.e. all transfers of value during a year to each HCO will be summed up (detailed description of each transfer must be available to the individual Recipient or public authorities where required))												
	HCO 1					Annual amount	Annual amount	Annual amount	Annual amount	Annual amount	Annual amount	Optional	
	HCO 2					Annual amount	Annual amount	Annual amount	Annual amount	Annual amount	Annual amount	Optional	
	etc.					Annual amount	Annual amount	Annual amount	Annual amount	Annual amount	Annual amount	Optional	
	OTHERS NOT INCLUDED ABOVE - in case information may not be disclosed for legal reasons												
	Aggregate amount attributable to transfers of value to such Recipients						Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Optional
	Number of Recipients in aggregate disclosure						number	number	number	number	number	number	Optional
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed						%	%	%	%	%	%	Not applicable	
R & D	AGGREGATE DISCLOSURE (FEES FOR RESEARCH & DEVELOPMENT)												
	FEES FOR RESEARCH & DEVELOPMENT Article 3.02											TOTAL AMOUNT	