

	Full name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique country identifier OPTIONAL	Donations and Grants to HCOs
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HSP-s	INDIVIDUAL NAMED DISCLOSURE - one line per HCP (i.e. all transfers of value during a year for an individual HCP wi					
	Dr A					N/A
	Dr B					N/A
	Etc					N/A
	OTHER, NOT INCLUDED ABOVE - where inform					
	Aggregate amount attributable to transfers of value to such Recipients					N/A
	Number of Recipients in aggregate disclosure					N/A
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed					N/A	

HCO-s	INDIVIDUAL NAMED DISCLOSURE - one line per HCO (i.e. all transfers of value during a year for an individual HCO wi					
	HCO1					Yearly amount
	HCO2					Yearly amount
	Etc					Yearly amount
	OTHER, NOT INCLUDED ABOVE - where inform					
	Aggregate amount attributable to transfers of value to such Recipients					Aggregate HCOs
	Number of Recipients in aggregate disclosure					Number
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed					%	

R&D	AGG					
	Transfers of Value re Research & Developpr					

**Disclosure form**

Date of publication:

Contribution to costs of Events			Fee for service and consultancy		TOTAL (OPTIONAL)
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	

**Will be summed up: itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)**

N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	
N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	
N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	

**Information cannot be disclosed on an individual basis for legal reasons**

N/A	Aggregate HCPs	Aggregate HCPs	Aggregate HCPs	Aggregate HCPs	Optional
N/A	Number	Number	Number	Number	Optional
N/A	%	%	%	%	N/A

**Will be summed up: itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)**

Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Optional
Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Optional
Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Optional

**Information cannot be disclosed on an individual basis for legal reasons**

Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Optional
Number	Number	Number	Number	Number	Optional
%	%	%	%	%	N/A

**AGGREGATE DISCLOSURE**

Information as defined	Total amount	Optional
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