

**Schedule 2 - TEMPLATE**

*Article 2 - Section 2.03*

	Full Name  <i>(Art. 1.01)</i>	HCPs: City of Principal Practice HCOs: city where registered  <i>(Art. 3)</i>	Country of Principal Practice  <i>(Schedule 1)</i>	Principal Practice Address  <i>(Art. 3)</i>	Unique country local identifier <i>OPTIONAL</i>  <i>(Art. 3)</i>	Sponsorships/ Donations/Grants/ to HCOs <i>(Art. 3.01.1.a)</i>	Contribution to costs of Events <i>(Art. 3.01.1.b &amp; 3.01.2.a)</i>			Fee for service and consultancy <i>(Art. 3.01.1.c &amp; 3.01.2.c)</i>		Transfers of Value re Research & Development as defined <i>(Art. 3.04)</i>	<b>TOTAL</b> <i>OPTIONAL</i>	
							Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accomodation	Fees	Related expenses agreed in the fee for service or consultancy contract			
<b>INDIVIDUAL NAMED DISCLOSURE - one line per HCP</b> (i.e. all transfers of value during a year for an individual HCP will be summed up: itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)														
INDIVIDUAL	HCPs	Dr A				N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A	Yearly amount	
		Dr B				N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A	Yearly amount	
		etc.				N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A	Yearly amount	
		<b>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</b>												
		<b>Aggregate amount attributable to transfers of value to such Recipients - Art. 3.2</b>					N/A	N/A	Aggregate HCPs	Aggregate HCPs	Aggregate HCPs	Aggregate HCPs	N/A	Optional
	<b>Number of Recipients (named list, where appropriate) - Art. 3.2</b>					N/A	N/A	number	number	number	number	N/A	Optional	
	<b>% of total transfers of value to individual HCPs - Art. 3.2</b>					N/A	N/A	%	%	%	%	N/A	N/A	
	<b>INDIVIDUAL NAMED DISCLOSURE - one line per HCO</b> (i.e. all transfers of value during a year for an individual HCO will be summed up: itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)													
	HCOs	HCO 1					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A	Optional
		HCO 2					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A	Optional
etc.						Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A	Optional	
<b>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</b>														
<b>Aggregate amount attributable to transfers of value to such Recipients - Art. 3.2</b>							Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs	N/A	Optional
<b>Number of Recipients (named list, where appropriate) - Art. 3.2</b>						number	number	number	number	number	number	N/A	Optional	
<b>% of total transfers of value to individual HCOs - Art. 3.2</b>						%	%	%	%	%	%	N/A	N/A	
<b>AGGREGATE DISCLOSURE</b>														
AGGREGATE	N/A	N/A	N/A	N/A	N/A	OPTIONAL	OPTIONAL	OPTIONAL	OPTIONAL	OPTIONAL	OPTIONAL	TOTAL AMOUNT	OPTIONAL	