COUNTRY:
DATE OF SUBMISSION TO CENTRAL PLATFORM: [insert date]
METHODOLOGICAL NOTE (H) (Clause 24.10): [insert link here]

COMPANY NAME:

										DISCLOSURE	E OF PAYMENTS	S TO HEALTHCAR	E PROFESSION	IALS (HCPs). OTH	IER RELEVANT DECI	ISION MAKERS (ORDMs) AND HEAL	THCARE ORGANISA	TIONS (HCOs)									
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 publicat																
	Full Name						HCPs/ORDMs: City of Principal Practice HCOs: city where registered	: Country of Principal Practice	Principal Practice Address					lo	Unique country local identifier OPTIONAL	Joint Working (Clause 20)		Donations and Grants to HCOs (Art. 3.01.1.a & Clause 24) and							Blank Column (Clouse X)		TOTAL	
		(Art. 1.01 & Clouse 24)					(Art. 3 & Clause 24)	(Schedule 1 & Clouse 24)	(Art. 3 & Clouse 24)			(AI	krt. 3 & Clause 24)			Benefits in Kind to HCOs (Clause 24)	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)	Blank Column (Clause X)				
		Title	First Name	Initial	Last Name	Speciality	Role	HCPs/ORDMs: City of Principal Practice HCOs: cit where registered	ty Country of Principal Practice	Institution Name	Location	Address Line 1	Address Line 2	Post Code		cal Register ID or rd Party Database ID												
	ξ										INDIVIDUAL NA	MED DISCLOSURE -	one line per HCP,	P/ORDM (i.e. all tran	nsfers of value during a	a year for an individ	ual HCP will be summe	ed up: itemization shoul	d be available for the	e individual Recipient or public au	thorities' consultation only, as ap	propriate)						
	Profes	ssor Ri	Richard		Ross	Endocrinology		Sheffield	United Kingdom	University of	<u> </u>	Western Bank			richardross@diu		N/A		N/A	N/A		1154.41	3627.13					4781.54
	pu	<u> </u>					1							(OTHER, NOT INCLUDED	D ABOVE - where in		disclosed on an individu										
	Aggre Numb	egate amount a ber of Recipien	attributable to tra	ansters of value disclosure - Art.	3.2, EFPIA Templa	ts - Art. 3.2, EFPIA To te & Clause 24	emplate & Clause	24									N/A N/A	N/A N/A	N/A N/A	N/A N/A	Aggregate amount (A) Number of HCPs/ORDMs (A)	Aggregate amount (B) Number of HCPs/ORDMs (B)	Aggregate amount (C) Number of HCPs/ORDMs (C)	Aggregate amount (D) Number of HCPs/ORDMs (D)	- 1			0
							ate disclosures)	- Art. 3.2 & Clause 24									N/A	N/A	N/A	N/A	% (A)	% (B)	% (C)	% (D)				0
JAL																												
INDIVIDU	(Clause 24)									Glasgow Childrens Hospital Charity		100 Brand Street	Glasgow	G51 1DG			Payment Amount	Link to executive summary (G)	500	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				500
	S									University of			Glasgow	G12 8QQ			Payment Amount	Ditto	10000	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				10000
	오									Centro Congressi Deutsche	 	Via S Francesco Hopfengartenwe	1 orino Altdorf	XX0 0XX			Payment Amount	Ditto	2438.8 455	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				2438.8 455
												, , , gartering		OTHER, NOT INCLUD	DED ABOVE - where inf	formation cannot be	e disclosed on an indiv	idual basis for legal rea	sons Clause 1.9 supp	plementary information			.,					
	Aggre	egate amount a	attributable to tr	ansfers of value	e to such Recipient	ts - Art. 3.2, EFPIA To	emplate & Clause	24.9									N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	Numb	ber of Recipien	nts in aggregate d	disclosure - Art.	3.2, EFPIA Templa	te & Clause 24.9											N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	Numb	ber of Recipien	nts disclosed in ag	ggregate as a %	of all Recipients (individual & aggreg	ate disclosures)	- Art. 3.2 & Clause 24.9									N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
																AG	GREGATE DISCLOSURE ((Clause X)										
GREGATE	search and												Transfers of V	/alue ro: Research &	& Development as defir	ned (Art 3 N4 & Cla	ICO 23 21								1001656.42			N/A

NOTE 1: 'Art.' refers to the relevant Article of the 2014 EFPIA Code on Disclosure of Transfers of Value from Pharmaceutical Companies to Healthcare Professionals and Healthcare Organisations

NOTE 2: 'Clause' refers to the relevant Clause of the 2019 ABPI Code of Practice for the Pharmaceutical Industry.

NOTE 3: Unique ID would be a database identifier either Binleys or OneKey. This can be left blank.

NOTE 4: Payments to health professionals (HCPs) as defined in Clause 1.4, healthcare organisations (HCOs) as defined in Clause 1.9 and the relevant decision makers (ORDMs) as defined in Clause 1.5, has to be disclosed.

NOTE A: Data relates to the column heading ie registration fees

NOTE B: Data relates to the column heading ie travel and accommodation

NOTE C: Data relates to column heading ie fees for service

NOTE D: Data relates to the column heading ie related expenses agreed in the fee for service or consultancy contract

NOTE E: Total £ disclosed as aggregate

NOTE F: Total number of individuals disclosing in aggregate. WARNING: this is not necessarily a sum of columns V,W,X and Y as indivuduals might appear in more than one category i.e. receive fees and expenses.

NOTE G: The link can be included here and/or in the methodological note

NOTE H: The methodological note must make clear the number of individuals who have agreed to some payments being disclosed individually and some in aggregate

NOTE J: Total £ for that individual

NOTE K: Total £ for that HCO across all activities except R&D

required
optional
to facilitate the process but not to be published on database