COUNTRY:

DATE OF SUBMISSION TO CENTRAL PLATFORM: [insert date]

METHODOLOGICAL NOTE (Clause X): [insert link here]

COMPANY NAME:

DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs)																												
		Article 2 - Section 2.03 & Schedule 2 &							ule 2 & Clause 24	. & Clause 24										Date of publication:								
		Full Name					HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice		Principal Practice Address				Unique country local identifyer OPTIONAL		(6)	Donations and Grants to HCOs (Art. 3.01.1.a & Clause 24) and	Contribution to costs of Events (Art. 3.01.1.b & 3.01.2.a & Clause 24)			Fee for service and consultancy (Art. 3.01.1.c & 3.01.2.c & Clause 24)			Blank Colum	n <i>(Clause X)</i>	TOTAL		
				(Art. 1.01 &	: Clause 24)			(Art. 3 & Clause 24)	(Schedule 1 & Clause 24)			(Art. 3 & Clo	ause 24)			(Art. 3 & Clause 24)	Joint Workin	g (Clause 20)	Clause 24) and 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)	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	Post Code	Email	Local Register ID or Third Party Database ID												
	Pro	of	James		Findling	Endocrinology			USA	University of				CF14 4UJ			N/A	N/A	N/A	N/A	Yearly amount	392	2128	Yearly amount				Optional
	Pro	of	Andrew		Hoffman	Endocrinology		Stanford	USA	Stanford		300 Pasteur	CA94305	CF14 4UJ			N/A	N/A	N/A	N/A	Yearly amount	656	2158	Yearly amount				Optional
	Pro		Richard		Auchus Biller	Endocrinology		Ann Arbor Boston	USA USA	University of		1150 W medical 55 Fruit Street		CF14 4UJ CF14 4UJ			N/A	N/A	N/A	N/A	Yearly amount	493 825	2136 3200	Yearly amount				Optional
	¥ Pro		Beverly Sharon		Oberfield	Endocrinology Endocrinology		New York	USA	Massachusetts New York		3959 Broadway		CF14 4UJ								530	2322		- H			
	2 Pro		Irina		Bancos	Endocrinology		Minneapolis	USA	Mayo Clinic				CF14 4UJ								448	2080					
	8 Pro	of	Mitch		Geffner	Endocrinology		Los Angeles	USA	CHLA		4650 Sunset Blvd		CF14 4UJ								470	2098		1 1			
	E Dr		Hannah			Pharmacy		Birmingham	UK	University of		Edgbaston		B15 2TT					20080			0	0		1			
		RDM1]															N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount				Optional
		RDM2]															N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount				Optional
F	[OR	RDM3]															N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount				Optional
ᅙ															OTHER, NOT INCL	LUDED ABOVE - where	information cannot be d	disclosed on an individ	lual basis for legal reaso	ns								
						- Art. 3.2, EFPIA Ten	nplate & Clause 2	4									N/A	N/A	N/A	N/A	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount				Optional
르				disclosure - Art. 3		e & Clause 24 ndividual & aggregat		4 + 2 2 0 01 24									N/A N/A	N/A N/A	N/A N/A	N/A N/A	Number of HCPs/ORDMs	Number of HCPs/ORDMs	Number of HCPs/ORDMs	Number of HCPs/ORDMs				Optional
	Nur	imper of Kecip	ilents disclosed in a	aggregate as a % oj	ali kecipients (i	naiviauai & aggregat	te aisciosures) - i	Art. 3.2 & Ciduse 24									N/A	N/A	N/A	N/A	%	<u> </u>	, %	%				N/A
	(0	Clause 24)								British Paediatric Surveillance Unit HCO 1, Payment 2	London	Royal College of Paediatrics and Child Health	11 Theobalds Street	WC1X 8SH			Payment Amount Payment Amount	BPSU Rare Disease	Payment Amount	Payment Amount Payment Amount	Payment Amount Payment Amount	Payment Amount Payment Amount	Payment Amount Payment Amount	Payment Amount Payment Amount				Optional Optional
	-									HCO 2, Payment 1							Payment Amount	Ditto	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				Optional
															OTHER, NOT INCL	LUDED ABOVE - where	injormation cannot be d	disclosed on an individ	uai basis for legal reaso	ns			,					
						- Art. 3.2, EFPIA Ten	nplate & Clause 2	4.9									N/A	N/A	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount				Optional
	Nur	umber of Recip	ients in aggregate	disclosure - Art. 3	2, EFPIA Templat f all Paciniants (i	e & Clause 24.9	ta disclosuras)	Art. 3.2 & Clause 24.9									N/A N/A	N/A N/A	Number of HCOs	Number of HCOs	Number of HCOs	Number of HCOs %	Number of HCOs %	Number of HCOs %				Optional
	INUI	amber or kecip	mento disciosed In a	oggiegate as a % 0]	un necipients (i	rarviauur & uyyregat	e uistiusures) - i	nr. 3.2 & Cluuse 24.3									N/A	N/A	70	76	76	70	76	76				N/A
																	GGREGATE DISCLOSURE ((Clause X)										
AGGREGATE	Development												Transfers of V	alue re: Research	& Development as	s defined (Art 3.04 & C	ause 23.2)								874454			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 2015 ABPI Code of Practice for the Pharmaceutical Industry.

NOTE 3: Unique ID would be a database identifier eg Binley's number, OneKey (Cegedim) or other.

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

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