

DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS AND HEALTHCARE ORGANISATIONS																																
Article 2 - Section 2.03 & Schedule 2 & Clause X																																
Full Name <i>(Art. 1.01 & Clause X)</i>						HCPs: City of Principal Practice HCOs: city where registered <i>(Art. 3 & Clause X)</i>	Country of Principal Practice <i>(Schedule 1 & Clause X)</i>	Principal Practice Address <i>(Art. 3 & Clause X)</i>						Unique country local identifier OPTIONAL <i>(Art. 3 & Clause X)</i>	Joint Working Agreement <i>(Clause X)</i>	Donations and Grants to HCOs <i>(Art. 3.01.1.a & Clause X)</i> and Benefits in Kind to HCOs <i>(Clause X)</i>	Contribution to costs of Events <i>(Art. 3.01.1.b & 3.01.2.a & Clause X)</i>			Fee for service and consultancy <i>(Art. 3.01.1.c & 3.01.2.c & Clause X)</i>		Transfers of Value re Research & Development as defined <i>(Art. 3.04 & Clause X)</i>	Blank Column <i>(Clause X)</i>		Blank Column <i>(Clause X)</i>	TOTAL OPTIONAL						
Title	First Name	Initial	Last Name	Speciality	Role	HCPs: 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	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 <i>(Clause X)</i>	Blank Column <i>(Clause X)</i>											
<i>INDIVIDUAL NAMED DISCLOSURE - one line per HCP (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)</i>																																
INDIVIDUAL	HCPs	[HCP1]													N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A				Optional					
		[HCP2]														N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A				Optional				
		[HCP3]															N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount	N/A				Optional			
	<i>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</i>															N/A	N/A	N/A	N/A	N/A	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	N/A				Optional			
	<i>Aggregate amount attributable to transfers of value to such Recipients - Art. 3.2 & Clause X</i>															N/A	N/A	N/A	N/A	N/A	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	N/A				Optional			
	<i>Number of Recipients (named list, where appropriate) - Art. 3.2 & Clause X</i>															N/A	N/A	N/A	N/A	N/A	Number of HCPs	Number of HCPs	Number of HCPs	Number of HCPs	N/A				Optional			
	<i>% of total transfers of value to individual HCPs - Art. 3.2 & Clause X</i>															N/A	N/A	N/A	N/A	N/A	%	%	%	%	N/A				Optional			
	<i>INDIVIDUAL NAMED DISCLOSURE - one line per HCO payment (Clause X)</i>																															
	HCOs	<i>(Clause X)</i>							HCO 1, Payment 1								Y/N	<i>If yes, insert Link to Joint Working Agreement</i>	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	N/A							
									HCO 1, Payment 2									Y/N	Ditto	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	N/A					
HCO 2, Payment 1																	Y/N	Ditto	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	N/A						
<i>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</i>															N/A	N/A	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	N/A				Optional					
<i>Aggregate amount attributable to transfers of value to HCOs - Art. 3.2</i>															N/A	N/A	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	N/A				Optional					
<i>Number of HCOs (named list, where appropriate) - Art. 3.2</i>															N/A	N/A	Number of HCOs	Number of HCOs	Number of HCOs	Number of HCOs	Number of HCOs	Number of HCOs	N/A				Optional					
<i>% of total transfers of value to individual HCOs - Art. 3.2</i>															N/A	N/A	%	%	%	%	%	%	N/A				Optional					
<i>AGGREGATE DISCLOSURE (Clause X)</i>																																
AGGREGATE	Research and Development														TOTAL AMOUNT (OPTIONAL)	TOTAL AMOUNT (OPTIONAL)	TOTAL AMOUNT (OPTIONAL)	TOTAL AMOUNT (OPTIONAL)	TOTAL AMOUNT (OPTIONAL)	TOTAL AMOUNT (OPTIONAL)	TOTAL AMOUNT (OPTIONAL)	TOTAL AMOUNT (OPTIONAL)	TOTAL AMOUNT (OPTIONAL)					N/A				

NOTE 1: 'Art.' refers to the relevant Article of the EFPIA Code on Disclosure of Transfers of Value from Pharmaceutical Companies to Healthcare Professionals and Healthcare Organisations
 NOTE 2: 'Clause' will refer to the relevant Clause of the ABPI Code of Practice for the Pharmaceutical Industry 2015 once agreed
 NOTE 3: Shading will be added to make the UK requirements clear