

COMPANY NAME:
 YEAR:
 COUNTRY:
 DATE OF SUBMISSION TO CENTRAL PLATFORM: [insert date]
 METHODOLOGICAL NOTE (H) (Clause 28.6): [insert link here]

DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs)																		Date of publication: 16Jun2022										
Full Name	HCPs/ORDMs: City of Principal Practice HCOs: city where registered					Country of Principal Practice	Principal Practice Address					Unique country local Identifier OPTIONAL (Note 3)	Collaborative Working	Donations and Grants to HCOs	Contribution to costs of Events			Contracted Services		Blank Column		TOTAL						
	Title	First Name	Initial	Last Name	Speciality		Role	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 party organisations appointed by HCOs to manage an Event (Note M)	Registration Fees	Travel & Accommodation	Fees		Expenses	Blank Column	Blank Column			
INDIVIDUAL NAMED DISCLOSURE - one line per HCP/ORDM (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)																												
OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons																												
Aggregate amount attributable to transfers of value to such Recipients																		N/A	N/A	N/A	N/A	Aggregate amount (A)	Aggregate amount (B)	Aggregate amount (C)	Aggregate amount (D)			(E)
Number of Recipients in aggregate disclosure																		N/A	N/A	N/A	N/A	Number of HCPs/ORDMs (A)	Number of HCPs/ORDMs (B)	Number of HCPs/ORDMs (C)	Number of HCPs/ORDMs (D)			(F)
Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures)																		N/A	N/A	N/A	N/A	% (A)	% (B)	% (C)	% (D)			(L)
HCOs																												
ISCM (Irish society of clinical Microbiologist)																												
The Beeches, Castleconnell, Co. Limerick, V94 A9N3																												
V94 A9N3																												
11427																												
Payment Amount																		Link to executive summary (G)	Payment Amount	2,000 €	Payment Amount	Payment Amount	Payment Amount	Payment Amount			2,000.00 €	
OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons																												
Aggregate amount attributable to transfers of value to such Recipients																		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
Number of Recipients in aggregate disclosure																		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures)																		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
AGGREGATE DISCLOSURE																												
Research and Development																												
Transfers of Value re: Research & Development																												
0 €																												
N/A																												