

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: _____					
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	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	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				
<i>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)</i>																									
HCP	Björk		Wallentin			Lomma	Sweden	N/A		Mercator Strategy AB, Storgatan 7		234 31			N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	2,000 €	Yearly amount			2,000 €
HCP	Gissén		Magnus			Göteborg	Sweden	N/A		Marieholmigatan 10 C		41502			N/A	N/A	N/A	N/A	3,000 €	Yearly amount	Yearly amount	3,000 €			3,000 €
HCP	Gissén		Magnus			Göteborg	Sweden	N/A		Marieholmigatan 10 C		41502			N/A	N/A	N/A	N/A	3,000 €	Yearly amount	Yearly amount	3,000 €			3,000 €
<i>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</i>																									
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)
<i>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</i>																									
								National ID Association		N/A		N/A			Payment Amount	Link to executive summary (G)	Payment Amount	4,000 €	Payment Amount	Payment Amount	Payment Amount	Payment Amount			3,922.63 €
								National Nurse Association		Baldersgatan 16		11427			Payment Amount	Link to executive summary (G)	Payment Amount	2,500 €	Payment Amount	Payment Amount	Payment Amount	Payment Amount			2,500 €
<i>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</i>																									
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
<i>AGGREGATE DISCLOSURE</i>																									
Transfers of Value re: Research & Development																				0 €			N/A		

Disclosure Template  
 Brackets below depict those which appear on the spreadsheet including format