

Annex 2 - TEMPLATE - DISCLOSURE OF TRANSFERS OF VALUE

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	Full Name <i>(Art. 1.01)</i>	HCPs: City and zip code of Principal Practice HCOs: City and zip code of Headquarters <i>(Art. 3)</i>	Country of Principal Practice	Principal Practice / Headquarters Address (street/n°/post. box) <i>(Art. 3)</i>	Unique country local identifier <i>OPTIONAL</i> <i>(Art. 3)</i>	Donations and Grants <i>(Art. 3.01.1.a)</i>	Contribution to costs of scientific events <i>(Art.3.01.1.b & 3.01.2.a)</i>			Fee for service and consultancy <i>(Art. 3.01.1.c & 3.01.2.c)</i>			TOTAL <i>OPTIONAL</i>	
							Sponsorship agreements with HCOs / third parties appointed by HCO's to manage a scientific event	Registration Fees	Travel & Accomodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accomodation relevant to the contract			
<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, upon request)</i>														
HCPs	Dr Roger Wirion	2551	Grand-Duché de Luxembourg	Avenue du X Septembre 39		N/A	N/A	1600	400	Yearly amount	Yearly amount			
	<i>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</i>													
	Aggregate amount attributable to						N/A	N/A	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount		Optional
	Number of Recipients <i>(named list, where appropriate)</i>						N/A	N/A	number	number	number	number		Optional
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed						N/A	N/A	%	%	%	%		N/A	
<i>INDIVIDUAL NAMED DISCLOSURE - one line per HCO (i.e. all transfers of value during a year for an individual HCO will be summed up; itemization should be available for the individual Recipient or public authorities' consultation only, upon request)</i>														
HCOs	HCO 1					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
	HCO 2					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
	etc.					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
	<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						Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount		Optional	
Number of Recipients <i>(named list, where appropriate)</i>						number	number	number	number	number	number		Optional	
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed						%	%	%	%	%	%		N/A	
AGGREGATE DISCLOSURE														
R&D	Transfers of Value re Research & Development											TOTAL AMOUNT	OPTIONAL	