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

								DISCLOSU	URE OF PAYMENTS TO I	HEALTHCARE PROF	ESSIONALS (HCPs), OTHER 2021 ABPI CODE (RELEVANT DECISION MAK OF PRACTICE (Clause 28)	RS (ORDMs) AND HE	ALTHCARE ORGANISATION	ONS (HCOs)							Date of publication:	
			Full Na	me		HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Principal Practice HCOs: Country of Principal		Principal Practice Address			Unique country identifier OPTI (Note 3)	Collai	Collaborative Working	Donations and	Contribution to costs of Events (Cla uses 10 & 28)			Contracted Services (Clauses 24 & 28)			Blank Column <i>(Clause X)</i>	
	(Clause 28)					(Clause 28)	(Clause 28)	(Clause 28)		(Clause 28	(Cl	cludes Joint Working) auses 20 & 28)	Grants to HCOs (Clauses 23 & 28)	Sponsorship agreements with HCOs / third party organisation appointed by HCOs to manage an Event (Note M)	S Registration Fees	Travel & Accommodation	Fees	Expenses			TOTAL		
	Title	First Name	Initial	Last Name	Speciality Role	HCPs/ORDMs: City of Principa Practice HCOs: city where registered		Institution Name		Line 1 Address Li		Local Register Email Third Party Dat ID	base		·								
_									INDIVIDUAL NAMED	DISCLOSURE - one lin	ne per HCP/ORDM (i.e. all tran	sfers of value during a year for	n individual HCP will be :	summed up: itemization shou	ld be available for the i	individual Recipient or public authoritie	es' consultation only, as appropriat	te)					
and and											C	THER, NOT INCLUDED ABOVE											
ş	Aggregate amount Number of Recipier	attributable to transi	fers of value to suc	Recipients - Templ	ate & Clause 28								N/A N/A	N/A N/A	N/A N/A	N/A N/A	Aggregate amount (A)	Aggregate amount (B) Number of HCPs/ORDMs (B)	Aggregate amount (C)	Aggregate amount (D) Number of HCPs/ORDMs (D)			0
d d	Number of Recipier	nts disclosed in aggre	gate as a % of all I	ecipients (individua	l & aggregate disclosures)	Clause 28							N/A N/A	N/A	N/A N/A	N/A N/A	% (A)	% (B)	% (C)	% (D)	1 1		0
à																							
NINDIN	British and Irish Prophyria Network Prophyria Network (ISINET) (ISINET) (ISINET) (ISINET) (ISINET)								DD1 9SY Vicky	.Mcguire@nhs				1000.00							1000.00		
¥ 1											OTHER, NOT INCLUD	ED ABOVE - where information	cannot be disclosed on a	n individual basis for legal re	asons Clause 1.8 suppl	<u> </u>							
	Aggregate amount	attributable to transf	fers of value to suc	Recipients - Temp	late & Clause 28.5			·	·				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
	Number of Recipier	nts in aggregate discl nts disclosed in aggre	osure - <i>Template &</i> egate as a % of all I	e ciause 28.5 Recipients (individua	I & aggregate disclosures)	Clause 28.5							N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	+		N/A N/A
		-88-											AGGREGATE D										
AGGREGATE Research and	Development										Transfers of Value re: Research	n & Development as defined Cl									37956.00		N/A

	2021 ABPI Code Disclosure Template (updated May 2021)										
Brackets	s below depict those which appear on the spreadsheet including format										
NOTE 2:	'Clause' refers to the relevant Clause of the 2021 ABPI Code of Practice for the Pharmaceutical Industry										
NOTE 3:	Unique ID would be an identifier from either Wilmington Healthcare or OneKey otherwise this should be left blank										
(NOTE 3)											
NOTE 4:	Payments to health professionals (HCPs) as defined in Clause 1.9, healthcare organisations (HCOs) as defined in Clause										
	1.8 and other relevant decision makers (ORDMs) as defined in Clause 1.13, has to be disclosed										
NOTE A: (A)	Data relates to the column heading ie registration fees										
NOTE B: (B)	Data relates to the column heading ie travel and accommodation										
NOTE C: (C)	Data relates to column heading ie contracted services										
NOTE D: (D)	Data relates to the column heading ie related expenses agreed in the contracted services contract or agreement										
NOTE E: (E)	Total £ disclosed as aggregate										
NOTE F: (F)	Total number of individuals disclosing in aggregate. WARNING: this is not necessarily a sum of columns V,W,X and Y as										
	individuals might appear in more than one category i.e. receive fees and expenses.										
	The methodological note must make clear the number of individuals who have agreed to some payments being disclosed										
	individually and some in aggregate										
	·										
NOTE H: (H)	The methodological note must make clear the number of individuals who have agreed to some payments being disclosed individually and some in aggregate										
NOTE J: (J)	Total £ for that individual										
NOTE K: (K)	Total £ for that HCO across all activities except R&D										
NOTE L: (L)	Total percentage of individuals disclosing in aggregate										
NOTE M:	Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is										
(M)	not related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a										
	donation or grant or contracted service or related to collaborative working) should be included in this column and an										
	explanation given in the methodological note										

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