

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)<br>2024 ABPI CODE OF PRACTICE ( Clause 28) |   |  |         |           |            |   |  |   |                               |             |                     |                |  |  |   |  |      |          |  | Date of publication: ..... |                          |                          |                      |       |   |     |  |
|--|---|--|---------|-----------|------------|---|--|---|-------------------------------|-------------|---------------------|----------------|--|--|---|--|------|----------|--|----------------------------|--------------------------|--------------------------|----------------------|-------|---|-----|--|
|  | Full Name<br><br>( Clause 28 )  |  |         |           |            | HCPs/ORDMs: City of Principal Practice HCOs: city where registered<br><br>(Clause 28) | Country of Principal Practice<br><br>(Clause 28)                   | Principal Practice Address<br><br>(Clause 28) |                               |             |                     |                | Unique country local identifier OPTIONAL (Note 3)<br><br>(Clause 28) | Collaborative Working (which includes Joint Working)<br>(Clauses 20 & 28)                                  | Donations and Grants to HCOs<br>(Clauses 23 & 28) | Contribution to costs of Events<br>(Clauses 10 & 28) |      |          | Contracted Services<br>(Clauses 24 & 28) |                            |                          | Blank Column (Clause X)  |                      | TOTAL |   |     |  |
|  |   |  |         |           |            |   |  |   |                               |             |                     |                |  | Sponsorship agreements with HCOs / third party organisations appointed by HCOs to manage an Event (Note M) | Registration Fees                                 | Travel & Accommodation                               | Fees | Expenses |  | Blank Column (Clause X)    | Blank Column (Clause X)  |                          |                      |       |   |     |  |
|  | 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      |  |      |          |  |                            |                          |                          |                      |       |   |     |  |
| INDIVIDUAL   | HCPs and ORDMs  | 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 - Template & Clause 28  |         |           |            |   |  |   |                               |             |                     |                |  |  |   | N/A  | N/A  | N/A      | N/A                                      | Aggregate amount (A)       | Aggregate amount (B)     | Aggregate amount (C)     | Aggregate amount (D) |       |   | 0   |  |
|  | Number of Recipients in aggregate disclosure - Template & Clause 28   |  |         |           |            |   |  |   |                               |             |                     |                |  |  | 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) |                      |       | 0 |     |  |
|  | Number of Recipients disclosed in aggregate as a % of all Recipients (Individual & aggregate disclosures) - Clause 28 |  |         |           |            |   |  |   |                               |             |                     |                |  |  | N/A   | N/A  | N/A  | N/A      | % (A)                                    | % (B)                      | % (C)                    | % (D)                    |                      |       | 0 |     |  |
|  | HCOs  | (Clause 28)  |         |           |            |   |  |   | British Porphyria Association | Durham City | 136 Devonshire Road | DH1 2BL        | sue.burrell@pogar.org.uk   |  |   | 2000   |      |          |  |                            |                          |                          |                      | 2000  |   |     |  |
|  |   | OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons Clause 1.8 supplementary information  |         |           |            |   |  |   |                               |             |                     |                |  |  |   |  |      |          |  |                            |                          |                          |                      |       |   |     |  |
| Aggregate amount attributable to transfers of value to such Recipients - Template & Clause 28.5  |   |  |         |           |            |   |  |   |                               |             |                     |                |  | N/A  | N/A   | N/A  | N/A  | N/A      | N/A                                      | N/A                        | N/A                      |                          |                      | N/A   |   |     |  |
| AGGREGATE  | Research and Development  | Number of Recipients in aggregate disclosure - Template & Clause 28.5  |         |           |            |   |  |   |                               |             |                     |                |  |  |   | 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) - Clause 28.5  |         |           |            |   |  |   |                               |             |                     |                |  |  |   | N/A  | N/A  | N/A      | N/A                                      | N/A                        | N/A                      | N/A                      | N/A                  |       |   | N/A |  |
|  |   | AGGREGATE DISCLOSURE   |         |           |            |   |  |   |                               |             |                     |                |  |  |   |  |      |          |  |                            |                          |                          |                      |       |   |     |  |
|  |   | Transfers of Value re: Research & Development as defined Clause 1.20   |         |           |            |   |  |   |                               |             |                     |                |  |  |   |  |      |          | 44900                                    |                            |                          | N/A                      |                      |       |   |     |  |

| 2024 ABPI Code Disclosure Template (updated September 2024)                  |   |
|--|---|
| Brackets below depict those which appear on the spreadsheet including format |   |
| NOTE 2:  | 'Clause' refers to the relevant Clause of the 2024 ABPI Code of Practice for the Pharmaceutical Industry  |
| NOTE 3: (NOTE 3)   | Unique ID would be an identifier from either Wilmington Healthcare or OneKey otherwise this should be left blank  |
| 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 G: (G)  | The link can be included here and/or in the methodological note   |
| 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: (M)  | Transfers of value to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is 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 |

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|--|---|
|  | required  |
|  | optional  |
|  | to facilitate the process but not to be published on database |
|  | do not enter data   |