Annex A - Standard Disclosure Template													
	Full Name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Principal Practice Address		Unique country local identifyer OPTIONAL		Contribution to costs of Events			Fee for service and consultancy			
						Grants to HCOs	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accomodation	Fees	Related expenses agreed in the fee for service or consultancy contract		Total
	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, as appropriate)												
	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												
	Aggregate amount attributable to transfers of value to such Recipients					N/A	N/A	N/A	N/A	N/A	N/A		N/A
#	Number of Recipients (named list, where appropriate)					N/A	N/A	N/A	N/A	N/A	N/A		N/A
<u> </u>	% of total transfers of value to individual HCPs					N/A	N/A	N/A	N/A	N/A	N/A		N/A
NDIV	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, as appropriate)												
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
	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
	Number of Recipients (named list, where appropriate)					N/A	N/A	N/A	N/A	N/A	N/A		N/A
	% of total transfers of value to individual HC	Os				N/A	N/A	N/A	N/A	N/A	N/A		N/A
SRE TE	AGGREGATE DISCLOSURE												
AG	Providing value for research and development, as defined in the Code of Ethics of the research and pharmaceutical industry												N/A