Annex A – template														
	Disclosure date: 30.06.2023													
	Full name	Full name HCPs: City of Principal Practice HCOs: city where registered Principal Practice Practice Address Identifier (optional)				Donations to HCOs		ntribution to costs of Events rt. 24.1.A.(ii) and 24.1.B(i))		Fee for Services (Art. 24.1.A.(iii) and 24.1.B(ii))				
	(Art. 22.1.)	(Art. 23.6.)	(Art. 23.6. related to Art. 24.)	(Art. 23.6.)	(Art. 23.6.)	(Art. 24.1.A.(i))	Sponsorship agreements with HCOs/thrid parties appointed by HCOs to manage Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for services contract		TOTAL Optional	
	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' con											only as appropriate)		
						L			<u> </u>					
HCPs	OTHER, NOT INDICATED ABOVE – where information cannot be disclosed on an individual basis for legal reasons											l I		
₹	Aggregate amount attributable to ToV to such Recipient – Art. 23.2.							42030,56	, i	460473,08	0,00		632492,05	
	Number of Recipients (named list, where appropriate) – Art. 23.2.							12		20	_		30	
	% of total ToV to individual HCPs – Art. 23.2.							100%		100%	0%		100%	
нсоѕ	INDIVIDUAL NAMED DISCLOSURE – one line per HCO (i.e. all Transfers of Value during a year for an indivi						mmed up: itemizatio	n should be availabl	e for the individual R	ecipient or public au	thorities' consultatio	only as appropriate)		
	Croatian Medical Association	Zagreb	Croatia	Šubićeva ulica 9		0,00	115000,00	0,00	0,00	0,00	0,00		115000,00	
	CROHEM_Craotian cooperative group for hematologic diseases	Zagreb	Croatia	Buzinski prilaz 10		0,00	170000,00	0,00	0,00	0,00	0,00		170000,00	
	Hrvatski liječnički zbor Hrvatsko pedijatrijsko društvo	Zagreb	Croatia	Šubićeva ulica 9		0,00	28375,00	0,00	0,00	0,00	0,00		28375,00	
	Ikromreža Hematology Nurses and Technicians	Zagreb	Croatia	Zajčeva 19		0,00	30000,00	0,00	0,00	0,00	0,00		30000,00	
	OTHER, NOT INDICATED ABOVE – where information cannot be disclosed on an individual basis for legal reasons													
	Aggregate amount attributable to ToV to such Recipient – Art. 23.2.													
	Number of Recipients (named list, where appropriate) – Art. 23.2. % of total ToV to individual HCPs – Art. 23.2.					0%	00/	0%	0%	00/	00/			
I	70 OI TOTAL TOW TO INCUITABLE HICE STATE. 23.2.					0%	0%	1 0%	1 0%	0%	0%			
	Transfers of Value for Research & Development under Art. 24.2.2.												4000,00	