SAMPLE TEMPLATE FOR DATA COLLECTION													
	Full name	Practice or business address			Unique Country Identifier OPTIONAL	Donations and Grants to HCOs	Contribution to costs of Events (§ 7 Abs. 2 Nr.1 a) (i) und (ii) & § 7 Abs. 2 Nr. 2 b) (i), (ii) und (iii))			Date of Publica Fee for service and consultancy (§ 7 Abs. 2 Nr. 1 b) & § 7 Abs. 2 Nr. 2 c))		tion: 30	Total Optional
	(§ 8 Abs.1 Nr. 1)	City (§ 8 Abs. 1 Nr. 2)	Country (§ 8 Abs. 1 Nr. 2)	Address (§ 8 Abs. 1 Nr. 2)	(§ 8 Abs.1 Nr. 3) (falls vorhanden)	(§ 7 Abs. 2 Nr. 2a)	Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Reimbursement of expenses	Opti	Optional
			INDIVIDUAL NAM	MED DISCLOSURE - one line per HO	CP (i.e. all transfers of	value during a year for an in	dividual HCP will be summed up: itemi.	zation should be available for	the individual Recipient or public authorit.	es' consultation only, as app	ropriate)		
	OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons												
HCPs	Aggregate amount attributable to transfers of value to such Recipients - § 7 Abs. 6							0,00	0,00	57952,41	0,00		57952,41
I	Number of Recipients in aggregate disclosure - § 7 Abs. 6							0	0	1	0	İ	1
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - § 7 Abs. 6							0%	0%	100%	0%		100%
								l e e e e e e e e e e e e e e e e e e e					
HCOs	Aggregate amount attributable to transfers of value to such Recipients - § 7 Abs. 6												
-r	Number of Recipients in aggregate disclosure - § 7 Abs. 6												
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - § 7 Abs. 6												

1		AGGREGATE DISCLOSURE						
	R &D	Transfers of Value re Research & Development as defined , $\S~7~Abs.~5$		87957,82				