

	Full Name	Practice or business address			Unique country identifier OPTIONAL	Donations and Grants to HCOs § 7 para. 2 No. 2 a	Contribution to costs of Events § 7 para. 2 No. 1 a) (I) und (II); § 7 para. 2 No. 2 b) (I), (II) und (III)			Fee for service and consultancy § 7 para. 2 Nr. 1 b); para. 2 Nr. 2 c)		TOTAL OPTIONAL
		City	Country	Address			Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract	
	§ 8 para. 1 No. 1	§ 8 para. 1 No. 2	§ 8 para. 1 No. 2	§ 8 para. 1 No. 2	§ 8 para. 1 No. 3							
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)												
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 para. 6					N/A	N/A			33452,24	603,00	34055,24
	Number of Recipients in aggregate disclosure - § 7 para. 6					N/A	N/A			13	2	13
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - § 7 para. 6					N/A	N/A			100,00	100,00	N/A

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		City	Country	Address			Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract		
	§ 8 para. 1 No. 1	§ 8 para. 1 No. 2	§ 8 para. 1 No. 2	§ 8 para. 1 No. 2	§ 8 para. 1 No. 3								
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)													
OTHER, NOT INCLUDED ABOVE-where information cannot be disclosed on an individual basis for legal reasons													
HCOs	Aggregate amount attributable to transfers of value to such Recipients - § 7 para. 6									27400,00			27400,00
	Number of Recipients in aggregate disclosure - § 7 para. 6									5			5
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - § 7 para. 6									100,00			N/A

R&D	AGGREGATE DISCLOSURE	
	Transfers of Value re Research & Development as defined - Article 3.04 and schedule 1	

The referenced provisions are those of the FSA Transparency Code • HCP = A member of the medical profession within the meaning of § 2 Para . 1 FSA Transparency Code • HCO = Organization within the meaning of § 2 para . 2 FSA Transparency Code • N/A= not applicable

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