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)
2021 ABPI CODE OF PRACTICE (Clause 28)

Date of publication: 27/08/2024

		Full Name (*Clause 28*)						HCPs/ORDMs: City of Principal Practice HCOs: city where registered *(Clause 28)*	Country of Principal Practice *(Clause 28)*	Principal Practice Address *(Clause 28)*						Unique country local identifier OPTIONAL (Note 3) *(Clause 28)*	Collaborative Working (which includes Joint Working) *(Clauses 20 & 28)*	Donations and Grants to HCOs *(Clauses 23 & 28)*	Contribution to costs of Events *(Clauses 10 & 28)*		Contracted Services *(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)*																									
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	*0*	*0*	*0*	*0*				*0*
		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	*0*	*0*	*0*	*0*				*0*
		Number of Recipients in aggregate disclosure - *Template & Clause 28*															N/A	N/A	N/A	N/A	*0*	*0*	*0*	*0*				*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	0%	0%	0%	0%				0%
	HCOs																											
		-								-	-	-	-	-	-	-	*0*		*0*	*0*	*0*	*0*	*0*	*0*				*0*
		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
		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	Research and Development	*AGGREGATE DISCLOSURE*																										
		Transfers of Value re: Research & Development as defined Clause 1.20																							*28 360,00 €*			N/A

2021 ABPI Code Disclosure Template (updated May 2021)

Brackets below depict those which appear on the spreadsheet including format

NOTE 2:	'*Clause*' refers to the relevant Clause of the 2021 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)	Sponsorship 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

	required
	optional
	to facilitate the process but not to be published on database