									DISCL	OSURE OF PAY	MENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT C 2021 ABPI CODE OF PRACTICE		HEALTHCARE ORGANI	SATIONS (HCOs)									Date of publica	lan:	
		Full Name Principal President RCIG. Only where registered Principal Practice									Principal Practice Address		Unique country local identifier OPTIONAL (Note 3)		tive Working es Joint Working)	Donations and Grants to MCOs		Contribution to costs of Event (Go uses 10 & 28)	•	Contracted (Clouses :			Blank Column (i	Jause X)	TOTAL
				(Clause 28)			(Ciruse 28)	(Clouse 28)			(Clause 28)		(Clause 28)		n 20 & 28)	(Clouses 23 & 28)	Sponsorship agreements with MCOs / third party organisations appointed by MCOs to manage an Event (Note M)	Registration Fees	Travel & Accommodation	Fees	Expenses		Blank Column (Clouse X)	Slank Column (Clause X)	
	Title	First Name	Initial	Last Name	Speciality	Role	HCPs/CRDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Institution Name	Location	Address Line 1 Address Li	e2 Post Code Email	Local Register ID or Third Party Database ID												
	Doctor Ass Professor	Gary		Senson	Harmatology Harmatology	Consultant Haematologist Assistant Professor		England United Ontes	Belfast City Hospital Emory University Atlanta	Gelfast Atlanta	Lisburn Rd 201 Dowman Dr. Atlanta	979 7A9 GA 30322		N/A N/A	N/A N/A	N/A N/A	N/A N/A		0	230 1124.4					330 1124.4
	Ms	Meran		Griffin	Haemophilia	ONS		England	St James Hospital	Leeds	Beckett St. Harehills.	LS9 7TF		N/A	N/A	N/A	N/A	504	38.26	0	o o				542.26 256.09
	Ms	Wandai		Maggaa	Haemophilia	OVS		England	St Georges Hospital Singleton Hospital	London	Blackshaw Road Tootine Sketty In Sketty	SW17 DOT SA2 BOA		N/A N/A	N/A N/A	N/A N/A	N/A	156	100.09		21.2				256.09
	Ms	Linda		Tower	Harmophilia	OK		England	Nottineham University Hospital	Notineham	Hucknall Road Notts	NGS 1PB		N/A	N/A	N/A	N/A	228	100.89	ő	,,,,				321.89
	Doctor	Bethan		Myers	Harmstology	Consultant Haematologist Consultant Haematology		England	Leicester Royal Informacy	Leicester	Informacy Square Leicester Windmill Rd Oxford	CK1 SWW		N/A N/A		N/A N/A		600	600						1225
*	Ms	April		Jones	Harmophilia	Lead Haemophilia Nurse		England	Royal Victoria Infirmary	Newcastle	Queen Victorial Road Newcastle	NEI 4LP		N/A	N/A	N/A	N/A	,	0	3050	ő				1050
8	Ms	Rachel	_	McGuirk	Biomedical	Scientist Cons Assethetist		England	Harroeste District Hospital St James Hospital Leeds	Harrosate	Lancaster Park Road Harrosate Barkett G	HG2 75X		N/A N/A		N/A N/A	N/A N/A		180	0 1050	22.1	_			192.1 2091.3
5	Ms	Alexandra		Jackson	Biomedical	Scientist		England	Harrogate District Hospital	Harrogate	Lancaster Park Road Harroweater	HG2 75X		N/A	N/A	N/A	N/A	,	180	2900	22,79				211.79
ğ	Ms	Pamela	_	Fernandez	Biomendical	Scientist		England	Harroeste District Hospital The Walton Centre	Harrogate		HG2 75X L9 7LI		N/A	N/A N/A	N/A N/A	N/A N/A		151.48 175.16	0	29.39	_			179.86 195.16
	Doctor	Matt		Prescott	Neuromuscular Anaesthetics	Cons Anaethetist		England England	St James Hospital Leeds	Leeds	Lower Lane Fazakeriev Seckett St Leeds	159.7TF		N/A	N/A	N/A	N/A	70	1/2.10	200	ő				300
		Mahatah	_	Chaudrey	Immunion	Canine Clinical Baseserh Eath	nw .	England England	Salford Broad Salford Royal	Marchantar	Scott Lane Marchester Manchester	ME BHD		N/A N/A		N/A	N/A N/A	778	447.76 202.9			_			675.76
	No.	Summer		Chaugrey	Neuromuscular	ONS.		snearo	Satord Roval	Manchester	SOT LINE SECTION	MS BHD		N/A	N/A	N/A N/A	N/A	,	201.9						103.9
											OTHER, NOT INCLU	DCD ASOVE - where information conn			pons										
	Aggregate am	ount attributable t	to transfers of val	we to such Recipier	ts - Template & C	ouse 28								N/A N/A	M/A M/A	N/A N/A	N/A	Annennie nannet (A)		Assertante amount (C) Number of HCPs/ORDMs (C)	Annual annual (0)	_			m
	Number of Re	cipients disclosed	in aggregate as a	% of all Recipients	individual & eggre	ngote disclosures) - Closer 28								N/A	N/A	N/A	N/A	% (A)	% (B)	% (C)	% (D)				(1)
	(Clouse 28)								[HCD 1, Payment 1]					Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				(K)
8									[HCD 1, Payment 2]					Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				(K)
9									[HCD 2, Payment 1]					Payment Amount	Link to executive	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				(K)
											OTHER, NOT INCLUDED ABOVE - where	information cannot be disclosed on or	individual basis for legal.	recions Court Litrup	piementory informatio										
	Aggregate am		to transfers of val	lue to such Recipier emploir & Clause 2	ts - Templote & C	loure 28.5								N/A		N/A	N/A	N/A	N/A	N/A	N/A				N/A
	Number of Re	cipients in aggrega	ste disclosure - To	emplote & Clause 2 % of all Recipients	LS Induktion! & course	rgete disclosures) - Closer 21	16							N/A N/A	M/A M/A	N/A N/A	N/A N/A	M/A	N/A	N/A	M/A M/A				N/A
_	The same of the	-y ziicoite			a vgp i	4	_								- 40		400								
Research and Develorment											Transfers of Value re: Research & Developme	nt as defined Clause 1.20	SCI CRUMA									TOTAL AMOUNT			N/A
			D'1	emplate (up	lated May 20	0041																			

	2021 ABPI Code Disclosure Template (updated May 2021)	
Brac	kets 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 Pharman	ceutical Industry
NOTE 3: (NOTE 3)	Unique ID would be an identifier from either Wilmington Healthcare or OneKey otherw	rise this should be left blank
NOTE 4:	Payments to health professionals (HCPs) as defined in Clause 1.9, healthcare organisati and other relevant decision makers (ORDMs) as defined in Clause 1.13, has to be disclo	
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 service	es contract or agreement
	Total £ disclosed as aggregate	
NOTE F: (F)	Total number of individuals disclosing in aggregate. WARNINC: this is not necessarily a individuals might appear in more than one category it, enceive fees and expenses. The methodological note must make clear the number of individuals who have agreed 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 individually and some in aggregate	to some payments being disclosed
	Total £ for that individual	
	Total £ for that HCO across all activities except R&D	
	Total percentage of individuals disclosing in aggregate	
NOTE M: (M)	Sponsorship to a healthcare organisation or a third party organisation appointed by a her related to event/meetings and which cannot be disclosed elsewhere on the template it donation or grant or contracted service or related to collaborative working) should be in explanation given in the methodological note	(i.e. is not considered to be a

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

LFB BIOPHARMACEUTICALS 2022 UNITED KINGDOM METHODOLOGICAL NOTE (H) (Clause 28.6)

	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:											
	Full Name					HCPs/ORDMs: Ci Principal Practice city where registe	ICOs: Country of Principal		Unique country local identifier OPTIONAL (Note 3)	al L Collaborative Working I		Donations and		Contribution to costs of Event (Cla uses 10 & 28)	5	Contracted Services (Clouses 24 & 28)			Blank Column <i>(Clause X)</i>						
			(Clause	28)		(Clause 28)	(Clause 28)			(Clause 28)				(Clause 28)	(which includes (Clauses 2		Grants to HCOs (Clauses 23 & 28)	Sponsorship agreements with HCOs / third party organisations appointed by HCOs to manage an Event (Note M)	Registration Fees	Travel & Accommodation	Fees	Expenses		Blank Column Blank Col (Clause X) (Clause	
Title	First Name	Initial	Last Name	Speciality	Role	HCPs/ORDMs: City Principal Practice HCI where registere	is: city Country of Principal	Institution Name	Location	Address Line 1	Address Line 2	Post Code	Email	Local Register ID or Third Party Database ID										·	·
								INE	DIVIDUAL NAME	D DISCLOSURE - one line per HCP/ORDM (i.e. o	all transfers of value during a year f	or an individual HCP	will be summed i	d up: itemization should be a	vailable for the individua	l Recipient or public au	thorities' consultation o	only, as appropriate)							
Dr	Rhona		Maclean		Consultant Haematologist	Sheffield	England	Sheffield Teaching Hospitals NHS Foundation Trust		Roval Hallamshire Hospital	BroomHill	S10 2JF			N/A		N/A	N/A	0	0	1430	0			
Dr	Matthew	J	Simpson		Consultant Anaesthetist	Leeds	England	St James Hospital		Beckett St	Harehills	LS9 7TF			N/A	N/A	N/A	N/A	0	0	1630	0	_	$\overline{}$	
Dr	Nicola Jessica	J	Mutch	Haematology	Professor Consultant Paediatric Haemotologist	Aberdeen Liverpool	Scotland England	University of Aberdeen Alder Hey Children's NHS Foundation Trust		King's College E Prescot Rd	Aberdeen Liverpool	AB24 3FX L14 5AB			N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0	750	0	-	$\overline{}$	
Dr	Gary		Sandham Benson		Centre Director	Belfast	Northern Ireland	Belfast City Hospital		Lisburn Rd	Belfast	BT9 7AB			N/A		N/A	N/A	0	0	1760	0			
Dr	Alison		Delaney		Haematology Specialty Registrar	Sheffield	England	Sheffield Teaching Hospitals NHS Foundation Trust		Royal Hallamshire Hospital	BroomHill	S10 2JF			N/A		N/A	N/A	500	0	0	0			
Dr	Mevish		Ul-haq		Haematology Specialty Registrar	Leeds	England	The Leeds Teaching Hospitals NHS Trust		Beckett St	Harehills	LS9 7TF			N/A		N/A	N/A	850	0	0	0			
Dr	Charles		Percy		Consultant Haematologist	Birmingham	England	University Hospital Birmingham NHS Foundation Trust	4	Mindelsohn Way	Birmingham	B15 2GW			N/A		N/A	N/A	0	0	880	0	_	$\overline{}$	
Ms	April Thynn Thynn		Jones	Haematology	Nurse Specialist Consultant Haematologist	Newcastle London	England England	Royal Victoria Infirmary Royal Free Hospital		Queen Victoria Rd Pond St	Newcastle upon Tyne London	NE1 4LP NW3 2OG				N/A N/A		N/A N/A	0 Yearly amount	0 Yearly amount	600	0	-	$\overline{}$	
Di	THYIHI THYIHI		ree	macmatology	consultant naematologist	London	Liigidiiu	Royal Free Hospital	•	Policist	OTHER, NOT INCLUDED ABOV		ion connot he disc	closed on an individual basis	t for lenal reasons	N/A	I N/A	N/A	rearry amount	reary amount	230	<u> </u>			
Aggregate am	nount attributable to tr	ancfore of value	to cuch Recipio	ete Tomplata 8. (Jauca 20						Official, NOT INCODED ADOV	andre agennee	on compet be disc	COX O OF GIT HOMOGOT DOOR.	N/A	N/A	N/A	N/A	Aggregate amount (A)	4	Aggregate amount (C)	A			
Number of Re	ecipients in aggregate of	disclosure - Tem	nlate & Clause 2	R	duse 28										N/A		N/A N/A	N/A N/A	Number of HCPs/ORDMs (A)		Number of HCPs/ORDMs (C)				
Number of Re	ecipients disclosed in a	ggregate as a %	of all Recipients	(individual & aggı	egate disclosures) - Clause 28										N/A	N/A	N/A	N/A	% (A)	% (B)	% (C)	% (D)			
																Link to executive									
(61 20)								[HCO 1, Payment 1]							Payment Amount	summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			
(Clause 28)									1			_	+			Link to executive				-			_	$\overline{}$	
								[HCO 1, Payment 2]							Payment Amount	summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			
								[HCO 2, Payment 1]							Payment Amount	Link to executive	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			
								[rico 2, Payment 1]								summary (G)	Payment Amount	Payment Annount	Poyment Amount	Payment Annount	Foynen Jenouni	Payment Amount			
										OTHER, NOT IN	ICLUDED ABOVE - where informati	on cannot be disclos	ied on an individu	lual basis for legal reasons		y information									
Aggregate am	nount attributable to tr ecipients in aggregate o	ansfers of value	to such Recipie	nts - Template &	lause 28.5										N/A		N/A	N/A	N/A	N/A	N/A	N/A			
					egate disclosures) - Clause 28.5										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 N/A	N/A N/A			
					2															1 13.2	-4	,			

	2021 ABPI Code Disclosure Template (updated May 2021)
В	rackets 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
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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:	Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is not
(M)	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

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

LFB BIOPHARMACEUTICALS 2021 UNITED KINGDOM METHODOLOGICAL NOTE (H) (Clause 28.6)

									DISCLOSURE OF PAYMENTS TO HEALTHCARE PROF		(HCPs), OTHER RELEVANT DE 11 ABPI CODE OF PRACTICE (HEALTHCARE ORGAN	NISATIONS (HCOs)									Date of publication:	
					Full Name		HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Pr	Principal Practic	ice Address		Unique country local identifier OPTIONAL (Note 3)	OPTIONAL te 3) Collaborative Working Donations and			c	Contribution to costs of Events (Clo uses 10 & 28)			Contracted Services (Clauses 24 & 28)		Blank Column (Clause X)	
					(Clause 28)		(Clause 28)	(Clause 28)		(Clause :	28)		(Clause 28)		is Joint Working) 5 20 & 28)	Grants to HCOs (Clauses 23 & 28)	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) (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 NAMED DISCLOSURE - one line	e per HCP/ORDM	M (i.e. all transfers of value during	a year for an individual HCP will be s	ummed up: itemization si	should be available for t	he individual Recipient (or public authorities' c	consultation only, as appropriate)							
	Dr	Thynn Thynn		Yee	Haematology	Consultant Haematologist	London	England	Royal Free Hospital		Pond St London	NW3 2QG		N/A		N/A	N/A	0	0	1620	0			1620
Ü	Dr	Rezan Jecko		Abdulkadir Thachil	Obstetrics and Gynaecology Haematology	Consultant Obstetrician and Gynaecologist Consultant Haemotologist	London Manchester	England England	Royal Free Hospital Manchester Univerity NHS Foundation Trust		Pond St London Delaunays Rd Crumpsall	NW3 2QG M8 5RB	1	N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0	2250 2625	0			2250 2625
6	Ms	Sheetal		Sumaria	Haematology	Senior Clinical Pharmacist	London	England	National Hospital for Neurology & Neurosurgery, London		Queen Square London	WC1N 3BG		N/A		N/A	N/A	0	0	630	0			630
, E	Dr	Samuel		Ackroyd	Haematology	Consultant Haemotologist	Bradford	England	Bradford Teaching Hospitals NHS Foundation Trust		Duckworth Ln Bradford	BD9 6RJ		N/A	N/A	N/A	N/A	0	0	660	0			660
وَّ ا											OTHER, NOT INCLUD	ED ABOVE - where information cann	ot be disclosed on an indi	ividual basis for legal rec	asons									
		ount attributable to ipients in aggregate			ts - Template & Clause 28									N/A N/A	N/A N/A	N/A N/A	N/A N/A			Aggregate amount (C)				(E)
í	Number of Rec	ipients disclosed in	aggregate as a 9	of all Recipients (in	ndividual & aggregate disclosur	res) - Clause 28									N/A N/A		N/A N/A	% (A)	% (B)	Number of HCPs/ORDMs (C) % (C)	% (D)			(L)
																								/
	(Clause 28)								[HCO 1, Payment 1]					Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
so co									[HCO 1, Payment 2]					Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
Ť									[HCO 2, Payment 1]					Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
										OTHER,	, NOT INCLUDED ABOVE - where i	nformation cannot be disclosed on a	n individual basis for legal	l reasons Clause 1.8 su	upplementary information	on								
					ts - Template & Clause 28.5										N/A		N/A	N/A	N/A	N/A	N/A			N/A
	Number of Rec	ipients in aggregate	aggregate as a 9	npiate & Clause 28. of all Recipients (in	.5 ndividual & aggregate disclosure	res) - Clause 28.5								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 N/A	N/A N/A			N/A N/A
												AGGREGATE D	POLOPURE											1
												AGGREGATE D	SCLUSURE											
p t																								

	2021 ABPI Code Disclosure Template (updated May 2021)											
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NOTE A: (A)	Data relates to the column heading ie registration fees											
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NOTE J: (J)	Total £ for that individual											
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NOTE M:	Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is not related to											
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											DISCLO	SURE OF PAYM	ENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER	RELEVANT DEC	ISION MAKERS (OF	DMs) AND H	EALTHCARE ORGANIS	ATIONS (HCOs)										
													2021 ABPI CODE O	OF PRACTICE (CI	ause 28)												Date of publication:	
					Full Nar	ne		Princ	CPs/ORDMs: City of Icipal Practice HCOs: ry where registered	Country of Principal Practice			Principal Practice Address				Unique country local identifier OPTIONAL (Note 3)		ive Working s Joint Working)	Donations and Grants to HCOs	c	ontribution to costs of Events (Cla uses 10 & 28)		Contracted (Clauses :			Blank Column <i>(Clause X)</i>	TOTAL
					(Clause .	28)			(Clause 28)	(Clause 28)			(Clause 28)				(Clause 28)		20 & 28)	(Clauses 23 & 28)	Sponsorship agreements with HCOs / third party organisations appointed by HCOs to manage an Event (Note M)	Registration Fees	Travel & Accommodation	Fees	Expenses		Blank Column Blank Column (Clause X) (Clause X)	IOIAL
		Title	First Name	Initial	Last N	ame Specialit	/ Role	Princip	ICPs/ORDMs: City of cipal Practice HCOs: city where registered	Country of Principal Practice	Institution Name	Location	Address Line 1	Address Line 2		Email	Local Register ID or Third Party Database ID										·	
	<u>_</u>												NAMED DISCLOSURE - one line per HCP/ORDM (i.e. all transfer			HCP will be sur	mmed up: Itemization sho						,					
	∑ Dr Dr		Thynn Thynn Jecko		Yee Thachil	Haematolog Haematolog	Consultant Haema Consultant Haemo			England England	Royal Free Hospital Manchester Univerity NHS Foundation Trust		Pond St Delaunays Rd		NW3 2QG M8 5RB			N/A N/A		N/A N/A	N/A N/A	0	0	805 770	0	-		805 770
	Ms Ms		Sarah		Johns		/ Haemophilia Nurse			England	Cornwall Partnership NHS Foundation Trust				PL31 2QN			N/A		N/A	N/A	0	0	490	0			490
	e a														ABOVE - where info	rmation cannot	be disclosed on an individ	ual basis for legal rea	isons									
	ည် Agg	regate amour	nt attributable	to transfers of	value to such Re	cipients - Template &	Clause 28												N/A		N/A	Aggregate amount (A)	Aggregate amount (B)	Aggregate amount (C)	Aggregate amount (D)			(E)
					Template & Cla		gregate disclosures)	Clause 20										N/A N/A		N/A N/A	N/A N/A	Number of HCPs/ORDMs (A) % (A)	Number of HCPs/ORDMs (B) % (R)	Number of HCPs/ORDMs (C) % (C)	Number of HCPs/ORDMs (D) % (D)	-		(F)
₹ -	IVOI	ilbei oi kecipi	ients uiscioseu	iii aggregate as	s a 20 oj un kecipi	ients (individual & ag	gregate disclosures/	Ciduse 28										N/A	I N/A	I N/A	I N/A	76 (A)	70 (B)	76 (C)	76 (U)			(L)
INDIVIDI	(0	lause 28)									[HCO 1, Payment 1]							Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
	2										[HCO 1, Payment 2]							Payment Amount	Link to executive	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
	와										[HCO 2, Payment 1]			+				Payment Amount	Summary (G) Link to executive	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	-		(K)
											1		OTHER, NOT INCLUDED	AROVE - where in	formation cannot be a	isclased on an i	individual basis for legal re		summary (G)	on								
	Agg	regate amour	nt attributable	to transfers of	value to such Re	cipients - Template	& Clause 28.5	<u> </u>		<u> </u>	<u>"</u>		- Official, Not intecosed	June 10 mg		on on a		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
	Nur	nber of Recipi	ients in aggreg	ate disclosure -	Template & Cla	use 28.5												N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
	Nur	nber of Recipi	ients disclosed	in aggregate as	s a % of all Recip	ients (individual & ag	gregate disclosures) -	Clause 28.5	·	<u> </u>			·		·			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
																AGGREGATE DISC	CLOSURE									_		
AGGREGATE Decount and	Development												Transfers of Value re: Research	a & Development a	as defined Clause 1.20	,										TOTAL AMOUNT		N/A

	2021 ABPI Code Disclosure Template (updated May 2021)
Brack	ets 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
	Data relates to the column heading ie registration fees
	Data relates to the column heading ie travel and accommodation
	Data relates to column heading ie contracted services
, ,	Data relates to the column heading ie related expenses agreed in the contracted services contract or agreement
, ,	Total £ disclosed as aggregate
	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
. ,	Total £ for that HCO across all activities except R&D
	Total percentage of individuals disclosing in aggregate
NOTE M:	Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is
(M)	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
	ı

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