COMPANY NAME: YEAR: COUNTRY: DATE OF SUBMISSION TO CENTRAL PLATFORM: [insert date] METHODOLOGICAL NOTE (H) (Clause 28.6): [insert link here]

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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 p	Date of publication:																	
	Full Name						Principal Praction	HCPs/ORDMs: City of Principal Practice HCOs: city where registered			Principal Practice Address				Unique country local identifier OPTIONAL (Note 3)	Collaborative Working		Donations and		Contribution to costs of Ever (Cla uses 10 & 28)	nts	Contractee (Clauses :		Blank Column <i>(Cl</i>				
	(Clause 28)			(Clause 21) (a	Clause 28)	(Clouse 28)			(Clause 28)	(which includes Joint Working) (Clauses 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)	TOTAL								
	Title	First Nar	ne Initi	al Last Na	ame Special	lity Rol	HCPs/ORDMs: le Principal Practice where regist	ICOs: city	try of Principal Practice	Institution Name		Address Line 1			Email	Local Register ID or Third Party Database ID							1					
											INDIVIDUAL NAM	MED DISCLOSURE - or	ne line per HCP/							e individual Recipient or public auth	norities' consultation only, as appr	ropriate)						
s and															OTHER, NOT I	ICLUDED ABOVE - where												
포 등	Aggregate a	nount attributabl	e to transfers of	value to such Reci	pients - Template &	& Clause 28											N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0	0	0	_			0
	Number of I	ecipients disclos	ed in aggregate	s a % of all Recipie	ents (individual & a	ggregate disclos	sures) - Clause 28										N/A	N/A	N/A	N/A	0	0	0	0				0
	(Clause 28)									Ashtons Pharmacy Services	1	1 Dyke Road Mews, 74-76 Dyke Road,		BN13JD	leesaewing@as	itons.com	0		0	0	0	0	3000	0				3000
HCOs	(Clause 28									Day Lewis Medical Limited	F	Day Lewis House, 2 Peterwood Way,			1 - 1	hai@daylewisplc.co.uk	0		0	2500	0	0	0	0				2500
	OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons. Clause 1.8 supplementary information																											
	Aggregate a	gregate amount attributable to transfers of value to such Recipients - Templote & Clause 28.5 umber of Recipients in aggregate disclosure - Templote & 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		
	Number of I	ecipients disclos	ed in aggregate	s a % of all Recipie	ents (individual & a	ggregate disclos	sures) - 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
and	Number of Recipients disclosed in aggregate as a X of all Recipients (Individual & aggregate disclosures) - Clause 28.5 N/A																											
Transfers of Value re: Research & Development as defined Clause 1.20									N/A																			

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	2021 ABPI Code Disclosure Template (updated May 2021)									
Brackets b	pelow 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									
	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:	Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation									
(M)	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