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

															METHODOLOGIC	AL NOTE (H) (Clause 2	28.6): [insert link l	here]								
									DISCLOSUR	E OF PAYMENT	rs to Healthcai	RE PROFESSIONALS (HC 2024 /		RELEVANT DE DF PRACTICE ((ORDMs) AND HEALT	THCARE ORGANIS	ATIONS (HCOs)							Date of publication:	
	Full Name						HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address						Unique country local identifier OPTIONAL (Note 3)	Collaborative Working		Donations and	Contribution to costs of Events (Clauses 10 & 28)			Contracted Services (Clouses 24 & 28)			Blank Column <i>(Clause X)</i>	
			(Claus	e 28)			(Clause 28)	(Clause 28)			(Clause :	28)			(Clause 28)		es 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)	TOTAL
	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			Email T	Local Register ID or Third Party Database ID				,			,				
٠, و										INDIVIDUAL NAI	MED DISCLOSURE -	one line per HCP/ORDM (i.							individual Recipient or public autho	orities' consultation only, as appr	opriate)					
Psan	Aggregate on	unt attributable to	manufact of value to	auch Dasiniants	Template & Clause 28	o							ОТНЕ	ER, NOT INCLUI	IDED ABOVE - where	information cannot be o	disclosed on an indiv	idual basis for legal reas N/A	ons N/A	4	4	Annual (C)	A			
₹ 0	Number of Re	ipients in aggregate	disclosure - Temple	te & Clause 28	dividual & aggregate d											N/A	N/A	N/A N/A	N/A	Aggregate amount (A) Number of HCPs/ORDMs (A)	Aggregate amount (B) Number of HCPs/ORDMs (B)	Aggregate amount (C) Number of HCPs/ORDMs (C)	Aggregate amount (D) Number of HCPs/ORDMs (D)			0
	Number of Re	ipients disclosed in	aggregate as a % of	all Recipients (inc	dividual & aggregate d	disclosures) -	Clause 28									N/A	N/A	N/A	N/A	% (A)	% (B)	% (C)	% (D)			0
INDIVIDUAL	(Clause 28)								Ashton's Hospital Pharmacy Services Ltd P		74-76 Dyke Road	Brighton BN13JD				Payment Amount		Payment Amount	Payment Amount	Payment Amount	Payment Amount	3000	Payment Amount			3000
Ş									Day Lewis Medical D		2 Peterwood Way	Croydon CR0 4UQ				Payment Amount		Payment Amount	2500	Payment Amount	Payment Amount	Payment Amount	Payment Amount			2500
									1-1-1			OTHER, NO	OT INCLUDED A	ABOVE - where	e information canno	t be disclosed on an indiv	vidual basis for legal	reasons Clause 1.8 sup	plementary information	•	·		·			
	Aggregate am	unt attributable to t	ransfers of value to	such Recipients	Template & Clause 2	8.5		•	•							N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
	Number of Re	ipients in aggregate	disclosure - Templ	ate & Clause 28.5 all Recipients (inc	dividual & aggregate d	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			N/A N/A
	- I I I I I I I I I I I I I I I I I I I	-p-sa s-seiosca iii	-00: -0-15 45 4 76 0)		a. aggregate a											AGGREGATE DISCLOS	1	I N/A	N/A	N/A	I N/X	I N/A	N/A			I N/A
# put																AGGREGATE DISCLOS	SURE									
AGGREGA Research a												Transfers of Value	e re: Research	& Developme	ent as defined Claus	≥ 1.20								TOTAL AMOUNT		N/A

20	24 ABPI Code Disclosure Template (updated September 2024)											
Brackets b	elow depict those which appear on the spreadsheet including format											
NOTE 2:	'Clause' refers to the relevant Clause of the 2024 ABPI Code of Practice for the Pharmaceutical Industry											
	· · · · · · · · · · · · · · · · · · ·											
NOTE 3:	Unique ID would be an identifier from either Wilmington Healthcare or OneKey otherwise this should be left											
(NOTE 3)	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 le registration rees												
	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											
NOTE L: (L)	Total percentage of individuals disclosing in aggregate											
NOTE M:	Transfers of value to a healthcare organisation or a third party organisation appointed by a healthcare											
(M)	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
do not enter data