## LFB BIOPHARMACEUTICALS UNITED KINGDOM METHODOLOGICAL NOTE (H) (Clause 28.6): Company record keeping

								DISCLOSURE OF I	PAYMENTS TO H	HEALTHCARE PROFESSIONALS (HCPs), OTH 2021 ABPI COD	HER RELEVANT DECISION I DE OF PRACTICE ( Clause 2		AND HEALTH	CARE ORGANISATIONS	(HCOs)									Date of publica	tion:	
			Full Name		HCPs/ORDMs: City of Principal Practice HCO city where registered	s: Country of Principal			Principal Practice Address	Unique country local identifier OPTIONAL (Note 3)		Collaborative Working		Contribution to costs of Events (Cla uses 10 & 28)			Contracted (Clauses		Blank Column <i>(Clau</i>							
				( Clause 28 )		(Clause 28)	(Clause 28)	(Clouse 28)					(Clause 28)		s Joint Working) 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 Blank (Clause X) (Cla		TOTAL	
		Title First Name	Initial L	ast Name Spec	ality Role	HCPs/ORDMs: City of Principal Practice HCOs: ci where registered	Country of Principal Practic		Location	Address Line 1	Address Line 2	Post Code	Email	Local Register ID or Third Party Database ID												
	D	Rhona	Mac	lean Haemato	logy Consultant Haematologist	Sheffield	England	Sheffield Teaching Hospitals NHS Foundation Trust		Royal Hallamshire Hospital	BroomHill	S10 2JF			N/A	N/A	N/A	N/A	0	0	1430	0				1430
	D	Matthew		oson Anaesthe	ology Consultant Anaesthetist	Leeds	England	St James Hospital		Beckett St	Harehills	LS9 7TF			N/A	N/A	N/A	N/A	0	0	1630	0				1630
	D	Nicola	J Mut		ogy Professor	Aberdeen	Scotland	University of Aberdeen		King's College	Aberdeen	AB24 3FX			N/A	N/A	N/A	N/A	0	0	750	0				750
	S D	Jessica			ogy Consultant Paediatric Haemotologist	Liverpool Belfast	England	Alder Hey Children's NHS Foundation Trust		E Prescot Rd Lisburn Rd	Liverpool Belfast	L14 5AB			N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0	440 1760	0				440
	Ē ₽	Gary	Ben: Dela		logy Centre Director	Sheffield	Northern Ireland England	Belfast City Hospital Sheffield Teaching Hospitals NHS Foundation Trust		Royal Hallamshire Hospital	Berrast	BT9 7AB S10 2JF			N/A	N/A	N/A	N/A	500	0	1/60	0				1760 500
	9 1	Alison Mevish	Lilleh		logy Haematology Specialty Registrar logy Haematology Specialty Registrar	Leeds	England	The Leeds Teaching Hospitals NHS Trust		Beckett St	Harehills	LS9 7TF							850	0	0	0				850
	E 0	Charles	Perc		logy Consultant Haematologist	Birmingham	England	University Hospital Birmingham NHS Foundation Trust		Mindelsohn Way	Birmingham	B15 2GW							0	0	880	0				880
	8 8	s April	Jone		logy Nurse Specialist	Newcastle	England	Royal Victoria Infirmary		Queen Victoria Rd	Newcastle upon Tyne								0	0	600	0				600
	± D	Thynn Thynn	Yee		logy Consultant Haematologist	London	England	Royal Free Hospital		Pond St	London	NW3 2QG			N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	250	0				250
												where information	cannot be discl	losed on an individual basis	for legal reasons											
	A	gregate amount attributable to	butable to transfers of value to such Recipients - Templote & Clause 28														Aggregate amount (D)				(F)					
	N	imber of Recipients in aggregate	e disclosure - Template	& Clause 28											N/A	N/A	N/A	N/A	Number of HCPs/ORDMs (A)	Number of HCPs/ORDMs (B)	Number of HCPs/ORDMs (C)	Number of HCPs/ORDMs (D)				(F)
è	N	mber of Recipients disclosed in	aggregate as a % of all	Recipients (individual	k aggregate disclosures) - Clause 28										N/A	N/A	N/A	N/A	% (A)	% (B)	% (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)
	ŝ							[HCO 1, Payment 2]							Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				(K)
	-							[HCO 2, Payment 1]		OTUGO NOT INCLUO	DED ABOVE - where information		d an an Individua		Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				(K)
										OTHER, NOT INCLUD	DED ABOVE - Where injormatio	n cannot be disclosed	s on an inaividud	i busis jur iegui reusuris =		ary injormation										
		gregate amount attributable to imber of Recipients in aggregate			ate & 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
					k aggregate 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
			-00Parc as a 10 0) all												N/A	IQA.	NyA	N/A	, N/A	N/A	N/A	N/A				NA
AGGREGATE	Research and Development									Transfers of Value re: Resea	arch & Development as defin		ATE DISCLOSURE									70	DTAL AMOUNT			N/A

		Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures) - Clause 28	
			[HC
		(Clause 28)	Inc
	9		[HC
	£0s		THC
			luc
		Aggregate amount attributable to transfers of value to such Recipients - Templote & Clause 28.5	
		Number of Recipients in aggregate disclosure - Template & Clause 28.5	_
		Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures) - Clause 28.5	_
	모두		
	h ar		
	earc		
	Research and Development		
		2021 ABPI Code Disclosure Template (updated May 2021)	
		2012 / W. F. Could State Companies (aparticularly 2012)	
	Br	ackets below depict those which appear on the spreadsheet including format	
NOT		'Clause' refers to the relevant Clause of the 2021 ABPI Code of Practice for the Pharmaceutical Industry	ı
		·	
NOT		Unique ID would be an identifier from either Wilmington Healthcare or OneKey otherwise this should be left blank	
(NO	TE 3)		
NOT	E 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	
NOT	E A: (A)	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	
NOT	E D: (D)	Data relates to the column heading ie related expenses agreed in the contracted services contract or agreement	
NOT	E E: (E)	Total £ disclosed as aggregate	
NOT	E 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	
NOT	E G: (G)	The link can be included here and/or in the methodological note	
		The methodological note must make clear the number of individuals who have agreed to some payments being disclosed	
		individually and some in aggregate	
NOT	E I. (I)	Total £ for that individual	
		Total £ for that HCO across all activities except R&D	
	E M:	Total percentage of individuals disclosing in aggregate  Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is not	
ı	E IVI.	1, 1, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
(M)		related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a donation	
ĺ		or grant or contracted service or related to collaborative working) should be included in this column and an explanation given	
		in the methodological note	
			ĺ
		required	
		optional	
		to facilitate the process but not to be published on database	

## LFB BIOPHARMACEUTICALS UNITED KINGDOM METHODOLOGICAL NOTE (H) [Clause 28.6]: Company record keeping

								DISCLOSURE OF PAYMENTS TO HEALTHCARE			LEVANT DECISION PRACTICE ( Claus		/s) AND HEAL	LTHCARE ORGANI	SATIONS (HCOs)									Date of publication:	
	Full Name P			HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Principal Practice HCOs: Country of Principal Practice HCOs: Country of Principal Practice Address Principal Practice Address							Inique country local dentifier OPTIONAL (Note 3)	Collaborative Working		Donations and	Contribution to costs of Events (Cla uses 10 & 28)			Contracted Services (Clouses 24 & 28)			Blank Column <i>(Clause X)</i>			
				(Clause 28 )		(Clause 28)	(Clause 28)		(Clause 2	18)				(Clause 28)		es Joint Working) s 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 Practic	te Institution Name	Location	Address Line 1	Address Line 2	Post Code E		ocal Register ID or aird Party Database ID											
								INDIVIDUAL NAMED DISCLOSURE - one	ne line per HCP/ORDM	(i.e. all transfers	f value during a ye	or for an individual HCF	P will be summe	ed up: itemization sh	ould be available for	the individual Recipient (	or public authorities' c	consultation only, as appropriate)							
Dr Dr	Thynn Thynn			Haematology	Consultant Haematologist		England	Royal Free Hospital				V3 2QG			N/A	N/A	N/A	N/A	0	0	1620	0			1620
Q Dr	Rezan Jecko		Abdulkadir Thachil	Obstetrics and Gynaecology Haematology	Consultant Obstetrician and Gynaecologist Consultant Haemotologist		England England	Royal Free Hospital  Manchester Univerity NHS Foundation Trust			ondon NV rumpsall M	V3 2QG			N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0	2250 2625	0			2250 2625
Ms Ms	Sheetal			Haematology	Senior Clinical Pharmacist		England	National Hospital for Neurology & Neurosurgery, London		Queen Square L		C1N 3BG			N/A	N/A	N/A	N/A	0	0	630	0			630
Dr Dr	Samuel			Haematology	Consultant Haemotologist		England	Bradford Teaching Hospitals NHS Foundation Trust			radford BE				N/A	N/A	N/A	N/A	0	0	660	0			660
OTHER, NOT INCLUDED ABOVE—where information cannot be disclosed on an individual basis for legal reasons																									
															N/A	N/A	N/A	N/A	Aggregate amount (A)	Aggregate amount (B)	Aggregate amount (C)	Aggregate amount (D)			(E)
	ecipients in aggregate														N/A	N/A	N/A	N/A		Number of HCPs/ORDMs (B)	Number of HCPs/ORDMs (C)	Number of HCPs/ORDMs (D)			(F)
Number of Re	ecipients disclosed in	aggregate as a %	of all Recipients	ndividual & aggregate disclosu	res) - Clause 28										N/A	N/A	N/A	N/A	% (A)	% (B)	% (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)
ŝ								[HCO 1, Payment 2]							Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
I								[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, I	NOT INCLUDED AE	OVE - where inform	nation cannot be disclo	osed on an indivi	vidual basis for legal r	reasons Clause 1.8		on								
Aggregate an	nount attributable to	transfers of value	to such Recipier	ts - Template & Clause 28.5											N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
Number of Re	ecipients in aggregate	disclosure - Ten	plate & Clause 2	.5											N/A		N/A	N/A	N/A	N/A	N/A	N/A			N/A
Number of Re	ecipients disclosed in	aggregate as a %	of all Recipients	ndividual & aggregate disclosu	res) - Clause 28.5										N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
												AGGR	REGATE DISCLOS	SURE											
lopment	AGGEGATE DISCLOSURE  Transfers of Value re: Research & Development as defined Clause 1.20																						TOTAL AMOUNT		N/A

	2021 ABPI Code Disclosure Template (updated May 2021)
	Double to be less than the state of the stat
NOTE 2:	Brackets below depict those which appear on the spreadsheet including format  Clause' refers to the relevant Clause of the 2021 ABPI Code of Practice for the Pharmaceutical Industry
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NOTE 3:	Unique ID would be an identifier from either Wilmington Healthcare or OneKey otherwise this should be left blank
NOTE 3)	
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
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IOTE M:	Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is not related to
M)	events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a donation or grant or contracted
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	required
	optional
	to facilitate the process but not to be published on database

## LFB BIOPHARMACEUTICALS UNITED KINGDOM METHODOLOGICAL NOTE (H) [Clause 28.6]: Company record keeping

	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: City of Principal Practice HCO city where registered	s: Country of Principal	Principal Practice Address identifie				Unique country local identifier OPTIONAL (Note 3)		iollaborative Working	Donations and Grants to HCOs	C	Contribution to costs of Event (Cla uses 10 & 28)	ts	Contracted Services (Clauses 24 & 28)			Blank Column (Clause X)	TOTAL	
	(Clause 28 )				(Clause 28)	(Clause 28)	(Clouse 28)				(Clause 28)		(Clouses 20 & 28) (Clouses 23 & 28)		Sponsorship agreements with HCOS / third party organisations appointed by HCOs to manage an Event (Note M)		Travel & Accommodation	n Fees Expenses			Blank Column Blank Column (Clouse X) (Clouse X)	n			
	Title	First Name	Initial	Last Name	Speciality	Role	HCPs/ORDMs: City of Principal Practice HCOs: c where registered	ity Country of Principal Practic	Institution Name	Location	Address Line 1	Address Line 2	Post Code Email	Local Register ID or Third Party Database ID								•			
2	2:			- I.		To 10 10 10 10	la i	- In the second	D. 10 . 11 . 11		NAMED DISCLOSURE - one line per HCP/ORDM (i.e. all tra			ummed up: itemization si											
2 ≥	Dr	Thynn Thynn Jecko		Yee Thachil		Consultant Haematologist Consultant Haemotologist		England England	Royal Free Hospital  Manchester Univerity NHS Foundation Trust		Pond St Delaunays Rd		NW3 2QG M8 5RB		N/A N/A	'A N/A 'A N/A	N/A N/A	N/A N/A	0	0	770	0	1		770
9	Ms	Sarah		Johns		Haemophilia Nurse Special		England	Cornwall Partnership NHS Foundation Trust		Carew House, Beacon Technology Park, Dunmere Rd		PL31 2QN			'A N/A	N/A	N/A	0	0	490	0			490
Ps a	OTHER, NOT INCLUSED 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  NA N/A N/A Aggregate amount (A) Aggregate amount (B) Aggregate amount (C) Aggre																								
9	Number of Rec	ipients in aggregate	e disclosure -	emplate & Clause	28										N/A 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)	1 1		(E) (F)
	Number of Rec	cipients disclosed in	aggregate as	a % of all Recipient	s (individual & agg	regate disclosures) - Clause	28									A N/A		N/A	% (A)	% (B)	% (C)	% (D)			(L)
MDUM																Link to executive									
Z	(Clause 28)								[HCO 1, Payment 1]						Payment An	Amount summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
HCOs									[HCO 1, Payment 2] [HCO 2, Payment 1]						Payment An	Summary (G)	Payment Amount  Payment Amount	Payment Amount  Payment Amount	Payment Amount  Payment Amount	Payment Amount  Payment Amount	Payment Amount  Payment Amount	Payment Amount  Payment Amount	-		(K)
											OTHER, NOT INCLUDE	DED ABOVE - where info	ormation cannot be disclosed on a	individual basis for legal	Treasons Clau	ause 1.8 supplementary information	on	7	7	7	7	7			
	Aggregate amo	ount attributable to	transfers of v	alue to such Recip	ents - Template &	Clause 28.5			**					,	N/A		N/A	N/A	N/A	N/A	N/A	N/A			N/A
	Number of Rec	ipients in aggregate	e disclosure -	Template & Clause	28.5	regate disclosures) - Clause	20.5								N/A		N/A	N/A	N/A	N/A	N/A	N/A			N/A
	Number of Rec	ipients disclosed in	aggregate as	s % of all Kecipient	ındıvıdual & agg	regate disclosures) - Clause	20.3								N/A	A N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
무별													AGGREGATE D	SCLOSURE											
ACCREGATE Research an Developmen														TOTAL AMOUNT		N/A									

	2021 ABPI Code Disclosure Template (updated May 2021)							
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	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: (M)	Sponsorship to a healthcare organisation or a third party organisation appointed not related to events/meetings and which cannot be disclosed elsewhere on the a donation or grant or contracted service or related to collaborative working) sho explanation given in the methodological note	template (i.e. is not considered to be						
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