- <u>r</u>					HCPs/ORDMs:	1	1				2024 ABPI CODE	OF PRACTICE	Clause 28)				-					Dati	of publication:	
		Full Name			HCPs/ORDMs: City of Principal Practice HCOs: city where registered				Principal Practice Add	ress			Unique country local identifier OPTIONAL (Note 3)		ive Working s Joint Working)	Donations and Grants to HCOs		Contribution to costs of Events (Clouses 10 & 28)		Contracted (Clouses 2	1 Services 24 & 28)	Blank	Column (Clause X)	TOT
		(Clause 28 )			(Clause 28)	(Clause 28)			(Clause 28)		-		(Clouse 28)	(Clouse:	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 Colu (Clouse 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	nd M <sup>*</sup> <sup>2</sup> will be commo	Las stanciona chaude	to maintue for the is	nduslasi Roviniont ne rastile methorid	es' reacultation neix: ac ameranyis	irol					
Ms	Jacqueline	J Doom	Haemophilia	Specialist Nurse	Belfast	treland	Belfast City Hospital		51 Lisburn Road		BT9 7AB			N/A	N/A	N/A	N/A	0	76,59	0	0			76,5
Ms	Christine Deidre	C Lynn D Morean	Haemoohilia Haemoohilia	Specialist Nurse Specialist Nurse	Belfast Belfast	Ireland		Belfast Belfast	51 Lisburn Road 51 Lisburn Road		8T9 7AB 8T9 7AB			N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	76.59 76.59	0	0			76.5
Ms	Helen	H Manson	Haemoohilia	Lead Nurse	Belfast	Ireland	Belfast City Hospital	Belfast	51 Lisburn Road		BT9 7AB			N/A	N/A	N/A	N/A	0	76.59	0	0			76.5
Ms	Katherine	K Reynolds	Heamophilia	Adv. Nurse Prac.	Birmingham	England	Birmingham Childrens Hospital	Birmingham	Steelhouse Lane		84 6NW			N/A	N/A	N/A	N/A	169	0	0	0			169
Ms	Natalie	N Lawson	Haemophilia	Specialist Nurse	Birmingham	England	Birmingham Childrens Hospital	Birmingham	Steelhouse Lane		84 6NW			N/A	N/A	N/A	N/A	169	0	0	0			169
	Shize	R Party	Haemophilia	Adv. Nurse Prac.	Liverpool	England	Royal Liverpool University	Liverpool	Prescot Street		L7 8XP			N/A	N/A	N/A	N/A	169	101,8	1202,5	0			1304
ma	is the second se			Aut. Hulle Flat.			Hospital Royal Liverpool University				-													-
Ms	Reena	R George	Haemophilia	Nurse	Liverpool	England	Hospital	Liverpool	Prescot Street		L7 8XP			N/A	N/A	N/A	N/A	169	47,4	0	0			216,4
Ms	Sarah	S Haines	Haemophilia	Clinical Nurse Spec Clinical Nurse Spec	Swansea	Wales	Singleton Hospital	Swansea	Sketty Lane Sketty Lane	Sketty	SA2 8QA SA2 8QA			N/A N/A	N/A N/A	N/A N/A	N/A N/A	169 169	120 120	0	16,1			305, 285
Ms	Sarah Kath	S Harvev K Hann	Haemophilia	Clinical Nurse Spec	Swansea Swansea	Wales Wales	Singleton Hospital Singleton Hospital	Swansea Swansea	Sketty Lane Sketty Lane	Sketty	SA2 BOA			N/A N/A	N/A N/A	N/A N/A	N/A N/A	169	120	0	25,1			28
Ms	Kathleen	K Corcoran S Dias	IBD	Clinical Nurse Spec Clinical Nurse Spec	Cardiff	Wales	University Hospital of Wales University Hospital of Wales	Cardiff	Heath Park Heath Park		CF14-4XW CF14-4XW			N/A N/A	N/A N/A	N/A N/A	N/A	169	56.38 50.48	0	19.52			24
MS	Sandra Svivain	S Dias	Research Haemophilia	Clinical Nurse Spec	Cardiff	Wales	University Hospital of Wales University Hospital of Wales	Cardiff	Heath Park Heath Park		CF14 4XW CF14 4XW			N/A N/A	N/A N/A	N/A N/A	N/A N/A	169 169	50.48 42.08	0	0			215
Ms	Beth	B Cosgrove	Haemophilia	Paed Clinical Nurse Spec.	Cardiff	Wales		Cardiff	Heath Park		CF14 4XW			N/A	N/A	N/A	N/A	169	60,88	0	0			229
	Court	s Stevenson	Haemonhilia	Paerl Clinical Nurse Sner	6 6H	and a second sec	University Hospital of Wales	Cardiff	Heath Park	1	CE14 ANW			N/A	N/4	N/A	N/A	169	713	0	0			24
MS	sarah	-			. Cardiff	Wales					CF14 4XW LS9 7TF									σ	-			
Ms	Charlotte Wandai	C White W Maposa	Haemophilia Haemophilia	Clinical Nurse Spec Lead Nurse	Leeds	England	St James University Hospital St Georges Hospital	Leeds	Beckett Street Blackshaw Road		LS9 7TF SW17 0QT			N/A N/A	N/A N/A	N/A N/A	N/A N/A	269.12 219,42	710.37 367,06	0	38.86 33,62			979
Ms	Hayley	H Dyos	Haemophilia	Lead Nurse		England	Manchester Royal Infirmary	Manchester	Oxford Road		M13 9WL			N/A	N/A	N/A	N/A	227,6	1091,28	0	0			1318
Ms	Hannah Megan	H Smith M Griffin	Neurology Haemophilia	Highly Specialist Nurse Clinical Nurse Spec	Manchester Leeds	England England	Salford Royal Hospital St James University Hospital	Manchester	Stott Lane Beckett Street		M6 8HD LS9 7TF			N/A N/A	N/A N/A	N/A N/A	N/A N/A	125 420,23	14,39 799,13	0	96 125,16			23
Ms	Lara	L Oyesiku	Haemophilia	Clincal Nurse Manager	Basingstoke	England	Hampshire Hospitals NHS FT	Winchester	Romsey Road		5022 5DG			N/A	N/A	N/A	N/A	0	705	0	0			70
Ms	Kristina	K Ceculina	Haemophilia	Clincal Nurse Spec.	London	England	St Thomas' Hospital	London	Westminister Bridge Board		SE1 7EH			N/A	N/A	N/A	N/A	1020	0	0	0			100
Mr	Eduardo	F 169	Haemophilia	Clincial Nurse Manager	London	England	St Thonas' Hospital	London	Westminister Bridge		SE1 7EH			N/A	N/A	N/A	N/A	0	0	975	0			97:
-									Road Westminister Bridge															
Dr	Bella	B Madan	Haemotology	Consultant	London	England	St Thomas' Hospital	London	Road		SE1 7EH			N/A	N/A	N/A	N/A	715	1841	0	0			2556
Dr	Gary	G Benson	Haemotology	Consultant	Belfast Oxford	Ireland	Belfast City Hospital	Belfast Oxford	51 Lisburn Road		BT9 7AB OX3 9DU			N/A	N/A	N/A	N/A	0	0	900	0			90
MS	Stephanie Abigail	S Taylor A Morris	Haemophilia Haemophilia	Chartered Physio Clinical Nurse Spec	London	England	John Radcliffe Hospital Roval London Hospital	London	Headley Way Whitechapel		E1 188			N/A N/A	N/A N/A	N/A N/A	N/A N/A	175,91 1020	760,95	0 975	0		_	936, 199
M	Alice	A Wilkinson	Haemophilia	Paed Clinical Nurse Spec	. Oxford	England	John Radcliffe Hospital	Oxford	Headley Way		OX3 9DU			N/A	N/A	N/A	N/A	0	0	1202,5	0			120
MS .	Anne	A Conquergood	Haemonhilia	Senior Lead Norse	Oxford		John Radciffe Hospital	Oxford	Headley Way		003 900			N/A	N/A	N/A N/A	N/A N/A	2887.5	238.8	2867.5	0			499
Ma	Amy	A Jones	Haemophilia	Clincial Nurse	Newcastle	England England	Royal Victoria Infirmary	Newcastle	Queen Victoria Road		NE14LP			N/A	N/A	N/A N/A	N/A	2887,3	238,8	1202,5	0			439
MS	April																				U			
Ms	Dawn Elsa	D Jenner E Aradom	Haemophilia Haemophilia	Lead Nurse Lead Nurse	Southampton	England	Southamoton General Hospital Royal Free Hospital	Southamoton London	Tremona Road Pond Street		5016 6YD NW3 2QG			N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0	1202.5 1202,5	0			120
Ms	Helen	H Hupston	Haemophilia	Lead Nurse	Birmingham	England		Birmingham	Mindelson Way		815.2GW			N/A	N/A	N/A	N/A	0	0	1202,5	0			120
Dr	Carolyn	C Miller	Haemotology	Consultant	London	England	Imperial College London	London	Exhibition Road		SW7 2AZ			N/A	N/A	N/A	N/A	0	0	2640	0			28
Dr	Fernando	Pinto	Haemotology	Paed Consultant	Glasgow	Scotland	Royal Hospital for Sick Children	Glaseow	D1345 Govan Road		G51 4TF			N/A	N/A	N/A	N/A	250	179,01	0	0			42
-	-							-	Westminister Bridge														_	
Dr	Gerry	G Dolan	Haemotology	Consultant	London	England	St Thomas' Hospital	London	Road		SE1 7EH			N/A	N/A	N/A	N/A	0	132,1	1890	0			20
Dr	Privanka Rashid	P Reaheia R Kazmi	Haemotology Haemotology	Consultant Consultant	London	England England	Roval London Hospital Southamoton General Hospital	London Southampton	Whitechapel Tremona Road		E1 1BB SO16 6YD			N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0 156.2	2100 3540	0			21
Dr	Sarah	S Maneles	Haemotolay	Consultant	Hamoshire	England	Hamoshire Hospitals NHS FT	Hamoshire	Aldermaston Road		RG24 SNA			N/A	N/A	N/A	N/A	0	142.4	1890	0			20
Dr	Ferras	F Alwan	Haemotoley	Consultant	London	England	Hammersmith Hospital	London	Gary Weston Centre,		W12.0HS			N/A	N/A	N/A	N/A	0	0	1890	0			11
									Du Cane Road									ř			, , , , , , , , , , , , , , , , , , ,			
Dr Dr	Steve	S Austin R MacLean	Haemotolay	Consultant Consultant	London Sheffield	England England	St Georges Hospital Royal Hallemshire Hospital	London Sheffield	Blackshaw Road Glossop Road		SW17 00 S10 2JF			N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0 344	1890	23			1
Dr	Saket	S Badle	Haemotolay	Consultant	Oxford	England	John Radcliffe Hospital		Headley Way		OX3 9DU			N/A	N/A	N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount			
Agere	gregate amount attributable to I	transfers of value to such Recip	ients - Templote & Cl	buse 28							01	HER, NOT INCLUS	060 ABUVE - where inf	formation connot be dis N/A	closed on an individual N/A	basis for legal reason N/A	s N/A	Apprepate prount (4)	Appreagte amount /R1	Apprepate amount (C)	Apprepate amount (/)			
Numi	mber of Recipients in aggregate mber of Recipients disclosed in a	disclosure - Templote & Clouse	28								-			N/A	N/A	N/A	N/A		Appreasate amount (B) Number of HCPs/ORDMs (B)		Agaregate amount (D) Number of HCPs/CRDMs (D)			
- Come	inver or recognits discused in a	aggi agasa as a 2007 dii Recipieri	a poureoudra aggre	yere enclosed(s) - Class										N/A	N/A	N/A	N/A	35 (A)	% (8)	\$ (C)	% (D)			
10-	Jause 28)						Norwich and Norfolk University	Norwich	Colney Lane,		NR4 7UY			0	Link to executive	0	250	0	0	0	0			3
100							Hospital University of Oxford	Oxford	Herley Board	1	03.901			0	Link to executive	0	541.67	0	0	0	0			54
							university of Oxford	uxford	mediley Noad		0.00 0.00				summary (G)				-	-	-			
							MDSAS	Manchester	5 Union Street		M12 4/D			0	Link to executive summary (G)	0	6500	0	0	0	0			6
4.000	gregate amount attributable to I	transfers of value to such Back	ients . Template P .	Jause 28 S						0	THER, NOT INCLUDE	D ABOVE - where	information cannot be	disclosed on an individ N/A	ul basis for legal reaso	Clouse 1.8 supple	mentory information	N/A	N/A	NZA	M/A			
Numi	mber of Recipients in aggregate	disclosure - Templote & Clouse	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
Num	mber of Recipients disclosed in a	aggregate as a % of all Recipien	ts (individual & aggre	gate disclosures) - Claus	ie 28.5									N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Table of Tacipients dickload in segregate as is 6 of 8 tracipients (includeal & geographic dicknown) - Check 23         Na         Na													ĉ											

	2024 ABPI Code Disclosure Template (updated September 2024)
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
NOTE 4:	Payments to health professionals (HCPs) as defined in Clause 1.9, healthcare organisations (HCOs) as
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 agr
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
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
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:	Transfers of value to a healthcare organisation or a third party organisation appointed by a healthcare

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

App.         App. <th< th=""><th>FullName</th><th>HCPs/ORDMs City of Principal Practice HCDs sity where registered</th><th>Country of Principal Possilier</th><th colspan="6">M<sup>4</sup> Principal Practice Address</th><th>Unique seurity Issai Identifier OPDONIL (New 3)</th><th>Galideendik Jahibi inikeler</th><th></th><th>Denations and Grants to PCD</th><th>•</th><th>(Cleaners 2016, 20)</th><th></th><th>Contracted (Deserv 3</th><th></th><th></th><th>Blank Column (Cloud</th><th>- 11</th></th<>	FullName	HCPs/ORDMs City of Principal Practice HCDs sity where registered	Country of Principal Possilier	M <sup>4</sup> Principal Practice Address						Unique seurity Issai Identifier OPDONIL (New 3)	Galideendik Jahibi inikeler		Denations and Grants to PCD	•	(Cleaners 2016, 20)		Contracted (Deserv 3			Blank Column (Cloud	- 11
	(Chase 21.)	(Closer 20)	(Closer 20)			(Dance 28)				(Date 28)	(Cinere )		(Causes 22.6.28)	Epomeenship agreemensis wilk BEEs /shind party organizations apposited by BEEs to manage an Eveni (Note M)	Regulation free	Travel & Accommodulies	Rees	Expension			tä Esturne Janue 3)
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NOTE 2:	'Clouse' 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 haibh professional: (RCP) as defined in Clause 13, haibhcare organizations (RCDs) as defined in Clause 1.8 and other relevant decision makers (DRDMs) as defined in Clause 1.13, has to be disclosed
NOTE A: (A)	Data relates to the column heading is registration fees
NOTE B: (B)	Data relates to the column heading is travel and accommodation
NOTE C: (C)	Data relates to column headine le contracted services
NOTE D: (D	Data relates to the column heading is related expenses agreed in the contracted services contract or agreement
NOTE E: (E)	Total £ disdosed as aggregate
NOTE F: (F)	Total number of individuals discissing in aggregate. WARNING: this is not necessarily a sum of columns V,W,X and Y as individuals night suppear in more than one category i.e. receive frees and expenses. The methodological note must make dear 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
	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 E for that individual
NOTE K: (K)	Total E for that HCO across all activities except R&D
NOTE L: (L)	Total percentage of individuals disclosing in aggregate
(M)	Sponnonhje to a havličkare organisation or a bind party organisation appointed by a havličkare organisation which is not related to exemti/metriags and which cannot be dividued alexentere on the template (i.e. is not considered to be a donation or grant or contracted service or related to colluborative working) should be included in this column and an explanation given in the methodological note

regulared external to definite the process but not to be published on detabase

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

									DISCLOSURE OF P	AYMENTS TO F	IEALTHCARE PROFESSIONALS (HCPs), OTHER 2021 ABPI CODE	RELEVANT DECISION M/ DF PRACTICE (Clause 28)		) AND HEALTH	ICARE ORGANISATIC	INS (HCOs)									Date of publicatio	n:	
				Full Name			HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice			Principal Practice Address				Unique country loca identifier OPTIONAL (Note 3)	Collaborat	ive Working	Donations and	c	Contribution to costs of Events (Cla uses 10 & 28)	i	Contractee (Clauses :			Blank Column <i>(Cl</i>	ause X)	
				( Clause 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			lank Column (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	Address Line 2	Post Code	Email	Local Register ID o Third Party Databas ID												
						•			IND	VIDUAL NAMED	DISCLOSURE - one line per HCP/ORDM (i.e. all trans	fers of value during a year for	an individual HCP	will be summed	up: itemization should b	e available for the individ	ual Recipient or public a	thorities' consultation	only, as appropriate)								
Dr	R	hona	ħ	Maclean	Haematology	Consultant Haematologist	Sheffield	England	Sheffield Teaching Hospitals NHS Foundation Trust		Roval Hallamshire Hospital	BroomHill	S10 2JF			N/A	N/A	N/A	N/A	0	0	1430	0				1430
Dr		latthew J				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
Dr Dr		icola J			Haematology		Aberdeen	Scotland	University of Aberdeen		King's College E Prescot Rd	Aberdeen	AB24 3FX			N/A N/A		N/A N/A	N/A N/A	0	0	750 440	0				750 440
W Dr		arv				Consultant Paediatric Haemotologist Centre Director	Liverpool Belfast	England Northern Ireland	Alder Hey Children's NHS Foundation Trust Belfast City Hospital		Lisburn Rd	Liverpool Belfast	L14 5AB BT9 7AB			N/A		N/A	N/A	0	0	1760	0				1760
B Dr		lison				Haematology Specialty Registrar	Sheffield	England	Sheffield Teaching Hospitals NHS Foundation Trust		Royal Hallamshire Hospital	BroomHill	S10 2JF			N/A	N/A	N/A	N/A	500	0	0	0				500
P Dr	N	1evish				Haematology Specialty Registrar	Leeds	England	The Leeds Teaching Hospitals NHS Trust		Beckett St		LS9 7TF			N/A	N/A	N/A	N/A	850	0	0	0				850
s Dr	c	harles	P			Consultant Haematologist	Birmingham	England	University Hospital Birmingham NHS Foundation Trust		Mindelsohn Way		B15 2GW			N/A	N/A	N/A	N/A	0	0	880	0				880
P Ms	A	pril hynn Thynn	J		Haematology Haematology	Nurse Specialist Consultant Haematologist	Newcastle	England	Royal Victoria Infirmary Royal Free Hospital		Queen Victoria Rd Pond St	Newcastle upon Tyne London	NE1 4LP NW3 20G			N/A N/A		N/A N/A	N/A N/A	0 Yearly amount	0 Yearly amount	600	0				600
Di		ilyini iliyini		ee	Haematology	Consultant naematologist	(condon	Lengiand	Thoyai Free Hospital			HER, NOT INCLUDED ABOVE -		on connot he disc	loced on an individual br		I N/A	N/A	N/A	rearly amount	rearry amount	250					230
0.00	regate amount	attributable to tra	ansfers of value to	such Recipients	Tomolato & Cla	20					0,	1121,1101111220020700012	where injointatio			N/A	N/A	N/A	N/A	Aggregate amount (A)	American to an entry (7)	A	(a)			_	(E)
Nur	nber of Recipier	atti ibutable to tra	lisclosure - Templa	te & Clause 28	remplote & clu	JUSE 20										N/A N/A		N/A N/A	N/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)				(E)
Nur	nber of Recipier	nts disclosed in age	gregate as a % of	all Recipients (in	dividual & aggreg	gate disclosures) - Clause 28										N/A	N/A	N/A	N/A	% (A)	% (B)	% (C)	% (D)				(L)
(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)
õ									[HCO 1, Payment 2]							Payment Amount	Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				(K)
Ŧ									[HCO 2, Payment 1]							Payment Amount	Link to executive	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				(K)
										-	OTHER, NOT INCLUDE	D ABOVE - where information	cannot be disclose	ed on an individu	al basis for legal reasons	Clause 1.8 supplement	ary information										
Agg	regate amount	attributable to tra	ansfers of value to	such Recipients	Template & Cla	ause 28.5										N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
Nur	nber of Recipier	nts in aggregate dis	lisclosure - Templo	nte & Clause 28.5												N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
Nur	nber of Recipier	nts disclosed in agg	gregate as a % of	all Recipients (in	lividual & aggreg	gate disclosures) - Clause 28.5										N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
													AGGREG	GATE DISCLOSUR	£									A			
search and velopment											Transfers of Value re: Researc	h & Development as defined	Clause 1.20										701	ITAL AMOUNT			N/A

2021 ABPI Code Disclosure Template (updated May 2021)

other relevant decision makers (ORDMs) as defined in Clause 1.13, has to be disclosed         NOTE A: (A)       Data relates to the column heading ic registration fees         NOTE B: (B)       Data relates to the column heading ic travel and accommodation         NOTE C: (C)       Data relates to the column heading ic related services         NOTE D: (D)       Data relates to the column heading in related expenses agreed in the contracted services contract or agreement         NOTE D: (D)       Data relates to the column heading in related expenses agreed in the contracted services contract or agreement         NOTE D: (C)       Data number of individuals disclosing in aggregate.         NOTE F: (F)       Total number of individuals disclosing in aggregate.         NOTE G: (G)       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE H: (H)       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE H: (H)       Total £ for that individual         NOTE L: (J)       Total £ for that HCO across all activities except R&D         NOTE K: (K)       Total £ for that HCO across all activities except R&D         NOTE K: (M)       Total £ for that HCO across all activities except R&D         NOTE K: (M)       Total £ for that HCO across all activities except R&D <t< th=""><th>NOTE 2:</th><th>'Clause' refers to the relevant Clause of the 2021 ABPI Code of Practice for the Pharmaceutical Industry</th></t<>	NOTE 2:	'Clause' refers to the relevant Clause of the 2021 ABPI Code of Practice for the Pharmaceutical Industry
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 the column heading ie registration fees         NOTE D: (D)       Data relates to the column heading ie contracted services         NOTE E: (E)       Total relates to the column heading in 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.         NOTE G: (G)       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE F: (F)       Total f. for that individual         NOTE G: (G)       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE H: (H)       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE K: (K)       Total £ for that individual         NOTE K: (K)       Total f for that individuals disclosing in aggregate         NOTE K: (K)       Total £ for that HCO across all activities except R&D         N		Unique ID would be an identifier from either Wilmington Healthcare or OneKey otherwise this should be left blank
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 disclose 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 disclose individually and some in aggregate         NOTE J: (J)       Total £ for that individual         NOTE L: (L)       Total £ for that HCO across all activities except R&O         NOTE L: (L)       Total percentage of individuals disclosing in aggregate         NOTE K: (K)       Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation gift	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 C: (C)         Data relates to column heading ic contracted services           NOTE D: (D)         Data relates to the column heading ic related expenses agreed in the contracted services contract or agreement           NOTE E: (E)         Total E 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 disclose individually and some in aggregate           NOTE E: (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 disclose individually and some in aggregate           NOTE H: (H)         The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate           NOTE L: (J)         Total £ for that individual           NOTE K: (K)         Total £ for that individuals disclosing in aggregate           NOTE K: (K)         Total a percentage of individuals disclosing in aggregate           NOTE K: (K)         Total a percentage of individuals disclosing in aggregate           NOTE K: (K)         Total a percentage of individuals disclosing in aggregate           NOTE K: (K)         Total a percentage of individuals disclosing in agg	NOTE A: (A)	Data relates to the column heading ie registration fees
NOTE D: [D]       Data relates to the column heading is 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 disclose 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 disclose individually and some in aggregate         NOTE H: [H]       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE H: [H]       Total £ for that individual         NOTE I: [J]       Total £ for that Individuals disclosing in aggregate         NOTE L: [L]       Total percentage of individuals disclosing in aggregate         NOTE L: [L]       Total percentage of individuals disclosing in aggregate         NOTE K: [K]       Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this c	NOTE B: (B)	Data relates to the column heading ie travel and accommodation
NOTE E: (E)       Total £ disclosed as aggregate         NOTE F: (F)       Total number of individuals disclosing in aggregate.         NOTE F: (F)       Total number of individuals disclosing in aggregate.         The methodological note must make clear the number of individuals who have agreed to some payments being disclose individualy and some in aggregate         NOTE G: (G)       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE H: (H)       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE H: (H)       Total £ for that individual         NOTE K: (K)       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 related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation gif	NOTE C: (C)	Data relates to column heading ie contracted services
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 disclose 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 disclose individually and some in aggregate         NOTE H: (H)       The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate         NOTE H: (H)       Total £ for that individual         NOTE K: (K)       Total £ for that individuals disclosing in aggregate         NOTE K: (K)       Total £ for that HCO across all activities except R&D         NOTE K:       Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation given and an explanation given to contracted service or related to collaborative working) should be included in this column and an explanation given and an explanation given and an explanation given and an explanation given and the collaborative working should be included in this column and an explanation given and an explanation given and an explanation given	NOTE D: (D)	Data relates to the column heading ie related expenses agreed in the contracted services contract or agreement
The methodological note must make clear the number of individuals who have agreed to some payments being disclose 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 disclose individually and some in aggregate         NOTE H: (H)       Total £ for that individual         NOTE L: (L)       Total £ for that HCO across all activities except R&D         NOTE L: (L)       Total percentage of individuals disclosing in aggregate         NOTE K: (K)       Sponsorship to a healthcare organisation or a third party organisation appointed by a healthcare organisation which is related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation gift	NOTE E: (E)	Total £ disclosed as aggregate
NOTE H: (H)         The methodological note must make clear the number of individuals who have agreed to some payments being disclose individually and some in aggregate           NOTE J: (J)         Total £ for that individual         NOTE X: (K)         Total £ for that individual         NOTE X: (K)           NOTE K: (K)         Total £ for that HCO across all activities except R&D         NOTE X: (K)         Total percentage of individuals disclosing in aggregate           NOTE K: (K)         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 related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation given and the collaborative working is should be included in this column and an explanation given and the collaborative working is should be included in this column and an explanation given and the collaborative working is should be included in this column and an explanation given and the included in this column and an explanation given and the explanation given given and the explanation given and the explanation given and the explanation given and the explanation give	NOTE F: (F)	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 J: (J)       Total £ for that individual         NOTE K: (K)       Total percentage of individuals disclosing in aggregate         NOTE K: (K)       Total percentage of individuals disclosing in aggregate         NOTE K: (K)       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 related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation gip	NOTE G: (G)	The link can be included here and/or in the methodological note
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 related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation git	NOTE H: (H)	
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 related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service or related to collaborative working is hould be included in this column and an explanation grant or contracted service orelated to collaborative working is hould be included in this co	NOTE J: (J)	Total £ for that individual
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(M) related to events/meetings and which cannot be disclosed elsewhere on the template (i.e. is not considered to be a dor grant or contracted service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working) should be included in this column and an explanation gibbo service or related to collaborative working).	NOTE L: (L)	Total percentage of individuals disclosing in aggregate
grant or contracted service or related to collaborative working) should be included in this column and an explanation gi	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

## 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 PR		Ps), OTHER RELEV ABPI CODE OF PR/			ID HEALTHCARE ORGA	NISATIONS (HCC	s)								Date of publication:	
					Full Name		HCPs/ORDMs: City of Principal Practice HCOs city where registered	Country of Principal		Principal Practice	Address			Unique country local identifier OPTIONAL (Note 3)		rative Working	Donations and	c	ontribution to costs of Event (Cla uses 10 & 28)	5	Contracte (Clauses			Blank Column <i>(Clouse X)</i>	TOTAL
					(Clause 28 )		(Clause 28)	(Clause 28)		(Clause 28,	1			(Clause 28)		udes Joint Working) ses 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)	IUIAL
	Title	First Name	Initial	Last Name	Speciality	Role	HCPs/ORDMs: City of Principal Practice HCOs: cil where registered	ty Country of Principal Practi	te Institution Name	Location A	ddress Line 1 Add	ess Line 2 Po	ost Code Email	Local Register ID or Third Party Database ID											
						-			INDIVIDUAL NAMED DISCLOSURE - one li	line per HCP/ORDM(	.e. all transfers of va	ue during a year fi	for an individual HCP will b	e summed up: itemization	should be available	for the individual Recipier	t or public authorities'	consultation only, as appropriate)							
	Dr	Thynn Thynn		Yee	Haematology	Consultant Haematologist	London	England	Royal Free Hospital		d St Londo					N/A			0	0	1620	0			1620
	Dr	Rezan		Abdulkadir Thachil	Obstetrics and Gynaecology Haematology	Consultant Obstetrician and Gynaecologist Consultant Haemotologist	London Manchester	England England	Royal Free Hospital Manchester Univerity NHS Foundation Trust		aunays Rd Crum				N/A N/A	N/A N/A	N/A N/A	N/A N/A	0	0	2250 2625	0	-		2250 2625
	Ms	Sheetal		Sumaria	Haematology	Senior Clinical Pharmacist	London	England	National Hospital for Neurology & Neurosurgery, London		een Square Londo		N 3BG		N/A		N/A N/A	N/A N/A	0	0	630	0			630
	Dr	Samuel			Haematology	Consultant Haemotologist	Bradford	England	Bradford Teaching Hospitals NHS Foundation Trust		kworth Ln Bradf				N/A	N/A	N/A	N/A	0	0	660	0	1		660
													VE - where information ca	nnot be disclosed on an ini	dividual basis for leg	al reasons									
	Aggregate ar	mount attributable	to transfers of v	lue to such Recipie	nts - Template & Clause 28										N/A	N/A	N/A	N/A	Aggregate amount (A)	Aggregate amount (B)	Aggregate amount (C)	Aggregate amount (D)			(E)
	Number of R	Recipients in aggreg	ate disclosure - 1	emplate & Clause 2	8										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)
M N	Number of R	Recipients disclosed	in aggregate as	% of all Recipients	(individual & aggregate disclosure	s) - Clause 28									N/A	N/A	N/A	N/A	% (A)	% (B)	% (C)	% (D)			(L)
DIVID														- T	1	_	-			1	1	1			
2	(Clause 28	B)							[HCO 1, Payment 1]						Payment Amour	t Link to executive summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
									[HCO 1, Payment 2]						Payment Amour	summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
									[HCO 2, Payment 1]						Payment Amour	summary (G)	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount			(K)
										OTHER, N	OT INCLUDED ABOVE	where informati	ion cannot be disclosed on	n an individual basis for leg			ition								
	Aggregate an	mount attributable	to transfers of v	lue to such Recipie	nts - Template & Clause 28.5										N/A		N/A	N/A	N/A	N/A	N/A	N/A			N/A
	Number of R	Recipients in aggreg Recipients disclosed	in aggregate as	% of all Recipients	8.5 (individual & aggregate disclosure	s) - 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
				,,									AGGREGATI	EDISCLOSURE			, MPR								
ų	t												AGGREGATE	L DIJUEU JURE											
AGGREGAT	Developm									Transfers of Valu	e re: Research & Dev	elopment as defir	ned Clause 1.20										TOTAL AMOUNT		N/A

## 2021 ABPI Code Disclosure Template (updated May 2021)

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
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NOTE E: (E)	Total £ disclosed as aggregate
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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

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

										DISC	LOSURE OF PAYN	IENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTH 2021 ABPI COD	IER RELEVANT DECISION MA DE OF PRACTICE ( Clause 28)		HEALTHCARE ORGANI	SATIONS (HCOs)									Date of publicatio	on:	
					Full Name			HCPs/ORDMs: City Principal Practice HI city where register	:Os: Country of Principa			Principal Practice Address			Unique country local identifier OPTIONAL (Note 3)	Collaborative (which includes J		Donations and Grants to HCOs		Contribution to costs of Even (Cla uses 10 & 28)	ts	Contractee (Clauses			Blank Column <i>(Ck</i>	ause X)	TOTAL
					( Clause 28	)		(Clause 28)	(Clause 28)			(Clause 28)			(Clause 28)	(Which includes J (Clauses 2)		(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			ank Column (Clause X)	IUIAL
		Title	First Name	Initial	Last Name	e Speciali	y Role	HCPs/ORDMs: City Principal Practice HCO: where registered	of : city Country of Principal Prac	ice Institution Name	Location	Address Line 1	Address Line 2 Post (	Code Email	Local Register ID or Third Party Database ID												
											INDIVIDUA	IL NAMED DISCLOSURE - one line per HCP/ORDM (i.e. all tran	nsfers of value during a year for a	n individual HCP will be	summed up: itemization sho	uld be available for the	e individual Recipient	t or public authorities'	consultation only, as appropriate)								
	SWO Dr	Th	ynn Thynn		Yee		y Consultant Haematolo		England	Royal Free Hospital		Pond St	London NW3 2Q			N/A N/A	N/A N/A	N/A	N/A N/A	0	0	805	0				805
	B Ms	Je	жо rah		Thachil Johns		y Consultant Haemotolo y Haemophilia Nurse Sp		England England	Manchester Univerity NHS Foundation True Cornwall Partnership NHS Foundation Trust		Delaunays Rd Carew House, Beacon Technology Park, Dunmere Rd	Crumpsall M8 5RB Bodmin PL31 2QI			N/A N/A		N/A N/A	N/A N/A	0	0	490	0	-			490
	and											(	OTHER, NOT INCLUDED ABOVE -		ot be disclosed on an indivi	dual basis for legal reas	isons								· · · · ·		
	Å Agg	regate amount a	ttributable to t	transfers of va	lue to such Recip	ients - Template	& Clause 28									N/A		N/A	N/A	Aggregate amount (A)	Aggregate amount (B)	Aggregate amount (C)	Aggregate amount (D)				(E)
	± Nur	nber of Recipien	ts in aggregate	disclosure - 7	emplate & Clause	28										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)
2	Nur	nber of Recipien	ts disclosed in a	aggregate as a	% of all Recipien	ts (individual & d	ggregate disclosures) · Cl	use 28								N/A	N/A	N/A	N/A	% (A)	% (B)	% (C)	% (D)				(L)
<u>B</u>											-	1			1 1					1						_	
NON	(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)
	õ									[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]						Payment Amount	Link to executive	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount	Payment Amount				(K)
												OTHER, NOT INCLUD	DED ABOVE - where information of	annot be disclosed on a	n individual basis for legal r	easons Clause 1.8 supp	oplementary informat	tion				·	· .				
	Agregate amount attributable to transformed and transformed attributable to transformed attransformed attributable to transformed attributable to t																N/A										
	Nur	nber of Recipien	ts in aggregate	disclosure - 1	emplate & Clause	28.5 to findividual 8 a	ggregate disclosures) - Cl	29.5								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
	Heur	noci oi necipien	a anacioseu in a	APPIESare 32 5	no oj un recipien		ygregate uisciusures) - Ch									N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	7													AGGREGATE	NSCLOSURE							,					
AGGREGATE	Developmer											Transfers of Value re: Resea	arch & Development as defined	Clause 1.20									70	DTAL AMOUNT			N/A

2021 ABPI Code Disclosure Template (updated May 2021)
Brackets below denict those which annear on the spreadsheet including format

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:	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
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
	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 a
	explanation given in the methodological note
	required
	ontional

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