PHARMIG CODE OF CONDUCT - GUIDANCE REGARDING ARTICLE 9 - STANDARDIZED DISCLOSURE TEMPLATE

DISCLOSURE TEMPLATE - ARTICLE 9 CoC (TRANSPARENCY) Reporting period (calendar year): Date of publication:														
	Full Name	Practice or business address			Where available: physician number commercial register number, association register number	Donations and Grants to HCOs	Contribution to costs of events (cf. Article 9.4a 1) (i), (ii) CoC and/or Article 9.4b 2) (i), (ii), (iii) CoC)			Fees for services and consultancy (cf. Article 9.4a 2) CoC and/or Article 9.4b 3) CoC)				
	(cf. Article 9.4 CoC)	(cf. Article 9.4 CoC)	(cf. Article 9.4 CoC)	(cf. Article 9.4 CoC)	(cf. Article 9.4 CoC)	(cf. Article 9.4b 1) CoC)	Support agreements with HCOs / third parties appointed by HCOs to manage an event	Registration fees	Travel & accomodation	Fees	Outlays		TOTAL Optional	
	INDIVIDUAL NAMED DISCLOSURE FOR HEALTHCARE PROFESSIONALS [one line per HCP, all transfers of value during a reporting period for an individual HCP will be summed up]													
	HCP 1					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
	HCP 2					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
R	etc.					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
HCP	AGGREGATE DISCLOSURE FOR HEALTHCARE PROFESSIONALS													
	Total amount				N/A	N/A	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount		Optional		
	Total number of recipients of transfers of value by subtype				N/A	N/A	Number	Number	Number	Number		Optional		
	% of total transfers of value to all HCP recipients by subtype				N/A	N/A	%	%	%	%		N/A		
	INDIVIDUAL NAMED DISCLOSURE FOR HEALTHCARE ORGANIZATIONS [one row per HCO, all transfers of value during a reporting period for an individual HCO will be summed up]													
	HCO 1					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
	HCO 2					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
HCOs	etc.					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount		Optional	
¥	AGGREGATE DISCLOSURE FOR HEALTHCARE ORGANIZATIONS													
	Total amount					Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount	Aggregate amount		Optional	
		Total number of recipients of transfers of value by subtype				Number	Number	Number	Number	Number	Number		Optional	
	% of total transfers of value to all HCO recipients by subtype					%	%	%	%	%	%		N/A	
& D	AGGREGATE DISCLOSURE FOR RESEARCH & DEVELOPMENT										Tarial			
R	Transfers of value re Research & Development, cf. Article 9.3a CoC												Total	
HCP = hea HCO = hea R&D = res	he rules referred to are those set out in the Pharmig Code of Conduct (CoC) CP = healthcare professional within the meaning of Article 2.2 CoC CO = healthcare establishments, organizations or institutions within the meaning of Article 2.2 CoC &D = research and development he reporting period is the calendar year													