

SCHEDULE2-TEMPLATE

Date of publication:30/06/2019

Full Name (Art 1.01)	HCPS: City of Principal Practice HCOs: city where registered (Art 3)	Country of Principal Practice (Schedule 1)	Principal Practice Address (Art 3)	Unique country identifier OPTIONAL (Art 3)	Donations and Grants to HCOs (Art 3.01.1.a)	Contribution to costs of Events (Art 3.01.1.b & 3.01.2.a)			Fee for service and consultancy (Art 3.01.1 c & 3.01.2.c)		TOTAL OPTIONAL
						Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract	
<i>INDIVIDUAL NAMED DISCLOSURE-one line per HCP(i.e. all transfers of value during a year for an individual HCP will be summed up:itemization should be available for the Individual Recipient or public authorities' consultation only, as appropriate)</i>											
<i>OTHER, NOT INCLUDED ABOVE-where information cannot be disclosed on an individual basis for Legal reasons</i>											
H C P S	Aggregate amount attributable to transfers of value to such Recipients - Art 3.02										
	Number of Recipients in aggregate disclosure - Art 3.02										
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art 3.02										

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Celsius healthcare	Tallinn	Estonia	Olevimägi 16			1333,25					1333,25
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AGGREGATE DISCLOSURE

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Transfers of Value re Research & Development as defined - Article 3.04 and schedule 1

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