

| DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs) | | | | | | | | | | | | | | | | | | | | Date of publication: | | | | | | | |
|---|--|---|-----------|------------|------|--|-------------------------------|---|----------|--|----------------|-----------|--------------|--|---|--|--|--|---|----------------------------|----------|---|-----------------------------------|-----------------------------------|-------|--|------|
| Full Name <i>(Clause 28)</i> | | | | | | HCPs/ORDMs: City of Principal Practice HCOs: city where registered <i>(Clause 28)</i> | | Country of Principal Practice <i>(Clause 28)</i> | | Principal Practice Address <i>(Clause 28)</i> | | | | | Unique country local identifier OPTIONAL (Note 3) <i>(Clause 28)</i> | Collaborative Working (which includes Joint Working) <i>(Clauses 20 & 28)</i> | | Donations and Grants to HCOs <i>(Clauses 23 & 28)</i> | Contribution to costs of Events <i>(Clauses 10 & 28)</i> | | | Contracted Services <i>(Clauses 24 & 28)</i> | | Blank Column <i>(Clause X)</i> | 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 or Third Party Database ID | | | Sponsorship agreements with HCOs / third party organisations appointed by HCOs to manage an Event (Note M) | Registration Fees | Travel & Accommodation | Fees | Expenses | | Blank Column <i>(Clause X)</i> | Blank Column <i>(Clause X)</i> | | | |
| INDIVIDUAL NAMED DISCLOSURE - one line per HCP/ORDM (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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDIVIDUAL | HCPs and ORDMs | [HCP1] | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [HCP2] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [HCP3] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [ORDM1] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | [ORDM2] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aggregate amount attributable to transfers of value to such Recipients - <i>Template & Clause 28</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Recipients in aggregate disclosure - <i>Template & Clause 28</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures) - <i>Clause 28</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDIVIDUAL | HCOs | <i>(Clause 28)</i> | | | | | | Irish Society Inherited Metabolic Disorders | Dublin 1 | Temple street children's hospital | Temple street | Dublin 1 | carth@met.ie | | | | | | | | | | | | | | 2170 |
| | OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons Clause 1.8 supplementary information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aggregate amount attributable to transfers of value to such Recipients - <i>Template & Clause 28.5</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Recipients in aggregate disclosure - <i>Template & Clause 28.5</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures) - <i>Clause 28.5</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE DISCLOSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | Research and Development | Transfers of Value re: Research & Development as defined <i>Clause 1.20</i> | | | | | | | | | | | | | | | | | | | | | 0 | | | | |