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 PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs) in Ireland

Date of publication: .....Jan 2025.....

		Full Name *(Clause 28)*						HCPs/ORDMs: City of Principal Practice HCOs: city where registered *(Clause 28)*	Country of Principal Practice *(Clause 28)*	Principal Practice Address *(Clause 28)*						Unique country local identifier OPTIONAL (Note 3) *(Clause 28)*	Collaborative Working (which includes Joint Working) *(Clauses 20 & 28)*	Donations and Grants to HCOs *(Clauses 23 & 28)*	Contribution to costs of Events *(Cla uses 10 & 28)*			Contracted Services *(Clauses 24 & 28)*			Blank Column *(Clause X)*		TOTAL
																			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)*	Blank Column *(Clause 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												
INDIVIDUAL	HCPs and ORDMs	***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)*																										
		Dr	Mark		Doherty	Oncology	Doctor		Ireland	St Vincents university	Dublin	Dublin 4		D04 T6F4	markdohertyoncology@vcpc.ie								EUR 875					875
		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 - *Template & **Clause 28***															N/A	N/A	N/A	N/A			*EUR 875*					875
		Number of Recipients in aggregate disclosure - *Template & **Clause 28***															N/A	N/A	N/A	N/A			*1*					(1)
		Number of Recipients disclosed in aggregate as a % *of all Recipients (individual & aggregate disclosures)* - ***Clause 28***															N/A	N/A	N/A	N/A			*50%*					(L)
	HCOs									Irish society for inherited metabolic disorders	Dublin 1	Templte street children's hospital	Temple street	Dublin 1	caritalbot@mater.ie					EUR 2500								2500
		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 - *Template & **Clause 28.5***															N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
		Number of Recipients in aggregate disclosure - *Template & **Clause 28.5***															N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
		Number of Recipients disclosed in aggregate as a % *of all Recipients (individual & aggregate disclosures)* - ***Clause 28.5***															N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
AGGREGATE	Research and Development	***AGGREGATE DISCLOSURE***																										
		Transfers of Value re: Research & Development as defined Clause 1.20																							*0*			