

DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs)															date of publication			
Title	First Name	Last Name	HCPs/ ORDMs: City of Principle Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address			Joint Working	Donations and Grants to HCOs and benefits in kind HCOs	Sponsorship agreement with HCOs/ third parties appointed by HCOs to manage an event	Contribution to costs of Events		Fee for service and consultancy		Blank Column	Blank Column	TOTAL OPTIONAL	
											Registration fees	Travel and Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract				
INDIVIDUAL NAME DISCLOSURE - one line per HCP/ORDM for all transfers of value during a year for an individual HCP will be summed (i.e. remuneration should be available for the individual recipient or public authority - consultation only as appropriate)																		
								N/A	N/A	N/A	N/A	Yearly Amount	Yearly Amount	Yearly Amount	Yearly Amount		Optional	
								N/A	N/A	N/A	N/A	Yearly Amount	Yearly Amount	Yearly Amount	Yearly Amount		Optional	
								N/A	N/A	N/A	N/A	Yearly Amount	Yearly Amount	Yearly Amount	Yearly Amount		Optional	
								N/A	N/A	N/A	N/A	Yearly Amount	Yearly Amount	Yearly Amount	Yearly Amount		Optional	
								N/A	N/A	N/A	N/A	Yearly Amount	Yearly Amount	Yearly Amount	Yearly Amount		Optional	
								N/A	N/A	N/A	N/A	Yearly Amount	Yearly Amount	Yearly Amount	Yearly Amount		Optional	
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								N/A	N/A	N/A	N/A	Aggregate Amount	Aggregate Amount	Aggregate Amount	Aggregate Amount		Optional	
Number of Recipients in aggregate disclosure								N/A	N/A	N/A	N/A	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs		Optional	
Number of Recipients disclosed in aggregate as a % of all Recipients								N/A	N/A	N/A	N/A	%	%	%	%		Optional	
Individual	HCOs				Malta Association of Physicians	Mater Dei Hospital, Triq Dun Karm, Msida, Malta	MSD 2090	Payment Amount	Link to Executive Summary	Payment Amount	Euro 500.00	Payment Amount	Payment Amount	Payment Amount	Payment Amount		Euro 500.00	
					Geriatric Medicine Society of Malta	St. Vincent de Paule Hospital, Ingiered Road, Luqa	LOA 3301	Payment Amount	Ditto	Payment Amount	Euro 500.00	Payment Amount	Payment Amount	Payment Amount	Payment Amount		Euro 500.00	
						Mater Dei Hospital, Triq Dun Karm, Msida, Malta												
					Maltese Cardiac Society	Malta	MSD 2090	Payment Amount	Ditto	Payment Amount	Euro 1000.00	Payment Amount	Payment Amount	Payment Amount	Payment Amount		Euro 1000.00	
		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								N/A	N/A	N/A	N/A	Aggregate Amount	Aggregate Amount	Aggregate Amount	Aggregate Amount		Optional	
Number of Recipients in aggregate disclosure								N/A	N/A	N/A	N/A	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs		Optional	
Number of Recipients disclosed in aggregate as a % of all Recipients								N/A	N/A	N/A	N/A	%	%	%	%		N/A	
AGGREGATE DISCLOSURE																		
Aggregate	Research and Development	Transfers of Value re Research and Development as defined														TOTAL AMOUNT		Optional