

COMPANY NAME: ASSOCIATED DRUG COMPANY LIMITED - O.B.O. ASTRAZENECA
 YEAR: 2020
 COUNTRY: MALTA
 DATE OF SUBMISSION TO CENTRAL PLATFORM: 11th March 2020

DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs)																date of publication			
Full 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		
Title	First Name	Last Name	HCPs/ ORDMs: City of Principle Practice HCOs: city where registered	Country of Principal Practice	Institution name	Address Line 1	Post Code				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 (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							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																	
									N/A	N/A	N/A	N/A	Aggregate Amount	Aggregate Amount	Aggregate Amount	Aggregate Amount			Optional
									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
									N/A	N/A	N/A	N/A	%	%	%	%			Optional
Individual	HCOs				Mater Dei Hospital, Triq Dun Karm, Msida, Malta	MSD 2090		Payment Amount	Ditto	Payment Amount	Euro 2000.00	Payment Amount	Payment Amount	Payment Amount	Payment Amount			Euro 2000.00	
		OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons																	
									N/A	N/A	Aggregate Amount	Aggregate Amount	Aggregate Amount	Aggregate Amount	Aggregate Amount	Aggregate Amount			Optional
									N/A	N/A	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs	Number of HCPs/ ORDMs			Optional
							N/A	N/A	%	%	%	%	%	%			N/A		
AGGREGATE DISCLOSURE																			
Aggregate	Research and Development	Transfers of Value re Research and Development as defined														TOTAL AMOUNT			Optional