

COMPANY NAME: ASSOCIATED DRUG COMPANY LIMITED - O.B.O. ASTRAZENECA
 YEAR: 2021
 COUNTRY: MALTA
 DATE OF SUBMISSION TO CENTRAL PLATFORM: 11th March 2021

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					
									Registration fees	Travel and Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract									
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														
INDIVIDUAL NAME DISCLOSURE - one line per HCP/ORDM if 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)																					
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				
									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												Optional
							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 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												Optional
									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	Number of HCPs/ ORDMs	Optional					
							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			