

ANNEX A - STANDARDISED DISCLOSURE TEMPLATE

Date of Publication: 30/06/2026

	Full Name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique Country Identifier <i>OPTIONAL</i>	Donations and Grants to HCOs	Contribution to the Cost of Events			Fee for Service and Consultancy		Total Optional
							Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract	
HCPs	INDIVIDUAL NAMED DISCLOSURE - one line per HCP (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)											
	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											
	Number of Recipients in aggregate disclosure											
HCOs	INDIVIDUAL NAMED DISCLOSURE - one line per HCO (i.e. all transfers of value during a year for an individual HCO will be summed up; itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)											
	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											
	Number of Recipients in aggregate disclosure											
R&D	AGGREGATE DISCLOSURE											
	Transfers of Value re Research & Development as defined in the EFPIA Code of Practice											
											12880.85	

*MC - Медицински специалист

*ZO - Здравна организация