

Data disclosure form SWEDISH ORPHAN BIOVITRUM 2021													
	Full name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique country identifier OPTIONAL	Donations and Grants to HCOs	Contribution to costs 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		
HSA [®]	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)												
	Ines Vaide	Tallinn	Estonia	J. Sütiste tee 19		0	400	1001.41	0	0		1401.41	
	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	0	0	0	0	0	0		0	
HCO [®]	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)												
	Estonian Hematology Society	Tartu	Estonia	c/o Mariken Ross Puusepa 8		8000	0	0	0	0		8000	
	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		0	0	0	0	0	0	0	0		0	
R&D	AGGREGATE DISCLOSURE												
	Transfers of Value re Research & Development as defined											1800	
												1800	