						TEMPLATE						
										Date of	publication	1:17/05/20
Full name (article 2)	HCPs: City of Principal Practice HCOs: city of practice (registered address) (article 9)	Country of principal practice (article 1)	Principal practice address (e.g. clinic/office/ healthcare unit/department) (article 9)	OPTIONAL	Donations to HCOs (article 9)	Contribution to costs of events (article 9)				and consultancy cle 9)		TOTAL
						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 and accommodation		OPTIONAL
INDIVIDUAL NAME	ED DISCLOSURE-one	Line per HCP (i.e.	. all transfers of	value during a ye		ual HCP will be sun nly, as appropriat		n should be availa	ble for the indiv	idual Recipient or	public authoritie	s' consultat
haderi erntsson, Shala	UPPSALA				1			1				
		Sweden	Sjukhusvägen		N/A	N/A	N/A	N/A	491,60			49
illert, Jan	HUDDINGE	Sweden Sweden	Sjukhusvägen Hälsovägen		N/A N/A	N/A N/A	N/A N/A	N/A N/A	491,60 495,70			
Hillert, Jan Särnhult, Tore	HUDDINGE KUNGSBACKA											49
-		Sweden Sweden	Hälsovägen Borgmästaregatan	where information	N/A N/A	N/A N/A	N/A N/A	N/A N/A	495,70 384,48			49
ärnhult, Tore	KUNGSBACKA	Sweden Sweden	Hälsovägen Borgmästaregatan 5 E		N/A N/A	N/A N/A	N/A N/A	N/A N/A	495,70 384,48			4
ärnhult, Tore	KUNGSBACKA attributable to tr	Sweden Sweden	Hälsovägen Borgmästaregatan 5 E Dt included above -		N/A N/A n cannot be discla	N/A N/A Dised on an individu	N/A N/A al basis with reg	N/A N/A ard to the General	495,70 384,48			4

Full name (article 2)	HCPs: City of Principal Practice HCOs: city of practice (registered address)	Country of principal practice (article 1)	Principal practice address (e.g. clinic/office/ healthcare unit/department)	Unique identifyer - OPTIONAL (article 9)	Donations to HCOs (article 9)	Contrib	oution to costs of (article 9)	events		and consultancy icle 9)		TOTAL OPTIONAL
	(article 9)		(article 9)			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 and accommodation		
INDIVIDUAL NAME	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)									s' consultation		
Amra Medico	HISINGS BACKA	Sweden					N/A	N/A	482,05			482,05
Feedback Medical Consult MB AB	STOCKHOLM	Sweden					N/A	N/A	961,20			961,20
H JL Neuro AB	GÖTEBORG	Sweden	Föreningsgatan 2				N/A	N/A	495,70			495,70
S	oTHER, not included above - where information cannot be discLosed per HCO for Legal reasons											
Aggregate amount	Aggregate amount attributable to transfers of value to such Recipients - article 10			N/A	N/A	N/A	N/A					
Number of Recipie	Number of Recipients				N/A	N/A	N/A	N/A				
% of total number of recipients of individual HCOs - article 10				N/A	N/A	N/A	N/A				N/A	

N/A = Not applicable

Note: N/A = Not Applicable			
	AGGREGATE DISCLOSURE		
R & D	Transfers of value re Research & Development (as defined)(article 12 and article 1)	9974,00	3310,73