

STANDARDISED DISCLOSURE TEMPLATE										Date of publication: 30 June 2025			
	Full name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique country local identifier (optional)	Donations and grants to HCOs	Contribution to costs of Events			Fee for Services and consultancy			TOTAL Optional
							Sponsorship agreements with HCOs /Third Parties appointed by HCOs to manage 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 ToV to such Recipients					N/A	N/A	Aggr. HCPs	Aggr. HCPs	Aggr. HCPs	Aggr. HCPs		Optional
	Number of Recipients in aggregate disclosure					N/A	N/A	number	number	number	number		Optional
	% of the number of Recipients included in the aggregate disclosure in the total number, by category, of Recipients disclosed					N/A	N/A	%	%	%	%		N/A
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)												
	Irish Society Rheumatology	Dublin		ISR Secretariat Mespil House,Sussex Road, Dublin 4			€2273						€2273
	OTHER, NOT INCLUDED ABOVE – where information cannot be disclosed on an individual basis for legal reasons												
	Aggregate amount attributable to ToV to such Recipient					Aggr. HCOs	Aggr. HCOs	Aggr. HCOs	Aggr. HCOs	Aggr. HCOs	Aggr. HCOs		Optional
	Number of Recipients in aggregate disclosure					number	number	number	number	number	number		Optional
	% of the number of Recipients included in the aggregate disclosure in the total number, by category, of Recipients disclosed					%	%	%	%	%	%		N/A
AGGREGATE DISCLOSURE													
Research & Development		Transfers of Value for Research & Development										TOTAL	OPTIONAL

