

Transparency Declaration

Disclosure of Payments Made by Chugai Across Europe in 2024

Published June 2025

Chugai Pharma Europe Ltd.

Introduction and Background

Chugai Pharma Europe Ltd and Chugai Pharmaceutical Co. Ltd, Japan disclose all relevant transfers of value to Healthcare Professionals (HCPs) and Healthcare Organisations (HCOs) made in the European Union in accordance with the EFPIA Disclosure Code¹ and the relevant local Codes of Practice and/or local legal requirements, and also in accordance with Data Protection regulations (including but not limited to the General Data Protection Regulation (GDPR) (EU) 2016/679 and local legislation)².

The move towards greater transparency is part of a Europe-wide initiative designed to bring clarity and transparency to the manner in which the research based pharmaceutical industry and the healthcare community collaborate, which ultimately have been shown to benefit patient care. The HCP offers invaluable expertise on disease management and plays an important part in informing the pharmaceutical industry's efforts to improve patient care and treatment – both critical to improving health outcomes. It's important that these interactions meet the highest standard of integrity that patients, governments, regulatory bodies, other stakeholders and the media expect. Our goal is to assure the public that such relationships do not influence clinical decisions and that they can trust their HCP to recommend treatment, or administer appropriate care based solely on clinical evidence and experience.

Chugai Pharma Europe Ltd and Chugai Pharmaceutical Co. Ltd, Japan support the initiative by The European Federation of Pharmaceutical Industries and Associations (EFPIA) (<u>https://www.efpia.eu/</u>) and has taken the decision to disclose all transfers of value in keeping with the EFPIA Code on Disclosure on Transfers of Value to Pharmaceutical Companies to HCPs and HCOs (<u>https://www.efpia.eu/relationshipscode/disclosure-of-payments/</u>) for both direct and indirect payments made across the European Union from any part of the Chugai corporation. Furthermore, some payments will be disclosed by Chugai Pharma Europe to other European countries not within the European Union.

The local payments in those countries where there is a Chugai affiliate business then these are disclosed via central platforms in France, Germany and the UK respectively in accordance with local Code requirements:

- Chugai Pharma UK disclose in accordance with both The Association of British Pharmaceutical Industry (ABPI)³ and the Irish Pharmaceutical Healthcare Association (IPHA)⁴ as the company undertakes marketing activities in both Member States.
- Chugai Pharma France disclose in accordance with Loi Bertrand via the website Transparence Sante ⁵.
- Chugai Pharma Germany disclose in accordance with the Code of Conduct of the members of Verein Arzneimittel und Kooperation im Gesundheitswesen e.V. ("AKG")⁶.
- Chugai Pharmaceutical Co. Ltd, Japan discloses in accordance with The Japan Pharmaceutical Manufacturers Association (JPMA) Code of Practice⁷.
- Payments made in the United States are disclose in accordance with The Physician Financial Transparency Report ('Sunshine Act') managed by Genentech⁸.

Chugai Pharma Europe Ltd and Chugai Pharmaceutical Co. Ltd, Japan have also taken the initiative to disclose all transfers of value relating to those HCPs and HCOs who are registered to practice in European countries where there is no Chugai office or marketing activities. Direct payments take place where an HCP has provided consultative support with regards to product development in order to give a better understanding of local treatment and regulatory needs. For these engagements there is a contract containing clearly defined consultative role in content, context and format and any payment would be strictly controlled through standard Fair Market Value limitations⁹. Such engagements would include attendance to advisory boards meetings or speaking at a company-sponsored event. Indirect payments take place during the research and development phase where responsibility for managing a clinical trial has been outsourced to a Clinical Research Organisation (CRO). The CRO are responsible for making these payments, and Chugai is responsible for ensuring such indirect payments are disclosed accurately. Payments relating to research and development are to be disclosed in an aggregated form in accordance with EFPIA requirements:

- Research and Development ToV. Research and Development ToVs in each Reporting Period must be disclosed by each Member Company on an aggregate basis.
- Costs related to Events that are clearly related to activities covered in this section can be included in the aggregate amount under the "Research and Development Transfers of Value" category.

Payments relating to activities that do not fit the criteria of research and development are disclosed at an individual level. Payments made by Chugai Pharma Europe Ltd and Chugai Pharmaceutical Co. Japan will also be made in the non-R&D setting where a therapy area specialist may be invited to provide advice at an advisory board or attend a company-sponsored event as a speaker.

In most EU Member States explicit consent is a fundamental requirement in order to disclose at a named individual level which captures payments relating to:

- the contribution of costs related to events (e.g. travel, accommodation) and includes sponsorship
- fees for service and consultancy.

Chugai upholds and works according to The General Data Protection Regulation 2016/679 (GDPR). Where explicit consent is not given then the transfer of value will be disclosed in an aggregated form.

Chugai encourages all transfers of value to be disclosed in a form that is transparent and will disclose according to the requirements of each Member State.

Payments made to Healthcare Organisations are all disclosed at a named institutional level.

The disclosed payments are in local currency where possible. The information given relates to payments made in the financial year Jan 1st 2024 to Dec 31st 2024 and relates to the dates of payments rather than event dates.

The EFPIA Code requires disclosure in the country where the Recipient has its principal practice. All Transfers of Value to a given recipient will be disclosed in the country where this principal practice is located.

The EFPIA Code states that each Member Company will decide how to organise its disclosures, either at a central or local level, unless the national code fixes the platform of disclosure. However, disclosure should conform to the national code requirements and relevant disclosures should be publicly accessible in the country where the Recipient has their practice. If a Member Company is not resident or does not have a subsidiary or an affiliate in the country where the Recipient has their principal practice, the Member Company should disclose the Transfer of Value in a manner consistent with the national code of the country where the Recipient has their practice. This information will be publicly available for 3 (three) years and stored for a minimum of 5 (five) years. Chugai does not support partial disclosure. Chugai supports these initiatives and will adhere to the relevant Codes of Practice.

This is a progressive initiative with the objective for Chugai to disclose all transfers of value in a format which is in accordance with local requirements (using the standard template).

Chugai is not a direct member of EFPIA and does not have a business office in every country so is not required to disclose in every country. Chugai is doing so in the spirit of transparency.

Please note that currency conversion rates may result in disclosed figures being slightly different. To discuss anything further please contact <u>disclosure@chugai-pharm.co.uk</u>

Healthcare Compliance Lead Chugai Pharma Europe Ltd

References:

- EFPIA Code on Disclosure on Transfers of Value to Pharmaceutical Companies to Healthcare Professionals and Healthcare Organisations

 (https://www.efpia.eu/relationships-code/disclosure-of-payments/)
- 2. <u>https://eur-lex.europa.eu/legal-</u> content/EN/TXT/?uri=CELEX%3A32016R0679&qid=1719343340075
- 3. www.abpi.org.uk/reputation/disclosure-uk/
- 4. www.transferofvalue.ie/
- 5. <u>https://www.transparence.sante.gouv.fr/pages/accueil/</u>
- 6. <u>https://www.ak-gesundheitswesen.de/?cn-reloaded=1</u>
- 7. <u>https://www.jpma.or.jp/english/index.html</u>
- 8. <u>https://www.gene.com/</u>
- 9. <u>https://www.efpia.eu/relationships-code/national-codes/</u>

Payments Made in 2024

Payments were made to Healthcare Professionals and/or Healthcare Organisations in the below countries.

Click on the 'COUNTRY NAME' to access the disclosed payment details.

Click on 'Methodological notes' for full details of Chugai's disclosure methodology.

European Member States where Payments were made in 2024	Link to Chugai's methodological notes
Austria	
Belgium	
Czech Republic	Methodological notes
Denmark	
Italy	
<u>Netherlands</u>	
Norway	
Poland	
Romania	
<u>Spain</u>	
Sweden	
Switzerland	

Austria

		DISCLOSU	DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs) 2024 ABPI CODE OF PRACTICE (Clause 28) Full Name HCPs/ORDMs: City of Principal Practice HCOs: city where registered Contry of Principal Practice HCOs: city Principal Practice HCOs: city Where registered Contry of Principal Practice HCOs: city Principal Practice HCOs: city Principal Practice Contry of Principal Practice HCOs: city Principal Practice Contry of Principal Practice Contry of Principal Practice Contry of Principal Practice Contry of Principal Practice Principal Practice Contry of Principal Practice Contry of Principal Principal Practice Contry of Principal Principal Principal Contry of Principal Principal Contry of Principal Principal Contry of Principal Principal Contry of Principal Principal Contry of Principal Contry of Prin															Date of p	ublication: 30	0.06.2025			
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Czech Republic

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Italy

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Netherlands

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				Full	Name			HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice		Pr	incipal Pra	ctice Address		Unique country local identifier OPTIONAL (Note 3)	Wo	orking	Donation s and Grants to	Contribution (Clause				ed Services 5 24 & 28)		Blank ((Clau	olumn se X)	
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	ORDMs				INL	DIVIDUAL NAI	MED DISCLO	SURE - one line per	HCP/ORDN	1 (i.e. all trai									ndividual Recipient or ns	public auth	orities' cons	ultation onl	y, as approp	riate)			
	P	Aggregate	amount at	tributable	to transfer	s of value to	such Recipie	ents - Template & O	lause 28							N/A	N/A	N/A	N/A	0	0	0	0				0
	HCPs		city where registered Principal Practice OPFIONAL (Note 3) OPFIONAL (Note 3) Donation structure 1 Collaborative Working (Which Include 3) Donation frame 1 Sponsorship agreements with HCOS (Clusses 20 & 28) Collaborative Working (Clusses 20 & 28) Donation frame 1 Sponsorship agreements with HCOS (Clusses 20 & 28) Travel & A frame 1 Free States 2 Collaborative Working (Clusses 20 & 28) Donation frame 1 Collaborative Working (Clusses 20 & 28) Donation frame 1 Sponsorship agreements with HCOS (Clusses 2) Sponsorship agreements with HCOS (Clusses 2) Sponsorship agreements with HCOS (Clusses 2) Collaborative Working (Clusses 20 & 28) Travel & A frame 1 Address Address 2 Post Code 1 Local Register 1 Doration frame 1 Post Code 1 Local Register 1 Doration frame 1 Post Code 1 <td></td> <td></td> <td></td> <td>0</td>																	0							
AL	¥	Number of	Recipients	disclosed	in aggrega	te as a % of a	all Recipient	ts (individual & ag	gregate disc	losures) - (Clause 28					N/A	N/A	N/A	N/A	0	0	0%	0				0%
MIDU		(Clause 2	Q)																		T						
QNI	ŔĊŎ	(Clube 2	<u> </u>						OTHEF	, NOT INCLU	IDED ABOV	E - where inj	formation canno	ot be disclosed on	an individual basis	for legal re	asons Claus	e 1.8 supple	ementary information				<u> </u>]		
	-	Aggregate	amount at	tributable	to transfer	s of value to	such Recipie	ents - Template &	Clause 28.5							N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
		Number of	Recipients	in aggrega	ate disclosi	ure - Templa	te & Clause	28.5								N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
		Number of	Recipients	disclosed	in aggrega	te as a % of a	all Recipient	ts (individual & ag	gregate disc	losures) -	Clause 28.	5				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	nd													AGGREGATI	E DISCLOSURE												
AGGREGATE	Research a Developme									Tra	ansfers of V	/alue re: Re	search & Devel	opment as define	ed Clause 1.20									426.00			426.00

Norway

						DISC	LOSURE OI	F PAYMENTS TO	HEALTHO	ARE PROFES				ANT DECI:		KERS (ORDMs) A	ND HEAL	THCARE O	RGANISA	TIONS (HCOs)					1	Date of pu	ublication: 30	0.06.2025
				Full I	Name			HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice		Prin	icipal Pract	ice Addre	ss		Unique country local identifier OPTIONAL (Note 3)	Wo	orative	Donatio ns and Grants	Contribution to (Clause:	o costs of E s 10 & 28)	vents	Ser	racted vices s 24 & 28)			Column Ise X)	
				(Clau	se 28)			(Clause 28)	(Clause 28)			(Clause	28)			(Clause 28)	Joint V	includes Vorking) ; 20 & 28)	to HCOs (Clauses 23 & 28)	Sponsorship agreements with HCOs / third party organisations appointed by HCOs to manage an Event (Note M)	Registrat	Travel & Accomm odation	Fees	Expenses		Blank Column (Clause X)	Blank Column (Clause X)	TOTAL
		Title	First Name	Initial	Last Name	Speciality	Role	HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Institution Name	Location	Address Line 1	Address Line 2	Post Code	Email	Local Register ID or Third Party Database ID												
	ORDMs			•	IND	IVIDUAL NA	MED DISCLO	DSURE - one line p	er HCP/OR	DM (i.e. all tro						e summed up: item nnot be disclosed o				ne individual Recipient	or public au	thorities' co	nsultation	only, as app	propriate)			
	and o	Aggregate	amount at	tributable	to transfe	rs of value to	o such Recip	ients - Template	& Clause 21	8				,, <u>, .</u> ,,,,,,			N/A	N/A	N/A	N/A	0	0	0	0				0
	HCPs					ure - Templa											N/A	N/A	N/A	N/A	0	0	0	0				0
۲¥ -	-	Number of	Recipients	disclosed	in aggrega	ate as a % of	all Recipie	nts (individual &	aggregate	disclosures) ·	Clause 28						N/A	N/A	N/A	N/A	0%	0%	0%	0%				0%
		(Clause 2	8)																									
Z	NCOS								OTi	HER, NOT INCL	UDED ABOV	Æ - where in	formation	cannot be di	sclosed on	an individual basi	s for legal	reasons Cla	ause 1.8 sup	oplementary information	on					,		
		Aggregate	amount at	tributable	to transfer	rs of value to	o such Recip	ients - Template	& Clause 2	8.5							N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
						ure - Templ						_					N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1			N/A
		Number of	Recipients	disclosed	in aggrega	ite as a % of	all Recipie	nts (individual &	aggregate	disclosures)	- Clause 28	.5					N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
щ	and ent													AG	GREGATI	E DISCLOSURE									·			
AGGREGAT	Research a Developm									Tra	nsfers of Va	alue re: Res	earch & De	velopment	as defined	d Clause 1.20									44,748.36			44,748.36

Poland

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					Full N	lame				HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Cou O Prine Prac	pal		Principa	l Practice A	ddress			Unique country local identifier OPTIONAL (Note 3)	١	laborative Norking	Donation s and Grants to		o costs of E 5 10 & 28)	vents		ted Services 25 24 & 28)		Blank Colu		
					(Claus	ie 28)				(Clause 28)	(Cla 28			l	'Clause 28)				(Clause 28)	` v	includes Joint Vorking) ses 20 & 28)	HCOs (Clauses 23 & 28)	Sponsorship agreements with HCOs / third party organisations appointed by HCOs to manage an Event (Note M)	Registrati on Fees	Travel & Accommo dation	Fees	Expenses		Blank Column (Clause X)	Blank Column (Clause X)	TOTAL
		Title	First Na	ime li	nitial	Last Nan	ne Specia	ality	Role	HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Coun Print Prac	pal Institut Nam		on Addr Line			ost Code	Email	Local Register ID or Third Party Database ID												
	ORDMs						INDIV	VIDUAL N	AMED E	NSCLOSURE - one li	ne per H	CP/ORDM (i.e							summed up: item ot be disclosed or		hould be availab vidual basis for li	le for the in	dividual Recipient or pub	lic authoritie	s' consultatio	on only, as c	appropriate)				
		Aggregate	amount a	attributa	able to t	ransfers o	f value to	such Re	ipients	- Template & Claus	e 28						iere ingesin	acon cann		N/A		N/A	N/A	0	0	7,000.00	272.96				7,272.96
		Number of																		N/A	N/A	N/A	N/A	0	0	1	1				1
¥	ž	Number of	Recipien	ts disclo	osed in a	ggregate	as a % of a	all Recip	ients (ir	idividual & aggreg	te disc	osures) - Cl	use 28	-	-		-		·	N/A	N/A	N/A	N/A	0%	0%	100%	100%				100%
N		(Clause 2	8)																												
gN	Ю	10.0002	~									OTHER, NO	T INCLUDED	ABOVE - w	here informa	tion car	nnot be disc	closed on a	n individual basis	for lega	l reasons Clause	1.8 supple	mentary information	1	I	<u>I</u>	1				
	1	Aggregate	amount	attributa	able to t	ransfers o	f value to	such Re	ipients	- Template & Clau	e 28.5									N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
		Number of																		N/A		N/A	N/A	N/A	N/A	N/A	N/A				N/A
		Number of	Recipien	ts disclo	osed in a	ggregate	as a % of a	all Recip	ients (ir	dividual & aggreg	te disc	osures) - Cl	use 28.5							N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	u ti					_			_	1							AGU	GREGATE L	DISCLOSURE												
AGGREGATE	Research a Developme												Transfer	s of Value r	e: Research	& Deve	lopment as	s defined C	Clause 1.20									о			0

Romania

						DISCLOS	JRE OF PA	AYMENTS TO HEA	LTHCARE I	PROFESSIO			ER RELEVA E OF PRAC			KERS (ORDMs)	AND HEA	LTHCARE C	ORGANISA	ATIONS (HCOs)						Date of	publication:	30.06.2025
				Ful	l Name			HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice		Pri	ncipal Prac	ctice Addre	ss		Unique country local identifier OPTIONAL (Note 3)	Wo	oorative orking	Donatio ns and Grants	Contribution to (Clauses	costs of 10 & 28)	Events	Sen	racted vices 5 24 & 28)		Blank (<i>(Clau</i>		
			(Clause 28) Image: Clause 28 and Clause 28 Image: Clause 28															Expense s		Blank Column (Clause X)	Blank Column (Clause X)	TOTAL						
		Title	First Name	Initial	Last Name	Speciality	Role	HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Institutio n Name	Location	Address Line 1	Address Line 2	Post Code	Email	Local Register ID or Third Party Database ID												
	ORDMs				INDI	VIDUAL NAM	D DISCLO	SURE - one line per H	CP/ORDM							be summed up: it annot be disclosed				r the individual Recipie reasons	nt or publ	ic authoritie	s' consulta	ation only, o	as appropriate)			
	and	Aggregate	amount a	ttributable	e to transfe	ers of value to	such Reci	pients - Template &	Clause 28								N/A	N/A	N/A	N/A	0	0	0	0				0
	HCPs					sure - Templa						_					N/A	N/A	N/A	N/A	0	0	0	0				0
IM	-	Number o	Recipient	s disclose	d in aggreg	ate as a % of	all Recipie	ents (individual & a	ggregate di	sclosures)	- Clause 2	8					N/A	N/A	N/A	N/A	0%	0%	0%	0%		_		0%
		(Clause 2	28)																									
N	HCOS		,						OTHER,	NOT INCLU	DED ABOVI	E - where in	formation c	annot be	disclosed o	on an individual b	asis for leg	al reasons	Clause 1.8	supplementary inform	ation							
		Aggregate	amount a	ttributable	e to transfe	ers of value to	such Reci	pients - Template &	Clause 28.	5							N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
						sure - Templa											N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
		Number o	f Recipient	s disclose	d in aggreg	ate as a % of	all Recipie	ents (individual & a	ggregate di	sclosures)	- Clause 2	8.5					N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
۳	and ent														IGGREGA	TE DISCLOSURE												
AGGREGAT	Research Developm									Transfe	ers of Valu	e re: Resea	arch & Deve	lopment	as defined	Clause 1.20									40,449.40			40,449.40

Spain

							DISCLO	DSURE OF PAYME	NTS TO HEA	LTHCARE P	ROFESSION			EVANT DEC		ERS (ORDMs) A	ND HEALTH	CARE ORG	ANISATION	S (HCOs)						Date of p	ublication: 30	9.06.2025
				Full N	lame			HCPs/ORDMs: City of Principal Practice HCOs: city where registered			F	Principal Pra	ctice Addre	55		Unique country local identifier OPTIONAL (Note 3)	Collaborativ (which incl		Donations and Grants to		ion to costs lauses 10 & .			ed Services s 24 & 28)		Blank Colun	nn <i>(Clause X)</i>	
				(Claus	e 28)			(Clause 28)	(Clause 28)			(Claus	se 28)			(Clause 28)	Work (Clauses 2	king)	HCOs (Clauses 23 & 28)	Sponsorship agreements with HCOs / third party organisations appointed by HCOs to manage an Event (Note M)	Registratio n Fees	Travel & Accommodation	Fees	Expenses		Blank Column (Clause X)	Blank Column (Clause X)	TOTAL
	Title	First Na	me li	nitial	Last Name	Speciality	Role	HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Institution Name	Location	Address Line 1	Address Line 2	Post Code	Email	Local Register ID or Third Party Database ID												
ORDMs						IN	DIVIDUAL N	AMED DISCLOSURE	one line per	HCP/ORDM						be summed up: it nnot be disclosed		ould be avail dual basis fo		ndividual Recipient or p	ublic authori	ties' consultation only	, as appropri	ate)				
[Aggregate a	amount a	tributab	le to tran	sfers of val	ue to such Re	cipients - Te	mplate & Clause 28			Ŭ	inci, no i i					N/A	N/A	N/A	N/A	0	0	6,816.67	11,164.54				17,981.2
						mplate & Cla											N/A	N/A	N/A	N/A	0	0	2	2				2
ĭ ≖	Number of	Recipient	disclos	ed in agg	regate as a	% of all Recip	pients (indiv	idual & aggregate o	isclosures) ·	Clause 28							N/A	N/A	N/A	N/A	0%	0%	100%	100%				100%
	(Clause 28	3)																										
Z Ö¥										OTHER,	NOT INCLUDE	D ABOVE - w	here informa	ition cannot b	e disclosed or	n an individual b	asis for legal i	reasons Clau	use 1.8 suppl	ementary information								
	Aggregate a	amount a	tributab	le to trar	nsfers of val	ue to such Re	cipients - Te	emplate & Clause 28	8.5								N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
						mplate & Cla											N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	Number of	Recipient	disclos	ed in agg	regate as a	% of all Recip	pients (indiv	idual & aggregate o	isclosures) ·	Clause 28.	5						N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
and ent															AGGREGAT	E DISCLOSURE												
AGGREGAT Research a Developm											Transfer	s of Value re	Research 8	Developmen	t as defined (Clause 1.20									200.00			200.00

Sweden

						DISC	LOSURE O	F PAYMENTS TO	HEALTHC	ARE PROF			OTHER RE CODE OF)Ms) AND	HEALTHO	CARE ORG	GANISATIONS (HCOs)						Date of pu	blication: 30	0.06.2025
				Ful	Name				Country of Principal Practice		Prir	ncipal Prac	tice Addre	:55		Unique country local identifier OPTIONAL (Note 3)	Collabo	king	Donatio ns and Grants	Contributio (Clau	n to costs ises 10 & .			ted Services 25 24 & 28)		Blank C (Clau		
			Image: Series of the series																Blank Column (Clause X)	Blank Column (Clause X)	TOTAL							
		Title	First Name	Initial	Last Name	Speciality	Role		Country of Principal Practice	Institutio n Name	Location	Address Line 1	Address Line 2	Post Code	Email	Local Register ID or Third Party Database ID												
	ORDMs		•		IN	DIVIDUAL NA	MED DISCL	OSURE - one line pe	r HCP/ORI	DM (i.e. all						vill be summed u n cannot be disc				ble for the individual Reci	pient or pu	blic authorities' consu	ltation onl	ly, as approp	riate)			
	P	Aggregate	amount a	ttributable	e to transfe	rs of value to	such Recip	ients - Template &	Clause 28		O MEN,	, 1107 11102		e where	njonnado	n connoc be uise	N/A	N/A	N/A	N/A	0	0	0	0				0
						ure - Templa						-					N/A	N/A	N/A	N/A	0	0	0	0	1			0
INAL		Number o	f Recipient	s disclose	d in aggreg	ate as a % of	all Recipie	nts (individual & a	ggregate d	isclosures)	- Clause 2	28					N/A	N/A	N/A	N/A	0%	0%	0%	0%				0%
DIVIC		(Clause 2	28)																									
Z	HCOS								OTH	IER, NOT IN	CLUDED ABO	OVE - wher	e informati	on cannot	be disclose	d on an individu	al basis for	r legal reas	ons Claus	e 1.8 supplementary info	rmation							
		Aggregate	amount a	ttributable	e to transfe	rs of value to	such Recip	ients - Template 8	Clause 28	.5							N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
						ure - Templa					0						N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
		Number o	r kecipient	s disclose	d in aggreg	ate as a % of	ан кестрте	nts (individual & a	ggregate d	isciosures)	- Clause 2	28.5					N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	p ti_														AGGREU	GATE DISCLOS	IRE											
AGGREGATE	Research ar Developme										Transfers o	of Value re	: Research	& Develop	oment as d	efined Clause 1	20								22,451.47			22,451.47

Switzerland

	DISCLOSURE OF PAYMENTS TO HEALTHCARE PROFESSIONALS (HCPs), OTHER RELEVANT DECISION MAKERS (ORDMs) AND HEALTHCARE ORGANISATIONS (HCOs) 2024 ABPI CODE OF PRACTICE (Clause 28)															Date of publication: 30		.06.2025			
	Full Name	HCPs/ORDMs: City of Principal Practice HCOs: city where registered		cipal Principal Practice Address					Unique country local identifier OPTIONAL (Note 3)	Collaborative Working (which includes Joint Working) (Clauses 20 & 28)			Contribution to costs of Events (Clauses 10 & 28)			Contracted Services (Clauses 24 & 28)			Blank Column <i>(Clause</i> <i>X)</i>		
	(Clause 28)	(Clause 28)	(Clause 28)	c (Clause 28)				(Clause 28)	Sponsorship agreements with HCOs / third party organisations appointed by HCOs to manage an Event (Note M)				Registrati on Fees	Travel & Accommodation	Fees	Expenses		Blank Column <i>(Clause X)</i>	Blank Column (Clause X)	TOTAL	
	Title First Name Initial Last Name Speciality Role	HCPs/ORDMs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Institution Name	Address Line 1	Address Line 2	Post Code	Email	Local Register ID or Third Party Database ID												
RDMs	INDIVIDUAL NAMED DISCLOSURE - one line per HCP/ORDM (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 leaal reasons																				
Ĩ	Aggregate amount attributable to transfers of value to such Recipients - Template & Clause 28									N/A	N/A	N/A	N/A	0	0	0.00	0				0.00
Ę	Number of Recipients in aggregate disclosure - Template & Clause 28									N/A	N/A	N/A	N/A	0	0	0	0				0
¥ -	Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures) - Clause 28									N/A	N/A	N/A	N/A	0	0	0%	0				0%
1 E	NORVIDUALNAMED DISCLOSURE - one line per HCO (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																				
<u>Q</u>	Sponsorship fee for the ECTRIMS 2024	Basel	Switzerlan	Reinacherstrasse 131, B	asel								83,100.00								83,100.00
ĘĊ																					
	Aggregate amount attributable to transfers of value to such Recipients - Template & Clause 28.5									N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	Number of Recipients in aggregate disclosure - Template & Clause 28.5 Number of Recipients disclosed in aggregate as a % of all Recipients (individual & aggregate disclosures) - Clause 28.5									N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
	Number of Recipients disclosed in aggregate as a % of all Recipients (indi	vidual & aggregat	e disclosures) - Clause 28.5						N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A
und ent	AGGREGATE DISCLOSURE																				
AGGREGAT Research a Developme	Transfers of Value re: Research & Development as defined Clause 1.20														o			0.00			