	SCHEDULE 2 - TEMPLATE															
	-	-			_								C	Date of publicati	on: 20.06.2017	
	Full Name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique country identifier OPTIONAL	Contribution to costs of Events (Art. 3.01.1.b & 3.01.2.a)				Fee for service and consultancy (Art. 3.01.1.c & 3.01.2.c)		Other				
	(Art. 1.01)	(Art. 3)	(Schedule 1)	(Art. 3)	(Art. 3)	Donations and Grants to HCOs (Art. 3.01.1.a)	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	Uncategorised	Joint Working (UK Only)		TOTAL OPTIONAL	
		INDIVI	DUAL NAMED DISCL	LOSURE - one line j	per HCP (i.e. all transfe	ers of value during a y	year for an individual H	ICP will be summed u	p: itemization should i	be available for the inc	dividual Recipient or p	ublic authorities' cons	sultation only, as appro	opriate)	•	
	Dr A					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount					
	Dr B					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount					
	etc.					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount					
HCPs					OTHER, NO	TINCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons										
	Aggregate amount	attributable to transf	ers of value to such	Recipients - Art. 3.0	02	0.00	0.00	0.00	0.00	4 981.27	516.60	0.00	0.00		5 497.87	
	Number of Recipie	nts in aggregate disc	losure - Art. 3.02			0	0	0	0	1	1	0	0		Optional	
	% of the number of disclosed - Art. 3.0		l in the aggreate disc	closure in the total r	number of Recipients	N/A	N/A	N/A	N/A	50 %	4 %	N/A	N/A		N/A	
	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)															
	HCO 1					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount				Optional	
	HCO 2					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount				Optional	
(0)	etc.					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount				Optional	
нсоѕ					OTHER, NO	T INCLUDED ABO	OVE - where inform	mation cannot be	disclosed on an ir	ndividual basis for	legal reasons					
-	Aggregate amount	attributable to transf	ers of value to such	Recipients - Art. 3.0)2	15 000.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00		15 000.02	
	Number of Recipie	nts in aggregate disc	losure - Art. 3.02			1	0	0	0	0	0	0	0		Optional	
		of Recipients included		closure in the total r	number of Recipients	100 %	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	

AGGREGATE DISCLOSURE

R &D

Transfers of Value re Research & Development as defined - Article 3.04 and Schedule 1

				SCHED	OULE 2 - TEMPLATI	E							_		
	Full Name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique country identifier OPTIONAL		Contribution to costs of Events (Art. 3.01.1.b & 3.01.2.a)			Fee for service and consultancy (Art. 3.01.1.c & 3.01.2.c)		Other		ate of publication	on: 20.06.2017
	(Art. 1.01)	(Art. 3)	(Schedule 1)	(Art. 3)	(Art. 3)	Donations and Grants to HCOs (Art. 3.01.1.a)	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event		Travel & Accommodation	Related expenses agreed in the fee for service or consultancy Fees contract, including travel & accommodation relevant to the contract		r Joint Working (LIK			TOTAL OPTIONAL
s Anasta			1	e. all transfers of value during a year for an individu			1	1			e)	0.00	0.00		6,400,00
	esisykepleiernes Landsgruppe Av Norsk Sykepleieforbund Alnsf			P.O. Box 456 Postboks 8100	(blank) (blank)	0.00		0.00	0.00	0.00	0.00				6 499.99 11 700.01
	Stavanger HF univ.sykehus Nefroseksjon 3 B - medisinsk k Nyremedisinsk Forening		,		(blank)	0.00			0.00	0.00	0.00 0.00				17 500.00
	Thoraxkirurgisk Forening			Akersgata St. Olavs Hospital Hf	(blank)	0.00		0.00	0.00	0.00	0.00				5 000.03
	aggruppe For Nyresykepleiere			Sykepleiernes Hus, Tollbugt. 22	(blank)	0.00		0.00	0.00	0.00	0.00				7 300.02
	niversitetssykehus Ullevål Akuttklinikken - traumatologi			Kirkeveien 166	(blank)	0.00			0.00	0.00	0.00		0.00		15 000.02
Grand			Norway	0	(~~~~~)	0.00			0.00	0.00	0.00		0.00		63 000.07
0			Norway	0		0.00		0.00	0.00	0.00	0.00		0.00		0.00
0		0	Norway	0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00

					SCHI	EDULE 2 - TEN	/IPLATE							20.06.2017
	Full Name	HCPs: City of Principal Practice HCOs: city where registered		f Principal Practice Address	Unique country identifier OPTIONAL		Contribution to costs of Events (Art. 3.01.1.b & 3.01.2.a)				d consultancy (Art. & 3.01.2.c)	Other	Pate of publication	on: 20.06.2017
	(Art. 1.01)	(Art. 3)	(Schedule 1)	(Art. 3)	(Art. 3)	Donations and Grants to HCOs (Art. 3.01.1.a)	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event		Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract			TOTAL OPTIONAL
		INDIVIDUAL I	NAMED DI	SCLOSURE - one line per HCP (i.e. all transfers of value du	ring a year for an indiv	idual HCP will be sun	nmed up: itemization sl	hould be available for t	he individual Recipient	or public authorities'	consultation only, as a	ppropriate)		
Ps	Anne Catrine Nyberg	KRISTIANSAND S	Norway	Egsveien 100	WNOM00018225	0.00	0.00	0.00	0.00	0.00	7 375.48	0.00		7 375.48
НС	Espen Eivind Lindholm	TØNSBERG	Norway	Postboks 2168 Postterminalen	WNOM00016009	0.00	0.00	0.00	0.00	7 000.00	1 694.98	0.00		8 694.98
	Helga Gudmundsdottir	OSLO	Norway	Kirkeveien 166	WNOM00010398	0.00	0.00	0.00	0.00	0.00	7 089.53	0.00		7 089.53
	Inger Lægreid	TRONDHEIM	Norway	Postboks 3250 Sluppen	WNOM00014560	0.00	0.00	0.00	0.00	0.00	10 306.52	0.00		10 306.52
	Maria Radtke	TRONDHEIM	Norway	Postboks 3250 Sluppen	WNOM00021799	0.00	0.00	0.00	0.00	0.00	10 306.52	0.00		10 306.52
	Stig Arne Kjellevold	TØNSBERG	Norway	Postboks 2168 Postterminalen	WNOM00013105	0.00	0.00	0.00	0.00	0.00	5 978.35	0.00		5 978.35
	Grand Total	0	Norway	0		0.00	0.00	0.00	0.00	7 000.00	42 751.38	0.00		49 751.38
	0	0	Norway	0		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00