Spreadsheet
item 7.2 – item 7.2.3

	Full name *(item 7.1.1)*	**Health Care Professionals (HCP):** place (city), where health care professional carries out practical activities, his/her principal place of professional activity **Health Care Organizations (HCO):** place of registration *(item 7.3)*	Country of the principal place of activity *(item 1.2)*	Legal address of the activity principal location *(item 7.3)*	Unique identification number *OPTIONAL* *(item 7.3)*	Donations and grants in favor of Health Care Organizations *(item 7.3.2)*	Expenses related with the activities *(item 7.3.2)*			Payments for services and consulting *(item 7.3.2 and 7.3.3)*			**TOTAL AMOUNT, RUB** *OPTIONAL*
							Sponsorship agreements with Health Care Organizations or with third parties involved in organizing an event	Registration fees	Travel expenses and accommodation	Payments for services and consulting	Costs related with the service and consulting contract , including travel and accommodation costs set out in the contract		
HEALTH CARE PROFESSIONALS (HCP)	*INDIVIDUAL DISCLOSURE IN ORDER OF IDENTIFICATION OF EACH RECIPIENT - separate line per each HCP (i.e., all transmission of values in favor of each HCP during the year, will be summarized: If necessary, details should be available to each recipient or only to public authorities)*												
	OTHER, NOT LISTED ABOVE - if the information can not be disclosed on an individual basis legitimately												
	Total amount relating to the value transmission in favor of such recipients (HCP) *- item 7.3.4*	not applicable	not applicable	*Total amount (in favor pf HCP)*	*Total amount (in favor pf HCP)*	*Total amount (in favor pf HCP)*	*Total amount (in favor pf HCP)*						*Optional*
					3 088 296	*11 021 449*							*14 109 745*
	Number of recipients (name list if necessary) - item 7.3.4	not applicable	not applicable	not applicable	not applicable	198	not applicable						*198*
	Percentage % of the total value transmissions in favor of each individual HCP *- item 7.3.4*	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable						not applicable
HEALTH CARE ORGANIZATIONS (HCO)	*INDIVIDUAL DISCLOSURE IN ORDER OF IDENTIFICATION OF EACH RECIPIENT - separate line per each HCO (i.e., all transmission of values in favor of each HCO during the year, will be summarized: If necessary, details should be available to each recipient or only to public authorities)*												
	OTHER, NOT LISTED ABOVE - if the information can not be disclosed on an individual basis legitimately												
	Total amount relating to the value transmission in favor of such recipients (HCO) – item *7.3.4*	*Total amount (in favor of HCO)*	*Total amount (in favor of HCO)*	*Total amount (in favor of HCO)*	*Total amount (in favor of HCO)*	*Total amount (in favor of HCO)*	*Total amount (in favor of HCO)*						*Optional*
		not applicable											*0*
	Number of recipients (name list if necessary) - item 7.3.4	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable						not applicable
	Percentage % of the total value transmissions in favor of each individual HCO *- item 7.3.4*		%	%	%	%	%						not applicable
Research and development	***GENERAL DISCLOSURE***												
	Transmission of values in connection with research and development												*0*