

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	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
		Health Care Organizations (HCO): place of registration (item 7.3)					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	

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

HEALTH CARE PROFESSIONALS (HCP)	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 of HCP)	Total amount (in favor of HCP)	Total amount (in favor of HCP)	Total amount (in favor of HCP)		Optional
					12 100 683	1 810 511			13 911 194
	Number of recipients (name list if necessary) - item 7.3.4	not applicable	not applicable	not applicable	157	not applicable	not applicable		157
	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

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

HEALTH CARE ORGANIZATIONS (HCO)	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	830 000				46 629 785		47 459 785
	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

GENERAL DISCLOSURE

Research and development	Transmission of values in connection with research and development								3 107 023