ABPI CODE OF PRACTICE 2021 OPTIONAL DISCLOSURE TEMPLATE FOR PATIENT ORGANISATIONS (POs) AND THE PUBLIC

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	LAST UPDATED 16052023			Com	panies must include a no	ote of methodologies used in	preparing the discl	osures				
	1. Annual Disclosure of Support Provided to Patient Organisations and Contracted Services Provided by Individuals Representing Patients Organisations											
	Patient Organisation Name (add additional table for each Patient Organisation)			Types of the Support or Services Provided	Monetary Value of Financial Support and of Invoiced costs	Description of Support ¹	Non-monetary Benefit for PO ²	Optional Indication of Patient Organisation's Total Income and/or the Company's Support as a Percentage	Fees for Services/ Expenses			
			Grants add a line for each Grant Sponsorship of Meetings add a line for each sponsorship Other Sponsorships add a line for each sponsorship				Not applicable		Not applicable			
			Non-financial support	Donations add a line for each donation								
			Contracted services (Fees and expenses should be disclosed separately)	Fees Out of pocket/ expenses	Not applicable		Not applicable					
	2. Annual Disclosure of Contracted Services Provide by The Public											
	Number of Members of the Public / Journalists Contracted	Country	Con	stracted Services Provided		Description of Support ¹			Total Fees for Services/ Expenses			
			Contracted services (Fees and expenses should be disclosed separately) add a line for each different service provided	Fees Out of pocket expenses	- -							
Members of the Public	75	75 UK Market		£0.75 per person for fees		15 minute Online desk research			£ 56.2			
	1	UK	Fee	£200.00		Participation in Besins Healthcare Focus Group (ITN filming)		Not applicable	£ 200.00			
	1	UK	Expenses	£14.25	Not applicable	Participation in Besins Healthcare Focus Group (ITN filming)	Not applicable		£ 14.2			
Patients			Contracted services (Fees and expenses should be disclosed separately)	Fees								
			add a line for each different service provided	Out of pocket expenses								
Journalists			Contracted services (Fees and expenses should be disclosed separately)	Fees								
Journalists			add a line for each different service provided	Out of pocket expenses								

^{1.} Add a clear description which is sufficiently complete to enable the reader to understand the nature of each support or services provided

2. For example, employee hours or company's facilities offered to support a Patient Organisation activity

AST UPDATED 251120		Compan	ies must	includ	e a note	of method	dologie	es used i	n preparing th	e disclosures	
	Patient Organisation Name	Country	Types of the Support or Services Provided								
			Financial Support			Non-financial support	Contracted services (Fees and expenses should be disclosed separately)				
			Grants add a line for each Grant	Sponsorship of Meetings add a line for each sponsorship	Other Sponsorships add a line for each sponsorship	Donations add a line for each donation	Fees	Out of pocket/ expenses	Non-monetary Benefit for PO ²	Optional Indication of Patient Organisation's Total Income and/or the Company's Support as a Percentage	Description of Services
Patient Organisation (add additional table for each Patient Organisation)											
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	Description of Services ¹ Add additional lines as required						N/A	N/A	N/A	N/A	
embers of the	Description of Services ¹ Add additional lines as required						N/A	N/A	N/A	N/A	
Public	Aggregate amount attributable to transfers of value to such Recipients								N/A	N/A	N/A
	Number of Recipients in aggregate disclosure								N/A	N/A	N/A
Patients	Description of Services ¹ Add additional lines as required						N/A	N/A	N/A	N/A	
	Description of Services ¹ Add additional lines as required						N/A	N/A	N/A	N/A	
	Aggregate amount attributable to transfers of value to such Recipients								N/A	N/A	N/A
	Number of Recipients in aggregate disclosure								N/A	N/A	N/A
Journalists	Description of S	Description of Services ¹ Add additional lines as required					N/A	N/A	N/A	N/A	
	Description of Services ¹ Add additional lines as required					N/A	N/A	N/A	N/A		
	Aggregate amount attributable to transfers of value to such Recipients								N/A	N/A	N/A
	Number of Recipients in aggregate disclosure								N/A	N/A	N/A