| 2025 | ALIUD | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **DISCLOSURE TEMPLATE OF VALUES 01.01.2025 - 31.12.2025** | | | | | | | | | | |
| | **One line per HCP/ Event (where consent is provided)** | | | | | | | | | |
| | **Full Name** | **City of Principal Practice** | **Country of Principal Practice** | **Principal Practice Address** | **Unique Identifier (when relevant)** | **Contribution to Costs for Meetings & Hospitality, Educationnal Support and Site Visits** | | **Fees for Services and Consultancy** | | |
| | | | | | | **Registration Fees** | **Travel & Accommodation Fees** | **Type of Services** | **Paid** | **Paid (incl. VAT)** |
| **HCP 's** | not applicable in 2025 | | | | | | | | | |
| | **Total Amount:** | | | | | | | | | |
| | | | | | | | | | | |
| | **Name of the Event** | **number of HCP's** | **Country of Principal Practice** | **Place of the Event** | | **Registration Fees** | **Travel & Accommodation Fees** | | | |
| | not applicable in 2025 | | | | | | | | | |
| **HCO's** | **Name of the HCO+ Name of event** | **HCOs: city where registered** | **Country** | **Adress of HCO** | **Nature of ToV** | **Description of the nature** | **Description of the Purpose** | | **Paid** | |
| | not applicable in 2025 | | | | | | | | | |
| | **Total amount:** | | | | | | | | | |
| **PO's** | **Name of the Patient Orgnaisation** | **City where registered** | **Country** | **Adress** | **Nature of ToV** | **Description of the nature** | **Description of the Purpose** | | **Paid** | |
| | not applicable in 2025 | | | | | | | | | |