

DISCLOSURE TEMPLATE

Time of disclosure:

	(Surname, first name) Full Name (124 §)	Main place of business and/or place of registration: City (124 §)	Main place of business and/or place of registration: Country (124 §)	Main place of business and/or place of registration: Address (124 §)	Unique identifier: Not in Use in Finland	Donations and grants to healthcare organisations (125 §/1.a)	Contributions to event costs (125 §/1.b)			Service and consultancy fees (125 §/1.c)			TOTAL OPTIONAL
							Through healthcare organisations or third parties	Registration fees	Travel and accommodation expenses	Fees	Other expenses related to service and consultancy agreements, including travel and accommodation expenses		
INDIVIDUAL DISCLOSURE - one row/healthcare professional (i.e. all financial benefits in one year for one recipient are added up; individual euro amounts can be provided to the recipient and/or the authority on request)													
Healthcare Professionals	Meri, Seppo	Vantaa	Finland	N/A	None	None	None	€ -	€ -	€ 6,000.00	€ -		€ 6,000.00
SUMMARY DISCLOSURE - (when for legal reasons the information cannot be disclosed at individual level)													
Total amount of financial benefits for recipients - 126 §						None	None	Annual total	Annual total	Annual total	Annual total		Optional
Number of Recipients - 126 §						None	None						Optional
What percentage of all recipients did not give their consent to disclosure?						None	None	%	%	%	%		None
INDIVIDUAL DISCLOSURE - one row/healthcare organisation (i.e. all financial benefits in one year for one recipient are added up; individual euro amounts can be provided to the recipient and/or the authority on request)													
Healthcare organisations	Organization 1				None	Annual total	Annual total	Annual total	Annual total	Annual total	Annual total		Optional
	Organization 2				None	Annual total	Annual total	Annual total	Annual total	Annual total	Annual total		Optional
	etc.				None	Annual total	Annual total	Annual total	Annual total	Annual total	Annual total		Optional
SUMMARY DISCLOSURE - (when for legal reasons the information cannot be disclosed at individual level)													
Total amount of financial benefits for recipients - 126 §						Annual total	Annual total	Annual total	Annual total	Annual total	Annual total		Optional
Number of Recipients - 126 §													Optional
What percentage of all recipients did not give their consent to disclosure?						%	%	%	%	%	%		None
R&D	SUMMARY DISCLOSURE												
	Financial benefits related to research and development must be disclosed in summary form as total amounts (§ 128)											TOTAL	Optional