					SCHE	DULE2-TEMPLA	ATE					
										Date of	publication	1:30/06/202
Full Name (Art 1.01)	HCPs: City of Principal Practice HCOs: city where registered (Art 3)	Country of Principal Practice (Schedule 1)	Principal Practice Address (Art 3)	Unique country identifier OPTIONAL (Art 3)	Donations and Grants to HCOs (Art 3.01.1.a)		oution to costs of t 3.01.1.b & 3.01			and consultancy c & 3.01.2.c)		TOTAL
						Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract		OPTIONAL
INDIVIDUAL NA	MED DISCLOSURE-one	line per HCP(i.e.	all transfers of	value during a yed		al HCP will be sum nly, as appropriat		n should be availa	able for the Indiv	idual Recipient or	public authoritie	s consultation
Emilija Dashtevska	Skopje	NORTH MACEDONIA	University Eye Clinic, Str.Mother Tereza 17						10,665			10,6
Maja Dimitrova	Skopje	NORTH MACEDONIA	European Eye Hospital, Str.Sremski front 1						10,665			10,6
			OTHER, M	NOT INCLUDED ABOVE	-where information	cannot be disclos	ed on an individu	al basis for lega	l reasons			
Aggregate amount attributable to transfers of value to such Recipients - Art 3.02												
Number of Recipients in aggregate disclosure - Art 3.02												
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art 3.02												

Full Name  (Art 1.01)	HCPs: City of Principal Practice HCOs: city where registered (Art 3)	Country of Principal Practice (Schedule 1)	Principal Practice Address (Art 3)	Unique country identifier OPTIONAL (Art 3)	Donations and Grants to HCOs (Art 3.01.1.a)	Contribution to costs of Events (Art 3.01.1.b & 3.01.2.a)			Fee for service and consultancy (Art 3.01.1 c & 3.01.2.c)			TOTAL
						Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract		OPTIONAL
INDIVIDUAL NAME	INDIVIDUAL NAMED DISCLOSURE-one line per HCO(i.e. all transfers of value during a year for an individual HCO will be summed up:itemization should be available for the Individual Recipient or public authorities consultation only, as appropriate)											
Institute for Public Health of the Republic of North Macedonia	Skopje	NORTH MACEDONIA	50-TA DIVIZIJA 6		2,858,630							2,858,630
New ways of travel (Association of ophthalmologists)	Skopje	NORTH MACEDONIA	Blv. Kliment Ohridski No 30		77,562	40,238						117,800
OTHER, NOT INCLUDED ABOVE-where information cannot be disclosed on an individual basis for legal reasons												
Aggregate amount	Aggregate amount attributable to transfers of value to such Recipients - Art 3.02											
Number of Recipie	Number of Recipients in aggregate disclosure - Art 3.02											
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art 3.02											

	AGGREGATE DISCLOSURE	
8 D	Transfers of Value re Research & Development as defined - Article 3.04 and schedule 1	2,997,760