					SCHE	DULE2-TEMPLA	NTE					
Date of publication:29/09/2023												
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 NAM	INDIVIDUAL NAMED DISCLOSURE-one line per HCP(i.e. all transfers of value during a year for an individual HCP will be summed up:itemization should be available for the Individual Recipient or public authorities' consultation only, as appropriate)											
	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								7,232,556			7,232,556
H Number of Recipi	Number of Recipients in aggregate disclosure - Art 3.02								211			
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art 3.02									100			

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)				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 NA	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 OF PUBLIC HEALTH OF REPUBLIC OF NORTH MACEDONIA	Skopje	NORTH MACEDONIA	ul. 50-ta Divizija, 6		2,858,630							2,858,630
Ministry of health, Republic of North Macedonia	Skopje	NORTH MACEDONIA	ul. 50-ta Divizija, 14		25,825							25,825
H C O S Fharmacy Chamber of Macedonia	Skopje	NORTH MACEDONIA	ul. 50-ta Divizija, 34				12,300					12,300
			OTHER, N	OT INCLUDED ABOVE	-where information	cannot be disclos	ed on an individu	al basis for legal	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												

	AGGREGATE DISCLOSURE	
8 D	R 3 D Transfers of Value re Research & Development as defined - Article 3.04 and schedule 1	10,129,311