	SCHEDULE2-TEMPLATE												
	Date of publication:30/06/2023												
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)		bution 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 NAM	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	ble for the Indiv	idual Recipient or	public authoritie	s' consultation	
			OTHER, N	OT INCLUDED ABOVE	-where information	cannot be disclo	sed on an individu	al basis for legal	. reasons				
Aggregate amount	Aggregate amount attributable to transfers of value to such Recipients - Art 3.02						874,601	316,920	6,382,407	322,687		7,896,615	
H Number of Recipi	Number of Recipients in aggregate disclosure - Art 3.02						103	16	179	38			
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art 3.02						100	100	100	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)	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 N	AMED DISCLOSURE-or	ne line per HCO(i.	e. all transfers o	f value during a y	year for an indivi	dual HCO will be s	ummed up:itemizat	ion should be avai	lable for the Ind	ividual Recipient	ies' consultation , as appropriate)
Association for Hematology of Macedonia (part of Macedonian Medical Association Skopje	Skopje	NORTH MACEDONIA	Dame Gruev 2-3		150,000						150,000
Macedonian Pharmaceutical Association Skopje	Skopje	NORTH MACEDONIA	Marshal Tito str, 13b/-8			153,868					153,868
Macedonian Society Of H Allergy And Clinical Immunology (part of Macedonian Medical Association) Skopje	Skopje	NORTH MACEDONIA	Dame Gruev 2-3			399,135					399,135
National Society Of Cardiology of North Macedonia	Skopje	NORTH MACEDONIA	Vodnjanska str, 17			62,000					62,000
Phoenix Pharma DOOEL Skopje	Skopje	NORTH MACEDONIA	Jadranska highway, 31			123,400					123,400

Red Cross of Republic of North Macedonia	Skopje	NORTH MACEDONIA	bul.Koco Racin, 13		154,632							154,632
	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 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	
R & D	Transfers of Value re Research & Development as defined - Article 3.04 and schedule 1	8,939,650