

	Full name  <i>(item 7.1.1)</i>	Health Care Professionals (HCP): place (city), where health care professional carries out practical activities, his/her principal place of professional activity	Country of the principal place of activity  <i>(item 1.2)</i>	Legal address of the activity principal location  <i>(item 7.3)</i>	Unique identification number  <i>OPTIONAL</i>  <i>(item 7.3)</i>	Donations and grants in favor of Health Care Organizations  <i>(item 7.3.2)</i>	Expenses related with the activities <i>(item 7.3.2)</i>			Payments for services and consulting <i>(item 7.3.2 and 7.3.3)</i>		TOTAL AMOUNT, RUB  <i>OPTIONAL</i>
		Health Care Organizations (HCO): place of registration  <i>(item 7.3)</i>					Sponsorship agreements with Health Care Organizations or with third parties involved in organizing an event	Registration fees	Travel expenses and accommodation	Payments for services and consulting	Costs related with the service and consulting contract, including travel and accommodation costs set out in the contract	

HEALTH CARE PROFESSIONALS (HCP)	INDIVIDUAL DISCLOSURE IN ORDER OF IDENTIFICATION OF EACH RECIPIENT - separate line per each HCP (i.e., all transmission of values in favor of each HCP during the year, will be summarized: If necessary, details should be available to each recipient or only to public authorities)									
	OTHER, NOT LISTED ABOVE - If the information can not be disclosed on an individual basis legitimately									
	Total amount relating to the value transmission in favor of such recipients (HCP) - item 7.3.4	not applicable	not applicable	Total amount (in favor of HCP)	Total amount (in favor of HCP)	Total amount (in favor of HCP)	Total amount (in favor of HCP)		Optional	
						15.676.747	9.762.189		25.438.936	
	Number of recipients (name list if necessary) - item 7.3.4	not applicable	not applicable	number	number	number	number		0	
					0	257	225		482	
Percentage % of the total value transmissions in favor of each individual HCP - item 7.3.4	not applicable	not applicable	%	%	%	%		not applicable		
					100	100				
HEALTH CARE ORGANIZATIONS (HCO)	INDIVIDUAL DISCLOSURE IN ORDER OF IDENTIFICATION OF EACH RECIPIENT - separate line per each HCO (i.e., all transmission of values in favor of each HCO during the year, will be summarized: If necessary, details should be available to each recipient or only to public authorities)									
	OTHER, NOT LISTED ABOVE - If the information can not be disclosed on an individual basis legitimately									
	Total amount relating to the value transmission in favor of such recipients (HCO) – item 7.3.4	Total amount	Total amount (in favor of HCO)	Total amount	Total amount (in favor of HCO)	Total amount (in favor of HCO)	Total amount (in favor of HCO)		Optional	
		41.319		195.000					236.319	
	Number of recipients (name list if necessary) - item 7.3.4	3	number	3	number	number	number		6	
Percentage % of the total value transmissions in favor of each individual HCO - item 7.3.4	100	%	100	%	%	%		not applicable		

Research and development	GENERAL DISCLOSURE							
	Transmission of values in connection with research and development							396.698