2021	ALIUD PHARMA GMBH								
DISCLOSURE TEMPLATE OF VALUES 01.01.2021 - 31.12.2021									
	One line per HCP/ Event (where consent is provided)								
HCP`s	**Full Name**	**City of Principal Practice**	**Country of Principal Practice**	**Principal Practice Address**	**Unique Identifier (when relevant)**	**Contribution to Costs for Meetings & Hospitality, Educationnal Support and Site Visits**		**Fees for Services and Consultancy**	
						Registration Fees	**Travel & Accommodation Fees**	**Type of Services**	**Paid**
	Wedler, Michael	Bad Sachsa	Germany	Schulstr. 7, 37441 Bad Sachsa				Advisory	2.120,06 €
	Dathe, Alexander	Zeitz	Germany	Brüderstraße 4, 06712 Zeitz				Advisory	1.800,00 €
	Hartmann, Stephan	Rastatt	Germany	Rossi Apotheke Engelstr. 41, 76437 Rastatt				Advisory	1.200,00 €
	Hübner, Klaus	Laichingen	Germany	Radstr. 3, 89150 Laichingen				Advisory	1.800,00 €
	Knaupp, Dr. med.Martin	Stuttgart	Germany	Auwiesenstrasse 18, 70565 Stuttgart				Advisory	1.840,80 €
	Schaum, Dr. med. Ulrich	Koblenz	Germany	Ravensteynstr. 24, 56076 Koblenz				Advisory	845,39 €
	Quodt, Markus	Rommerskirchen	Germany	Martinus Apotheke, Tulpenweg 18, 41569 Rommerskirchen				Advisory	2.096,40 €
	5	N/A	Germany	N/A				Advisory	25.727,65 €
	Name of the Event	**number of HCP's**	**Country of Principal Practice**	**Place of the Event**					
HCO's	**Name of the HCO+ Name of the event**	**HCOs: city where registered**	**Country**	**Adress of HCO**	**Nature of ToV**	**Description of the nature**	**Description of the Purpose**		**Paid**
PO's									