			Disclosure Template	1							
										Date of Publicat	ion: 14-06-2021
Full Name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique Country Identifier OPTIONAL	Contribution to costs of Events		vents	nts Fee for service and consultancy			
				Donations and Grants to HCOs	agreements with HCOs/third partie appointed by HCO to manage an Eve	s Registration Fees is int	Accomodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accomdation relevant to the contract		Total Optional
	INDIVIDUAL NAMED DIS	CLOSURE - one line per HCP (i.e. all t	ansfers of value during a year for an individual HCP will be summed up.	itemization should be available for the indivi	dual Recipient or public	authorities' consultati	on only, as appropria	ite)			
	_	OTH	ER. NOT INCLUDED ABOVE - where information cannot be	disclosed on an individual basis for led	al reasons						
8 Aggregate amount attributable to transfers of value to such Recipients						0	0	2300	87.9		2387.9
Number of Recipients in aggregate disclosure			0	0	1	1		1			
% of the number of Recipients included in the aggregate disclosu			0	0	100%	100%					
			ansfers of value during a year for an individual HCO will be summed up	itemization should be available for the indiv.	dual Recipient or publi	authorities' consultati	on only, as appropria	ate)			
SRCTUH - Sleep and Respiratory Center of Turku University Hospital	Turku		fliopistonmäki ER. NOT INCLUDED ABOVE - where information cannot be	#	700						700
Aggregate amount attributable to transfers of value to such Recip	ionte	OTH	ER, NOT INGEODED ABOVE? Where information cannot be	aisciosed on an individual basis for leg	ai reasons					1	^
		Ü	U	U	U	U	U		U		
Number of Recipients in aggregate disclosure		0	0	0	0	0	0		0		
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed				0	0	0	0	0	0		

Transfers of Value re Research & Development as defined

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