				Data	a Disclosure Forr	n					Date of Public	ation: 23-06-2022
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			Fee for service and consultancy			
						Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accomodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accomdation relevant to the contract		Total Optional
INDIVIDUAL	NAMED DISCLOSURE	- one line per HCP (i.e. al	transfers of value during a year	for an individual HC	P will be summed	up: itemization shou	ld be available for	the individual Recip	pient or public aut	horities' consultation only,	as appropriate)	
0			OTHER. NOT INCLUDED A	BOVE - where info	mation cannot be	disclosed on an indiv	vidual basis for lea	al reasons		1		
Aggregate amount attributable to transfers of value to such Recipients							0	0	0	0		0
Number of Recipients in aggregate disclosure							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		
INDIVIDUAL	NAMED DISCLOSURE -	one line per HCO (i.e. al	transfers of value during a year	for an individual HC	O will be summed	up: itemization shou	ld be available for	the individual Reci	pient or public au	thorities' consultation only,	as appropriate)	
Oslo Universitetssykehus HF	Oslo	NO	Sognsvannsveien 20			19,875						19875
6			OTHER, NOT INCLUDED A	BOVE - where info		disclosed on an indiv						
Aggregate amount attributable to transfers of value to such Recipients					0	0	0	0	0	0		0
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		
-												
2				AGG/ of Value re Researc	REGATE DISCLO							-