

Disclosure Template

Date of Publication: 28-06-2023

HCPs	Full Name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique Country Identifier OPTIONAL	Donations and Grants to HCOs	Contribution to costs of Events			Fee for service and consultancy		Total Optional
							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 & accommodation relevant to the contract	
<i>INDIVIDUAL NAMED DISCLOSURE - one line per HCP (i.e. all transfers of value during a year for an individual HCP will be summed up; itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)</i>												
	Annunen, Johanna	Oulu	Suomi	OYS Oulun yliopistollinen sairaala, Kajaanintie 50						3190		3190
	Kirjavainen, Jarkko	Kuopio	Suomi	KYS Kuopion yliopistollinen sairaala, Puijolaaksontie 2						3190		3190
	Kornulainen-Ebrahim, Jonna	Oulu	Suomi	OYS Oulun yliopistollinen sairaala, Kajaanintie 50						2070		2070
	Kyyrääinen, Hanna-Reetta	Kuopio	Suomi	KYS Kuopion yliopistollinen sairaala, Puijolaaksontie 2						7685		7685
	Noppari, Tuomo	Hus	Suomi	TYKS Turun yliopistollinen kesku, Haartmaninkatu 4						2070		2070
	Saarensanta, Tarja	Turku	Suomi	TYKS Turun yliopistollinen kesku, Hämeentie 11						4665		4665
	Silvennoinen, Katri	Kuopio	Suomi	KYS Kuopion yliopistollinen sairaala, Puijolaaksontie 2						1390	1981.91	3361.91
	Wartiovaara-Kautto, Ulla	Helsinki	Suomi	Helsingin ja Uudenmaan shp HUS, Stenbäckinkatu 9						1600		1600
<i>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</i>												
Aggregate amount attributable to transfers of value to such Recipients								555	10611.14	9922	0	21088.14
Number of Recipients in aggregate disclosure								1	2	3	0	5
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed								100%	100%	27%	0%	
<i>INDIVIDUAL NAMED DISCLOSURE - one line per HCO (i.e. all transfers of value during a year for an individual HCO will be summed up; itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)</i>												
	Finhema OY	Helsinki	Suomi	Catoniuksenkatu 8A 20			2976					2976
	Suomen Epilepsiaseura	Espoo	Suomi	C/o Henna Jonsson			2500					2500
	Suomen Lastenhematologian Ja -Onkologian Yhdistys Ry	Hus	Suomi	Lastenkliniikka			20000					20000
	Suomen Lastenneurologinen yhdistys c/o Aboa kongressi- ja tapahtumapalvelut	Turku	Suomi	Tykistökatu 4			3010					3010
	Suomen Neurologinen Yhdistys ry	Kys	Suomi	P.O. Box 100			12750					12750
	Varsinais-Suomen Sairaanhotopiiriin Ky	Turku	Suomi	Kinamyllykatu 4-8			1451.61					1451.61
<i>OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons</i>												
Aggregate amount attributable to transfers of value to such Recipients							0	0	0	0	0	0
Number of Recipients in aggregate disclosure							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%

AGGREGATE DISCLOSURE

Transfers of Value re Research & Development as defined

1669.09