

SCHEDULE2-TEMPLATE

Date of publication:04/05/2022

Full Name (Art 1.01)	HCPs: City of Principal Practice HCOs: city where registered (Art 3)	Country of Principal Practice (Schedule 1)	Principal Practice Address (Art 3)	Unique country identifier OPTIONAL (Art 3)	Donations and Grants to HCOs (Art 3.01.1.a)	Contribution to costs of Events (Art 3.01.1.b & 3.01.2.a)			Fee for service and consultancy (Art 3.01.1 c & 3.01.2.c)		TOTAL OPTIONAL
						Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	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>											
Heervä, Eetu	Turku	Finland	Hämeentie 11 T-sairaala Rak 18 1 krs B-osa						880,00		880,00
Mattson, Johanna	Helsinki	Finland	Stenbäckinkatu 9	286534			1080,00				1080,00
Tanner, Minna	Tampere	Finland	Sädetie 6 Radius-rakennus 2 krs	285338			1080,00				1080,00
<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 - Art 3.02											
Number of Recipients in aggregate disclosure - Art 3.02											
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art 3.02											

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C
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S

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						Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	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 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>											
Suomen Melanoomaryhmö ry	Helsinki	Finland	Helsinki University Hospital c/o Mikaela Hernberg,Compre hensive Cancer Center			30000,00					30000,00
Suomen Onkologiayhdisty s ry	Turku	Finland	PL 52 Syöpäklinikka c/o Heikki Minn			2500,00					2500,00
Suomen onkologiayhdisty s ry	Turku	Finland	Suomen onkologiayhdisty s ry c/o Chairman Heikki Minn			2500,00					2500,00
Suomen Rintasyöpäryhmää ry	Tampere	Finland	Suomen Rintasyöpäryhmää ry co. Kirsi Rouhento TAYS,			1500,00					1500,00
Suomen Syöpäsairaanhoi tajat ry	Tampere	Finland	Suomen Syöpäsairaanhoi tajat ry co. Kongressitoimist o Tavicon Oy			3500,00					3500,00

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						Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	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 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>											
<i>OTHER, NOT INCLUDED ABOVE-where information cannot be disclosed on an individual basis for Legal reasons</i>											
H C O S	Aggregate amount attributable to transfers of value to such Recipients - Art 3.02										
	Number of Recipients in aggregate disclosure - Art 3.02										
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art 3.02										

AGGREGATE DISCLOSURE

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D

Transfers of Value re Research & Development as defined - Article 3.04 and schedule 1

43040,00