

DATA DISCLOSURE FORM 2021 - AllergyCare Pharmaceutical GmbH

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Reporting Currency: CHF

	Full name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Donations and Grants to HCOs	Contribution to costs of Events			Fee for service and consultancy		TOTAL
						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	
INDIVIDUAL NAMED DISCLOSURE FOR HEALTHCARE PROFESSIONALS [one row per HCP, with all transfers of value for the reporting period summed up]											
HCP-s	Keine Kooperationszuwendungen										
OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons											
HCP-s	Aggregate amount attributable to transfers of value to such Recipients										0.00
	Number of Recipients in aggregate disclosure										0
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed										0.00%
INDIVIDUAL NAMED DISCLOSURE FOR HEALTHCARE INSTITUTIONS [one row per HCI, with all transfers of value for the reporting period summed up]											
HCO-s	Keine Kooperationszuwendungen										
OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons											
HCO-s	Aggregate amount attributable to transfers of value to such Recipients										0.00
	Number of Recipients in aggregate disclosure										0
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed										0.00%
AGGREGATE DISCLOSURE FOR RESEARCH & DEVELOPMENT											
R&D	Transfers of Value Research & Development as defined										0.00
TOTAL AMOUNT											
TOTAL	Total amount of Transfers of Value paid to individual HCPs, HCOs and for Research & Development as defined										0.00