	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ABAD GIMENO FRANCISCO JAVIER	PUERTO DE SAGUNTO	Spain	HOSP. SAGUNTO AV. RAMON Y CAJAL		Not applicable	Not applicable			605,00		605,00
	ABAD SAZATORNIL REYES	ZARAGOZA	Spain	HOSP. UNIV. MIGUEL SERVET PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable		81,82			81,82
	ABASOLO ALCAZAR LIDIA	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable			484,00		484,00
	ABELEDO GOMEZ ANA	VALENCIA	Spain	HOSP. UNIV. DR. PESET ALEIXANDRE AV. GASPAR AGUILAR,90		Not applicable	Not applicable		269,65			269,65
	ABELLA CORRAL JAVIER	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable	510,00	751,48	2200,00		3461,48
	ABETE RIVAS MARGELY	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		177,10			177,10

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ABRAIRA DEL FRESNO LAURA	BADALONA	Spain	HOSP. UNIV GERMANS TRIAS I PUJOL CTRA. CANYET		Not applicable	Not applicable	280,00	1735,28	484,00		2499,28
	ADELL ORTEGA VANESA	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		897,90			897,90
	AGUADO GARCIA LAURA	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable		78,00			78,00
	AGUNDEZ SARASOLA MARTA	URDULIZ	Spain	HOSP. DE URDULIZ - ALFREDO ESPINOSA GOLIETA KALEA, 16		Not applicable	Not applicable			726,00		726,00
	AHIJADO GUZMAN MARIA PILAR	FUENLABRADA	Spain	HOSP. FUENLABRADA CAM. DEL MOLINO,2		Not applicable	Not applicable			605,00		605,00
	AIGUABELLA MACAU MARIA	SANT BOI DE LLOBREGAT	Spain	HOSP. SANT BOI C. BUENAVENTURA CALOPA,13		Not applicable	Not applicable		204,67			204,67

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	AIS LARISGOITIA ARANTZA	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		Not applicable	Not applicable			968,00		968,00
	ALADREN SANGRAS JESUS	ZARAGOZA	Spain	HOSP. UNIV. MIGUEL SERVET PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable		110,20			110,20
	ALARCON MORCILLO CRISTINA	MADRID	Spain	CLIN. NUESTRA SEÑORA DEL ROSARIO C. PRINCIPE DE VERGARA,53		Not applicable	Not applicable		95,00	1210,00		1305,00
	ALBARRAN HERNANDEZ FERNANDO	Alcala De Henares	Spain	Hosp. Univ Principe De Asturias CTRA. MECO		Not applicable	Not applicable			605,00		605,00
	ALBISUA SANCHEZ JULIO	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable			1210,00	95,00	1305,00
	ALDASORO CACERES VICENTE	PAMPLONA	Spain	HOSP. NAVARRA C. IRUNLARREA,3		Not applicable	Not applicable		467,83			467,83

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ALEDO SERRANO ANGEL	Madrid	Spain	Hosp. Ruber Internacional C. LA MASO, 38		Not applicable	Not applicable		95,00	605,00		700,00
	ALEGRE SANCHO JUAN JOSE	VALENCIA	Spain	HOSP. UNIV. DR. PESET ALEIXANDRE AV. GASPAR AGUILAR,90		Not applicable	Not applicable			500,00		500,00
	ALEMANY MARTI MONTSERRAT	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		268,62			268,62
	ALEMANY PERNA BERTA	FIGUERES	Spain	HOSP. DE FIGUERES RDA. RECTOR AROLAS		Not applicable	Not applicable		781,54			781,54
	ALFARO SAEZ ARANZAZU	SAN BARTOLOME	Spain	HOSP. VEGA BAJA DE ORIHUELA CTRA. ORIHUELA ALMORADI,S/N		Not applicable	Not applicable			726,00	153,12	879,12
	ALMODOVAR GONZALEZ RAQUEL	ALCORCON	Spain	HOSP. UNIV. FUNDACION ALCORCON C. BUDAPEST,1		Not applicable	Not applicable		446,29			446,29

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ALONSO AVILES RAUL	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable			2550,00	472,48	3022,48
	ALONSO JIMENEZ ALICIA	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		280,62			280,62
	ALONSO REDONDO RUBEN	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable	320,00	309,08			629,08
	ALONSO SINGER PABLO CARLOS	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable		95,00			95,00
	ALONSO VERDEGAY GEMMA	LORCA	Spain	HOSP. D RAFAEL MENDEZ CTRA. NACIONAL 340		Not applicable	Not applicable			605,00		605,00
	ALPUENTE RUIZ ALICIA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable		149,20			149,20
	ALTAMIRANO CRUZ JAVIER EDUARDO	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		499,78			499,78

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ALVAREZ ALVAREZ MIRIAM	Salamanca	Spain	Hosp. Clinico Univ. De Salamanca PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00			78,00
	ALVAREZ CASTRO CAROLINA	LEON	Spain	C. ESP. CONDESA PS. CONDESA DE SAGASTA,28		Not applicable	Not applicable			605,00		605,00
	ALVAREZ DARRIBA EVA	Sama De Langreo	Spain	Fund. Sanat. Adaro C. JOVE Y CANELLA, 1		Not applicable	Not applicable		78,00			78,00
	ALVAREZ MARTINEZ BRAULIO	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable		401,65	1694,00		2095,65
	ALVAREZ MORENO MONICA	MOSTOLES	Spain	HOSP. REY JUAN CARLOS MOSTOLES C. GLADIOLO, S/N		Not applicable	Not applicable		95,00			95,00
	ALVAREZ NOVAL AMANDA	LEON	Spain	HOSP. DE LEON C. ALTOS DE NAVA, S/N		Not applicable	Not applicable			484,00		484,00
	ALVAREZ ORDIALES RAIMUNDO	MURIAS (MIERES)	Spain	HOSP. ALVAREZ BUYLLA C. LA BELONGA		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ALVAREZ PIO ALBERTO	BREÑA ALTA	Spain	HOSP. GENERAL LA PALMA C. BUENAVISTA DE ARRIBA		Not applicable	Not applicable			500,00		500,00
	ALVAREZ RAMO RAMIRO	BADALONA	Spain	HOSP. UNIV GERMANS TRIAS I PUJOL CTRA. CANYET		Not applicable	Not applicable		303,74			303,74
	ALVAREZ RIVAS NOELIA	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable			605,00		605,00
	ALVAREZ RODRIGUEZ BELEN	VITORIA	Spain	HOSP. TXAGORRITXU C. JOSE DE ACHOTEGUI		Not applicable	Not applicable			605,00		605,00
	ALVAREZ RODRIGUEZ ELENA	VIGO	Spain	HOSP. XERAL DE VIGO C. PIZARRO,22		Not applicable	Not applicable		78,00			78,00
	ALVAREZ-LINERA PRADO JUAN	MADRID	Spain	HOSP. RUBER INTERNACIONAL C. LA MASO, 38	XXX9282XX	Not applicable	Not applicable			1210,00	130,40	1340,40
	AMEIJIDE SANLUIS ELENA	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	AMELA PERIS RAUL	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. UNIV. INSULAR DE GRAN CANARIA AV. MARITIMA SUR,S/N		Not applicable	Not applicable			605,00		605,00
	AMIGO JORRIN MARIA CAMPO	PONTEVEDRA	Spain	HOSP. PROVINCIAL DE PONTEVEDRA C. DOCTOR LOUREIRO CRESPO,2		Not applicable	Not applicable		78,00			78,00
	ANCIONES MARTIN CARLA	MADRID	Spain	HOSP. RAMON Y CAJAL CTRA. COLMENAR VIEJO, KM. 9,100		Not applicable	Not applicable		465,60			465,60
	ANDERMATTEN JOAQUIN	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			242,00		242,00
	ANDRES CELDA ROSARIO MARIA	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable			363,00		363,00
	ANDRES MARIN NAIARA	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			242,00		242,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ANEIROS DIAZ ANGEL MANUEL	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable		78,00			78,00
	ANGUIZOLA TAMAYO DAVID	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable		78,00			78,00
	ANTEQUERA FERNANDEZ Mª JOSE	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable		78,00			78,00
	ANTON PAGES FRED ANTONIO	PALENCIA	Spain	HOSP. RIO CARRION C. DE LOS DONANTES DE SANGRE		Not applicable	Not applicable			605,00		605,00
	ARACIL BOLAÑOS IGNACIO	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable		290,40			290,40
	ARAJOL GONZALEZ CLAUDIA	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ARANDA VALERA CONCEPCION	CORDOBA	Spain	HOSP. UNIV. REINA SOFIA AV. MENENDEZ PIDAL,S/N		Not applicable	Not applicable			605,00		605,00
	ARBELO GONZALEZ JOSE MATIAS	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. UNIV. INSULAR DE GRAN CANARIA AV. MARITIMA SUR,S/N		Not applicable	Not applicable			500,00		500,00
	ARBELOA RIGAU IGNACIO M	TARRAGONA	Spain	UND. DE MEMORIA DE ALZHEIMER AV. DE LA REINA MARIA CRISTINA,22		Not applicable	Not applicable		178,57			178,57
	ARCE PORTILLO ELENA	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable	510,00	365,10			875,10
	ARENAS CABRERA CARMEN MARIA	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable		518,44	2178,00		2696,44
	ARENAZA BASTERRECHEA NAROA	Burgos	Spain	Hosp. Univ. Burgos C. ISLAS BALEARES,3		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ARRIZABALAGA ARRIZABALO MARIA JOSE	MENDARO	Spain	HOSP. MENDARO C. BARRIO DE MENDAROZABAL		Not applicable	Not applicable		81,82			81,82
	ARRUTI GONZALEZ MAIALEN	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			363,00		363,00
	ASENCIO MARCHANTE JUAN JOSE	PUERTO REAL	Spain	HOSP. UNIV. PUERTO REAL CTRA. NACIONAL IV, KM 665		Not applicable	Not applicable			1210,00		1210,00
	ASENSI ALVAREZ JOSE MARIA	GIJON	Spain	HOSP. DE CABUEÑES CAM. DE LOS PRADOS,395		Not applicable	Not applicable		78,00			78,00
	ASENSIO ASENSIO MONTSERRAT	ALICANTE	Spain	HOSP. GENERAL UNIV. DE ALICANTE C. PINTOR BAEZA,12		Not applicable	Not applicable				85,00	85,00
	ASSIALIOUI ABDELILAH	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		149,20			149,20

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	AURRECOECHEA AGUINAGA ELENA	TORRELAVEGA	Spain	HOSP. COM SIERRALLANA C. BARRIO GANZO		Not applicable	Not applicable			605,00		605,00
	AVELLON LIAÑO HECTOR	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable			300,00		300,00
	AVILES TIRADO MARIA DE LOS ANGELES	Malaga	Spain	Hosp. Materno Infantil C. ARROYO DE LOS ANGELES,S/N	XXX5907XX	Not applicable	Not applicable		284,90			284,90
	AYUDE DIAZ SANDRA MARIA	PONTEVEDRA	Spain	HOSP. PROVINCIAL DE PONTEVEDRA C. DOCTOR LOUREIRO CRESPO,2		Not applicable	Not applicable		54,55			54,55
	AYUGA LORO FERNANDO	TOLEDO	Spain	HOSP. VIRGEN DE LA SALUD AV. BARBER, 30		Not applicable	Not applicable	480,00	282,80			762,80
	BABIO HERRAIZ JESUS	GIJON	Spain	HOSP. DE CABUEÑES CAM. DE LOS PRADOS,395		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	BACA GARCIA ENRIQUE	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable			1210,00	95,00	1305,00
	BACHILLER CORRAL JAVIER	MADRID	Spain	C. ESP. SAN BLAS C. HERMANOS GARCIA NOBLEJAS,89		Not applicable	Not applicable		559,29			559,29
	BAIGES OCTAVIO JUAN JOSE	TORTOSA	Spain	HOSP. VERGE DE CINTA C. ESPLANETES,14		Not applicable	Not applicable		57,28			57,28
	BALAGUER TRUL ISABEL	VALENCIA	Spain	HOSP. GENERAL UNIV. VALENCIA AV. TRES CRUCES, 2		Not applicable	Not applicable	465,00	695,36			1160,36
	BALSALOBRE AZNAR JERONIMO JESUS	PUERTO DE LA CRUZ	Spain	HOSP. HOSPITEN BELLEVUE C. ALEMANIA,6 URB. SAN FERNANDO		Not applicable	Not applicable		1233,86	1105,00	578,74	2917,60
	BANIANDRES RODRIGUEZ OFELIA	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		Not applicable	Not applicable			1331,00		1331,00
	BARBAZAN ALVAREZ CEFERINO TOMAS	VIGO	Spain	HOSP. DO MEIXOEIRO C. MEIXUEIRO		Not applicable	Not applicable			1331,00		1331,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	BARRAGAN PRIETO ANA	CACERES	Spain	HOSP. SAN PEDRO DE ALCANTARA AV. PABLO NARANJO		Not applicable	Not applicable		78,00			78,00
	BARREIRO DE ACOSTA MANUEL	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable			605,00		605,00
	BATALLER ALBEROLA LUIS	VALENCIA	Spain	PAC ALBORAYA C. ALBORAYA,21		Not applicable	Not applicable			605,00		605,00
	BATISTA BATISTA YORDY ENMANUEL	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		82,00			82,00
	BATISTA PERDOMO DANIEL	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. UNIV. INSULAR DE GRAN CANARIA AV. MARITIMA SUR,S/N		Not applicable	Not applicable		1256,34			1256,34
	BATLLE GUALDA ENRIQUE	SAN JUAN DE ALICANTE	Spain	HOSP. UNIV. SAN JUAN DE ALICANTE CTRA. ALICANTE VALENCIA S/N		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	BATLLE NADAL JORDI	Tarragona	Spain	Hosp. Fund. Sant Pau I Santa Tecla C. RAMBLA VELLA, 14		Not applicable	Not applicable			484,00		484,00
	BAUTISTA PALOMA FRANCISCO JAVIER	SEVILLA	Spain	HOSP. VIRGEN DEL ROCIO AV. MANUEL SIUROT,S/N		Not applicable	Not applicable		703,22			703,22
	BECERRA CUÑAT JUAN LUIS	BADALONA	Spain	HOSP. UNIV GERMANS TRIAS I PUJOL CTRA. CANYET		Not applicable	Not applicable			726,00		726,00
	BELARRINAGA OJANGUREN BEGOÑA	VITORIA	Spain	HOSP. TXAGORRITXU C. JOSE DE ACHOTEGUI		Not applicable	Not applicable		101,70			101,70
	BELLAS LAMAS PAULA	VIGO	Spain	HOSP. XERAL DE VIGO C. PIZARRO,22		Not applicable	Not applicable		413,98	800,00		1213,98
	BELLIDO CUELLAR SARA	VALDEMORO	Spain	HOSP. INFANTA ELENA AV. REYES CATOLICOS,21		Not applicable	Not applicable		95,00	1210,00		1305,00
	BELLO OTERO LAURA	VIGO	Spain	HOSP. ALVARO CUNQUEIRO CTRA. CLARA CAMPOAMOR, 341		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	BELMONTE GOMEZ REBECA	TOLEDO	Spain	HOSP. VIRGEN DE LA SALUD AV. BARBER, 30		Not applicable	Not applicable		20,60			20,60
	BELMONTE LOPEZ Mª ANGELES	MALAGA	Spain	HOSP. CIVIL AV. DOCTOR GALVEZ GINACHERO, S/N		Not applicable	Not applicable			605,00		605,00
	BELMONTE SERRANO MIGUEL ANGEL	CASTELLON	Spain	HOSP. GENERAL CASTELLON AV. BENICASIM		Not applicable	Not applicable		716,07			716,07
	BELTRAN CATALAN EMMA	BARCELONA	Spain	HOSP. DEL MAR PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable		174,21	605,00		779,21
	BENITO LOZANO MIGUEL	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable			400,00	68,30	468,30
	BENITO RUIZ PEDRO	BARCELONA	Spain	HOSP. DEL MAR PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable		727,61			727,61
	BERGANZO CORRALES KOLDO	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		269,65	1500,00		1769,65

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	BERMEJO VELASCO PEDRO EMILIO	MAJADAHONDA	Spain	HOSP. UNIV. PUERTA DE HIERRO MAJADAHONDA C. MANUEL DE FALLA, 1		Not applicable	Not applicable		404,21			404,21
	BERMELL CAMPOS PAULA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable		123,40			123,40
	BERNABEU GONZALVEZ PILAR	SAN JUAN DE ALICANTE	Spain	HOSP. UNIV. SAN JUAN DE ALICANTE CTRA. ALICANTE VALENCIA S/N		Not applicable	Not applicable			605,00		605,00
	BERNAL RODRIGUEZ RAQUEL	EIVISSA	Spain	HOSP. CAN MISSES C. CORONA		Not applicable	Not applicable		317,69			317,69
	BERTOL ALEGRE VICENTE	ZARAGOZA	Spain	HOSP. UNIV. MIGUEL SERVET PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable			1210,00		1210,00
	BHATHAL GUEDE HARI	BARCELONA	Spain	CENTRO MEDICO TEKNON C. VILANA,12		Not applicable	Not applicable			726,00		726,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	BLANCO ALONSO RICARDO	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable			1210,00	121,00	1331,00
	BLANCO HONTIYUELO MARGARITA	MADRID	Spain	C. ESP. MODESTO LAFUENTE C. MODESTO LAFUENTE,21		Not applicable	Not applicable			605,00		605,00
	BLANCO MARTINEZ BARBARA	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			1210,00	159,10	1369,10
	BOCOS PORTILLO JONE	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA	XXX3318XX	Not applicable	Not applicable			363,00	78,00	441,00
	BOLLAR ZABALA ALICIA	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable		593,65			593,65
	BONET VALLS MACARENA PAZ	VALENCIA	Spain	HOSP. ARNAU DE VILANOVA C. SAN CLEMENTE,12		Not applicable	Not applicable		267,90	1815,00		2082,90

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPS	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	BONILLA HERNAN GEMA	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable			605,00		605,00
	BORJA ANDRES SERGIO	ZAMORA	Spain	HOSP. VIRGEN DE LA CONCHA AV. REQUEJO, 35		Not applicable	Not applicable		78,00			78,00
	BORRAS BLASCO JOAQUIN	PUERTO DE SAGUNTO	Spain	HOSP. SAGUNTO AV. RAMON Y CAJAL		Not applicable	Not applicable			1512,50		1512,50
	BOTANA LOPEZ MANUEL ANTONIO	LUGO	Spain	BOTANA Y LOBELLE SCP C. REINA, 17-19,1º B		Not applicable	Not applicable			255,00		255,00
	BRAGADO ALBA DIANA	COSLADA	Spain	HOSP. UNIV. DEL HENARES AV. MARIE CURIE, S/N		Not applicable	Not applicable		95,00			95,00
	BRAGADO TRIGO IRENE	CACERES	Spain	HOSP. SAN PEDRO DE ALCANTARA AV. PABLO NARANJO		Not applicable	Not applicable		379,60			379,60
	BRAGE MARTIN LIBERTO	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable		220,26			220,26

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	BRUNA ESCUER JORDI	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		158,01			158,01
	BUENO MARTINEZ ELENA	SALAMANCA	Spain	HOSP. VIRGEN DE LA VEGA PS. SAN VICENTE,58		Not applicable	Not applicable			484,00		484,00
	BUSTABAD REYES Mª SAGRARIO	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable			500,00		500,00
	CABELLO ZURITA CAMILA ALEJANDRA	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. GRAN CANARIA DR NEGRIN PZ. BARRANCO DE LA BALLENA		Not applicable	Not applicable			500,00		500,00
	CABEZA ALVAREZ CLARA ISABEL	TOLEDO	Spain	HOSP. VIRGEN DE LA SALUD AV. BARBER, 30		Not applicable	Not applicable		115,60	605,00		720,60
	CABEZUDO GARCIA PABLO	ALGECIRAS	Spain	HOSP. PUNTA DE EUROPA CTRA. GETARES		Not applicable	Not applicable			484,00		484,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CABRERA MAQUEDA JOSE MARIA	El Palmar	Spain	Hosp. Univ Virgen De La Arrixaca CTRA. MADRID-CARTAGENA		Not applicable	Not applicable		448,20			448,20
	CACABELOS PEREZ PURIFICACION	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable		99,00			99,00
	CACHEDA JASSEN ANA PAULA	PALMA DE MALLORCA	Spain	FUND. HOSP. SON LLATZER CTRA. MANACOR, KM. 4		Not applicable	Not applicable		478,75	605,00		1083,75
	CACHO GUTIERREZ LAUREANO JESUS	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00			78,00
	CAJARAVILLE MARTINEZ SABELA	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		177,00			177,00
	CALDU AGUD ROCIO	Zaragoza	Spain	Hosp. Univ. Miguel Servet PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable		238,85			238,85

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CALVO ALEN JAIME	VITORIA	Spain	HOSP. TXAGORRITXU C. JOSE DE ACHOTEGUI		Not applicable	Not applicable			605,00		605,00
	CALVO DEL RIO VANESA	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable			605,00		605,00
	CALVO MEDINA ROCIO	MALAGA	Spain	HOSP. MATERNO INFANTIL C. ARROYO DE LOS ANGELES,S/N		Not applicable	Not applicable		284,90			284,90
	CALZADO RIVAS ELENA	JEREZ DE LA FRONTERA	Spain	HOSP. JEREZ DE LA FRONTERA RDA. CIRCUNVALACION		Not applicable	Not applicable			605,00		605,00
	CAMINERO RODRIGUEZ ANA BELEN	AVILA	Spain	HOSP. NTRA. SEÑORA DE SONSOLES AV. JUAN CARLOS I		Not applicable	Not applicable			484,00		484,00
	CAMINO ACHA JULIO TITO	LEON	Spain	HOSP. DE LEON C. ALTOS DE NAVA, S/N		Not applicable	Not applicable		78,00			78,00
	CAMPOLONGO ANTONIA	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			363,00		363,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CAMPOS ARILLO VICTOR	BENALMADENA COSTA	Spain	HOSP. XANIT CAM. DE GILABERT		Not applicable	Not applicable			605,00		605,00
	CAMPOS BLANCO DULCE MARIA	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable	480,00	237,10	2299,00	95,00	3111,10
	CAMPOS FERNANDEZ CRISTINA	Valencia	Spain	Hosp. General Univ. Valencia AV. TRES CRUCES, 2		Not applicable	Not applicable			605,00		605,00
	CAMPOS RODRIGUEZ IRIA	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		73,72			73,72
	CANALES ROSADO MARIA PILAR	SAN LORENZO DE EL ESCORIAL	Spain	HOSP. DEL ESCORIAL CTRA. GUADARRAMA		Not applicable	Not applicable			484,00		484,00
	CANO ABASCAL ANGEL	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable		78,00			78,00
	CANO DEL POZO MONICA	VALLADOLID	Spain	HOSP. UNIV. RIO HORTEGA C. DULZAINA,2		Not applicable	Not applicable		192,60			192,60

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPS	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CANO GARCIA LAURA	Malaga	Spain	Hosp. Civil AV. DOCTOR GALVEZ GINACHERO, S/N	XXX4668XX	Not applicable	Not applicable			484,00	216,60	700,60
	CANTARERO DUQUE SUSANA	MOSTOLES	Spain	HOSP. MOSTOLES C. RIO JUCAR		Not applicable	Not applicable		363,00			363,00
	CARCAMO FONFRIA ALBA	ALCORCON	Spain	HOSP. UNIV. FUNDACION ALCORCON C. BUDAPEST,1		Not applicable	Not applicable		101,70			101,70
	CARDONA NATTA BENITA	MAO	Spain	HOSP. MATEU ORFILA RDA. DE MALBUGER,1		Not applicable	Not applicable	465,00				465,00
	CARRASCO CUBERO MARIA CARMEN	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			605,00		605,00
	CARRASCO TORRES RUBEN	El Palmar	Spain	Hosp. Univ Virgen De La Arrixaca CTRA. MADRID-CARTAGENA		Not applicable	Not applicable			605,00		605,00
	CARREÑO MARTINEZ MAR	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		260,14	968,00	375,65	1603,79

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CARRETERO HERNANDEZ GREGORIO	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. GRAN CANARIA DR NEGRIN PZ. BARRANCO DE LA BALLENA		Not applicable	Not applicable			500,00		500,00
	CASADO POVEDA AMPARO	ALZIRA	Spain	HOSP. DE LA RIBERA CTRA. CORBERA, KM.1		Not applicable	Not applicable			605,00		605,00
	CASAS PEÑA ELENA	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable		78,00			78,00
	CASTAÑEDA SANZ SANTOS	MADRID	Spain	HOSP. UNIV. LA PRINCESA C. DIEGO DE LEON,62		Not applicable	Not applicable			605,00		605,00
	CASTAÑON APILANEZ MARIA	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		78,00			78,00
	CASTELA MURILLO AMAYA	Sevilla	Spain	Hosp. Virgen De Valme CTRA. CADIZ-BELLAVISTA, KM. 548,9		Not applicable	Not applicable			484,00		484,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CASTELLANO MARTINEZ ANA	Cadiz	Spain	Hosp. Univ. Puerta Del Mar AV. ANA DE VIYA,21		Not applicable	Not applicable			242,00		242,00
	CASTELLANOS RODRIGO MAR	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable			500,00	78,00	578,00
	CASTELLVI BARRANCO IVAN	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			605,00		605,00
	CASTERA MELCHOR ELVIRA	Puerto De Sagunto	Spain	Hosp. Sagunto AV. RAMON Y CAJAL		Not applicable	Not applicable			605,00		605,00
	CASTILLO RUIZ MARIA ASCENSION	VALENCIA	Spain	HOSP. GENERAL UNIV. VALENCIA AV. TRES CRUCES, 2		Not applicable	Not applicable		645,60	2299,00		2944,60
	CASTRO GARCIA ALFONSO	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable			300,00		300,00
	CASTRO VILANOVA DOLORES	VIGO	Spain	HOSP. DO MEIXOEIRO C. MEIXUEIRO		Not applicable	Not applicable	330,58	678,65	800,00		1809,23

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CAVADA MARTINEZ CARMEN YOLANDA	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable			1210,00	95,00	1305,00
	CAZORLA CAVALLER SONIA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable			363,00		363,00
	CEA CAÑAS BEQUER BENJAMIN	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		78,00			78,00
	CEBALLOS ORTIZ JUAN MANUEL	JAEN	Spain	HOSP. GENERAL CIUDAD DE JAEN AV. EJERCITO ESPAÑOL,10		Not applicable	Not applicable		424,30			424,30
	CEBERINO MUÑOZ DAVID	BADAJOZ	Spain	HOSP. INFANTA CRISTINA AV. DE ELVAS		Not applicable	Not applicable		277,40			277,40
	CEBRIAN PEREZ ERNESTO	Pontevedra	Spain	Hosp. Provincial De Pontevedra C. DOCTOR LOUREIRO CRESPO,2		Not applicable	Not applicable		78,00			78,00
	CERDA FAYOS JOSE	CASTELLON	Spain	HOSP. PROV. DE CASTELLON AV. DOCTOR CLARA,19		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CERDAN SANTACRUZ DEBORA MARIA	SEGOVIA	Spain	HOSP. GENERAL SEGOVIA CTRA. AVILA		Not applicable	Not applicable		78,00			78,00
	CHAMORRO MUÑOZ MARIA ISABEL	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable		423,45			423,45
	CHAVARRIA CANO BEATRIZ	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		Not applicable	Not applicable		95,00			95,00
	CHAVES ALVAREZ ANTONIO	BADAJOZ	Spain	HOSP. INFANTA CRISTINA AV. DE ELVAS		Not applicable	Not applicable			605,00		605,00
	CIORDIA DOMINGUEZ ROBERTO	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		85,78			85,78
	CIURANS MOLIST JORDI	Granollers	Spain	Hosp. General Granollers AV. FRANCESC RIBAS, S/N		Not applicable	Not applicable			363,00		363,00
	CLAVERO IBARRA PEDRO LUIS	PAMPLONA	Spain	HOSP. VIRGEN DEL CAMINO C. IRUNLARREA, 4		Not applicable	Not applicable			242,00		242,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	COBO ACEITUNO DIEGO MANUEL	JAEN	Spain	HOSP. GENERAL CIUDAD DE JAEN AV. EJERCITO ESPAÑOL,10		Not applicable	Not applicable		230,90			230,90
	COLL PRESA CRISTINA	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable		105,60	242,00		347,60
	COMPTA HIRNYJ YAROSLAU	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		204,67			204,67
	CONDE BLANCO ESTEFANIA	Palma De Mallorca	Spain	Hosp. Univ. Son Espases CR. VALLDEMOSA,79		Not applicable	Not applicable		519,28			519,28
	CONDE TABOADA ALBERTO	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable			605,00		605,00
	CORBACHO CAMBERO ISABEL	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00			78,00
	CORDERO COMA MIGUEL	LEON	Spain	HOSP. DE LEON C. ALTOS DE NAVA, S/N		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CORDOVA INFANTES MARIA DEL ROCIO	BADAJOZ	Spain	HOSP. INFANTA CRISTINA AV. DE ELVAS		Not applicable	Not applicable		78,00			78,00
	CORES BARTOLOME CARLOS	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		78,00			78,00
	CORREA VELA MARTA	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			605,00		605,00
	COTS FORASTER ANNA	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable		54,75	726,00		780,75
	CRESPO DIZ CARLOS	MOURENTE (SANTA MARIA)	Spain	HOSP. MONTECELO C. MOURENTE MONTECELO		Not applicable	Not applicable			600,00		600,00
	CRISOSTOMO PARDILLO FRANCISCO JAVIER	SANTA CRUZ DE TENERIFE	Spain	HOSP. UNIV. NTRA. SRA. DE CANDELARIA CTRA. DEL ROSARIO, 145		Not applicable	Not applicable			968,00		968,00
	CRUZ SANMARTIN JOSEFINA	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable		244,30			244,30

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	CUBO DELGADO ESTHER	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable			363,00		363,00
	CUENDE QUINTANA EDUARDO	Alcala De Henares	Spain	Hosp. Univ Principe De Asturias CTRA. MECO		Not applicable	Not applicable			605,00		605,00
	CUERVO AGUILERA ANDREA	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable			605,00		605,00
	CUEVAS JIMENEZ ANA	VALENCIA	Spain	HOSP. UNIV. LA FE AV. CAMPANAR, 21		Not applicable	Not applicable		246,00			246,00
	DE AGUSTIN DE ORO JUAN JOSE	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable			1452,00	240,31	1692,31
	DE ARRIBA TOCINO ANTONIO	MADRID	Spain	HOSP. RAMON Y CAJAL CTRA. COLMENAR VIEJO, KM. 9,100		Not applicable	Not applicable			363,00		363,00
	DE DIOS GARCIA MARIA ANGELES	DUEÑAS	Spain	CTRO. PENIT. MORALEJA C. LOCAL P-120 NE		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	DE FELIPE OROQUIETA JAVIER	MADRID	Spain	INSTITUTO CAJAL - CSIC AVDA. DOCTOR ARCE, 37	XXX9786XX	Not applicable	Not applicable			1000,00	95,00	1095,00
	DE JUANES MONTMARTRE ALEXIA	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable			605,00		605,00
	DE LA CRUZ COSME CARLOS	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable		957,78			957,78
	DE LA CUEVA DOBAO PABLO	MADRID	Spain	HOSP. UNIV. INFANTA LEONOR AV. GRAN VIA DEL ESTE,80		Not applicable	Not applicable			968,00		968,00
	DE LA FUENTE CAÑETE CRISTINA	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable			605,00		605,00
	DE LA MORENA VICENTE ASUNCION	PARLA	Spain	HOSP. UNIV. INFANTA CRISTINA AV. 9 DE JUNIO, 2		Not applicable	Not applicable		397,58	1210,00	95,00	1702,58

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	DE LA RIVA JUEZ PATRICIA	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			605,00		605,00
	DE LA TORRE ABOKI JUANA	ALICANTE	Spain	HOSP. GENERAL UNIV. DE ALICANTE C. PINTOR BAEZA,12		Not applicable	Not applicable		101,95	605,00		706,95
	DE LA TORRE OROZCO SALVADOR	MAO	Spain	HOSP. MATEU ORFILA RDA. DE MALBUGER,1		Not applicable	Not applicable		428,55			428,55
	DE LAMAR DEL RISCO RENE ALFREDO	LAS PALMAS DE GRAN CANARIA	Spain	CLIN. NTRA. SRA. DEL PERPETUO SOCORRO C. LEON Y CASTILLO,407		Not applicable	Not applicable		179,94			179,94
	DE LEON GIL ARISTIDES	SANTA CRUZ DE TENERIFE	Spain	HOSP. UNIV. NTRA. SRA. DE CANDELARIA CTRA. DEL ROSARIO, 145		Not applicable	Not applicable		693,15			693,15
	DE OJEDA RUIZ DE LUNA JOAQUIN MARIA	SAN SEBASTIAN DE LOS REYES	Spain	HOSP. INFANTA SOFIA PS. DE EUROPA,34		Not applicable	Not applicable	330,58	403,15	2600,00		3333,73

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	DE TOLEDO HERAS MARIA	MADRID	Spain	HOSP. UNIV. LA PRINCESA C. DIEGO DE LEON,62		Not applicable	Not applicable			605,00		605,00
	DE TORO SANTOS FRANCISCO JAVIER	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable			726,00		726,00
	DEL CASTILLO MONTALVO ROSA	GUADALAJARA	Spain	HOSP. UNIV. DE GUADALAJARA C. DEL DONANTE DE SANGRE,S/N		Not applicable	Not applicable			605,00		605,00
	DEL PINO MONTES JAVIER	SALAMANCA	Spain	HOSP. VIRGEN DE LA VEGA PS. SAN VICENTE,58		Not applicable	Not applicable		494,75			494,75
	DEL VALLE QUEVEDO MARIA ELENA	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		679,15			679,15
	DEL VILLAR IGEA ANA	CASTELLON	Spain	HOSP. GENERAL CASTELLON AV. BENICASIM		Not applicable	Not applicable			1210,00		1210,00
	DELGADO GIL VIRGINIA	LA LINEA DE LA CONCEPCION	Spain	HOSP. LA LINEA DE LA CONCEPCION AV. MENENDEZ PELAYO,103		Not applicable	Not applicable			1210,00		1210,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	DELGADO LOPEZ FRANCISCO	JEREZ DE LA FRONTERA	Spain	HOSP. JEREZ DE LA FRONTERA RDA. CIRCUNVALACION		Not applicable	Not applicable			605,00		605,00
	DELGADO SANCHEZ MONICA	SANTA CRUZ DE TENERIFE	Spain	HOSP. UNIV. NTRA. SRA. DE CANDELARIA CTRA. DEL ROSARIO, 145		Not applicable	Not applicable		1091,14			1091,14
	DIAZ ALCAZAR FERNANDO	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA		Not applicable	Not applicable			1210,00		1210,00
	DIAZ CONEJO RAQUEL	TALAVERA DE LA REINA	Spain	HOSP. NTRA. SRA. DEL PRADO CTRA. MADRID EXTREMADURA,KM 114		Not applicable	Not applicable		95,00			95,00
	DIAZ DE TERAN VELASCO JAVIER	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable		95,00			95,00
	DIAZ ESPEJO CARLOS ENRIQUE	HUELVA	Spain	HOSP. GENERAL JUAN RAMON JIMENEZ RDA. NORTE EXTERIOR, S/N		Not applicable	Not applicable			1210,00		1210,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPS	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
HCPS	DIAZ GONZALEZ FEDERICO	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable			500,00		500,00
HCPS	DIAZ GONZALEZ SANDRA	SANTA CRUZ DE TENERIFE	Spain	HOSP. UNIV. NTRA. SRA. DE CANDELARIA CTRA. DEL ROSARIO, 145		Not applicable	Not applicable		136,62			136,62
HCPS	DIAZ MARIN CARMEN	ALICANTE	Spain	HOSP. GENERAL UNIV. DE ALICANTE C. PINTOR BAEZA,12		Not applicable	Not applicable			605,00		605,00
HCPS	DIAZ MIGUEL PEREZ CONSUELO	MADRID	Spain	HOSP. RAMON Y CAJAL CTRA. COLMENAR VIEJO, KM. 9,100		Not applicable	Not applicable	615,00	684,50	1210,00		2509,50
HCPS	DIAZ NAJERA ESTHER	VITORIA	Spain	HOSP. TXAGORRITXU C. JOSE DE ACHOTEGUI		Not applicable	Not applicable		84,00			84,00
HCPS	DIAZ TORNE CESAR	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	DIEZ AZURMENDI LUISA	MONDRAGON	Spain	HOSP. COM DEL ALTO DEBA AV. NAVARRA,16		Not applicable	Not applicable		155,00			155,00
	DIEZ BARRIO ANA	VALDEMORO	Spain	HOSP. INFANTA ELENA AV. REYES CATOLICOS,21		Not applicable	Not applicable		858,94			858,94
	DINCA AVARVAREI PETRUTA LUMINITA	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable	510,00	676,20			1186,20
	DOBON MARTINEZ IGNACIO	VALENCIA	Spain	HOSP. UNIV. DR. PESET ALEIXANDRE AV. GASPAR AGUILAR,90		Not applicable	Not applicable			605,00		605,00
	DOMINGUEZ SALGADO MANUEL	MADRID	Spain	HOSP. CENTRAL DE LA DEFENSA GOMEZ ULLA GLORIETA DEL EJERCITO, S/N		Not applicable	Not applicable			1936,00		1936,00
	DOÑA NARANJO MIGUEL ANGEL	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable	545,00	717,11			1262,11

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	DONAIRE PEDRAZA ANTONIO JESUS	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable	371,90	191,98	1210,00	375,65	2149,53
	DOPORTO FERNANDEZ ALBA	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable	320,00	486,08			806,08
	DUARTE GARCIA JACINTO	SEGOVIA	Spain	HOSP. GENERAL SEGOVIA CTRA. AVILA		Not applicable	Not applicable			300,00		300,00
	DUQUE HOLGUERA MARIA	CACERES	Spain	HOSP. SAN PEDRO DE ALCANTARA AV. PABLO NARANJO		Not applicable	Not applicable		78,00			78,00
	DURAN PASTOR MIRIAM	Sevilla	Spain	Hosp. Virgen De Valme CTRA. CADIZ-BELLAVISTA, KM. 548,9		Not applicable	Not applicable			242,00		242,00
	EGUES DUBUC CESAR ANTONIO	SAN SEBASTIAN	Spain	HOSP. DONOSTIA. EDIF. GUIPUZCOA PS. DOCTOR JOSE BEGUIRISTAIN,115,EDIFICIO GUIPUZCO		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPS	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	EGUIZABAL AGUADO JOSE	SEGOVIA	Spain	HOSP. GENERAL SEGOVIA CTRA. AVILA		Not applicable	Not applicable		773,10			773,10
	ENRIQUEZ MERAYO EUGENIA	Madrid	Spain	Hosp. 12 De Octubre General AV. DE CORDOBA S/N		Not applicable	Not applicable		381,00			381,00
	ERBURU IRIARTE MARKEL	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable		78,00			78,00
	ERDOCIA GOÑI AMAIA	LOGROÑO	Spain	HOSP. SAN PEDRO C. PIQUERAS, 98		Not applicable	Not applicable		234,70			234,70
	ERRA DURAN ALBA	Barcelona	Spain	Hosp. De San Rafael PS. DE LA VALL D HEBRON, 107, 117		Not applicable	Not applicable			605,00		605,00
	ESCALZA CORTINA INES	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA	XXX5050XX	Not applicable	Not applicable		385,87			385,87
	ESCAMILLA SEVILLA FRANCISCO	GRANADA	Spain	HOSP. VIRGEN DE LAS NIEVES REHAB-TRAUMA CTRA. JAEN, S/N		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ESCOBAR DELGADO Mª TERESA	GRANADA	Spain	HOSP. UNIV. VIRGEN DE LAS NIEVES GENERAL AV. FUERZAS ARMADAS,2		Not applicable	Not applicable	480,00	319,00			799,00
	ESCODA TURON ONA	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		356,65			356,65
	ESCOLANO PUIG MANUEL	VALENCIA	Spain	CONSELLERIA DE SANIDAD. GENERALITAT VALENCIANA C. MICER MASCO, 31-33		Not applicable	Not applicable		509,18			509,18
	ESPINAL VALENCIA JUAN BAUTISTA	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			2057,00		2057,00
	ESPINO GARCIA VERA	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		82,00			82,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ESPINOSA OLTRA TATIANA	CARTAGENA	Spain	HOSP. GENERAL UNIV. SANTA LUCIA C. MEZQUITA, S/N PARAJE LOS ARCOS.BARRIO STA.LUCIA		Not applicable	Not applicable	510,00				510,00
	ESTEVE BELLOCH PATRICIA	TORTOSA	Spain	HOSP. VERGE DE CINTA C. ESPLANETES,14		Not applicable	Not applicable		439,53	726,00		1165,53
	ESTEVEZ MARIA JOSE CARLOS	CORDOBA	Spain	HOSP. UNIV. REINA SOFIA AV. MENENDEZ PIDAL,S/N		Not applicable	Not applicable	371,90	249,87	2420,00	138,60	3180,37
	ESTRADA ALARCON PAULA	SANT JOAN DESPI	Spain	HOSP. SANT JOAN DESPI MOISES BROGGI C. JACINTO VERDAGUER,90		Not applicable	Not applicable			605,00		605,00
	EXPOSITO MOLINERO ROSA	LAREDO	Spain	HOSP. COM LAREDO AV. DERECHOS HUMANOS		Not applicable	Not applicable			1210,00		1210,00
	EXPOSITO RUIZ IRENE	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable		319,18	363,00		682,18

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	FALIP CENTELLES MARIA MERCEDES	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		757,28	5929,00	1513,78	8200,06
	FARE GARCIA REGINA	PALMA DE MALLORCA	Spain	HOSP. SANT JOAN DE DEU DE PALMA C. SANT JOAN DE DEU, 7		Not applicable	Not applicable			605,00		605,00
	FARIÑA SABARIS MARIA CARMEN	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable			605,00		605,00
	FEAL PAINCEIRAS MARIA JOSE	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		177,00			177,00
	FERNANDEZ ALONSO CESAREO	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable			605,00		605,00
	FERNANDEZ BARRIUSO INES	FUENLABRADA	Spain	HOSP. FUENLABRADA CAM. DEL MOLINO,2		Not applicable	Not applicable		95,00			95,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	FERNANDEZ CARBALLIDO CRISTINA	ELDA	Spain	HOSP. GENERAL DE ELDA CTRA. ELDA A SAX		Not applicable	Not applicable			500,00		500,00
	FERNANDEZ COUTO DOLORES	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		99,00			99,00
	FERNANDEZ CUBERO JOSE MARIA	MALAGA	Spain	RESID. GER. HERMANITAS DE LOS PO C. HEROES DE SOSTOA, 1		Not applicable	Not applicable		227,95			227,95
	FERNANDEZ DIAZ ANGEL	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable			605,00		605,00
	FERNANDEZ ESPARTERO Mª CRUZ	LAS ROZAS DE MADRID	Spain	ARTHROS - EQUIPO DE MEDICINA Y CIRUGIA SL C. ABETOS, 32		Not applicable	Not applicable			500,00		500,00
	FERNANDEZ FERNANDEZ EVA	Aviles	Spain	Hosp. San Agustin CAMINO DE HEROS, 6 BARRIO LA LLEDA		Not applicable	Not applicable		154,54			154,54
	FERNANDEZ FERNANDEZ JENNIFER	AVILES	Spain	HOSP. SAN AGUSTIN CAMINO DE HEROS, 6 BARRIO LA LLEDA		Not applicable	Not applicable		154,54			154,54

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
HCPs	FERNANDEZ GARCIA DE EULATE GORKA	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable		78,00			78,00
	FERNANDEZ LISON LUIS CARLOS	DON BENITO	Spain	HOSP. DON BENITO-VILLANUEVA DE LA SERENA CTRA. DON BENITO VILLANUEVA DE LA SERENA,KM.3		Not applicable	Not applicable			605,00		605,00
	FERNANDEZ LLANIO COMELLA NAGORE ESPERANZA	VALENCIA	Spain	HOSP. ARNAU DE VILANOVA C. SAN CLEMENTE,12		Not applicable	Not applicable			605,00		605,00
	FERNANDEZ LOPEZ JESUS CARLOS	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable			605,00		605,00
	FERNANDEZ MATILLA MERITXELL	VALENCIA	Spain	HOSP. ARNAU DE VILANOVA C. SAN CLEMENTE,12		Not applicable	Not applicable			605,00		605,00
	FERNANDEZ MORENO MARIA CARMEN	Sevilla	Spain	Hosp. Virgen De Valme CTRA. CADIZ-BELLAVISTA, KM. 548,9		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	FERNANDEZ ORTIZ ANA	ALMANSA	Spain	HOSP. GENERAL DE ALMANSA AV. DE CIRCUNVALACION		Not applicable	Not applicable			500,00		500,00
	FERNANDEZ RODRIGUEZ BEATRIZ	SEGOVIA	Spain	HOSP. GENERAL SEGOVIA CTRA. AVILA		Not applicable	Not applicable		78,00			78,00
	FERNANDEZ SANTOS ANGELICA	GUADALAJARA	Spain	HOSP. UNIV. DE GUADALAJARA C. DEL DONANTE DE SANGRE,S/N		Not applicable	Not applicable			484,00		484,00
	FERNANDEZ SANZ ARIADNA	Zaragoza	Spain	Hosp. Univ. Miguel Servet PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable		238,85			238,85
	FERRANDO PIQUERES RAUL	VALENCIA	Spain	HOSP. ARNAU DE VILANOVA C. SAN CLEMENTE,12		Not applicable	Not applicable			907,50		907,50
	FERRER JUAN GERMAN	PALMA DE MALLORCA	Spain	HOSP. UNIV. SON ESPASES CR. VALLDEMOSA,79		Not applicable	Not applicable		169,09			169,09
	FILGUEIRA DOMINGUEZ MONICA	PALMA DE MALLORCA	Spain	HOSP. UNIV. SON ESPASES CR. VALLDEMOSA,79		Not applicable	Not applicable		288,63			288,63

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	FITER CRESPO MARTA	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		309,08			309,08
	FITO MANTECA CONCEPCION	PAMPLONA	Spain	HOSP. NAVARRA C. IRUNLARREA,3		Not applicable	Not applicable			605,00		605,00
	FLORES BARRAGAN JOSE MANUEL	MANZANARES	Spain	HOSP. VIRGEN DE ALTAGRACIA C. DON EMILIANO GARCIA ROLDAN,2,COMPLEJO HOSP LA M		Not applicable	Not applicable			726,00		726,00
	FLORES RODRIGUEZ VALERIANO MIGUEL	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable	470,00				470,00
	FLOREZ PICO SILVIA MILENA	Gijon	Spain	Hosp. De Cabueñes CAM. DE LOS PRADOS,395		Not applicable	Not applicable		90,73			90,73
	FONCEA BETI NEREA	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA	XXX9729XX	Not applicable	Not applicable		588,36	4840,00	500,16	5928,52

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	FONSECA HERNANDEZ ELENA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable	600,00	1031,43			1631,43
	FONT LLORET LAURA	Sevilla	Spain	Hosp. Virgen De Valme CTRA. CADIZ-BELLAVISTA, KM. 548,9		Not applicable	Not applicable			242,00		242,00
	FORMICA MARTINEZ ALEXANDRO	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			363,00		363,00
	FOSSAS FELIP MARIA PILAR	MATARO	Spain	HOSP. MATARO CTRA. CIRERA		Not applicable	Not applicable			484,00		484,00
	FRAGA BAU ARTURO	VIGO	Spain	HOSP. XERAL DE VIGO C. PIZARRO,22		Not applicable	Not applicable		402,48			402,48
	FRANCISCO HERNANDEZ FELIX	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. GRAN CANARIA DR NEGRIN PZ. BARRANCO DE LA BALLENA		Not applicable	Not applicable		1256,34	1000,00	68,41	2324,75

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	FREIRE GONZALEZ MERCEDES	LA CORUÑA	Spain	C. ESP. VENTORRILLO AV. FINISTERRE,314		Not applicable	Not applicable			605,00		605,00
	FRIEIRO DANTAS CARLA	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable	247,93				247,93
	GABILONDO LOPEZ ALAZNE	HONDARRIBIA	Spain	HOSP. COM BIDASOA B. MENDELU, S/N		Not applicable	Not applicable		122,80	484,00		606,80
	GAGO VEIGA ANA BEATRIZ	MADRID	Spain	HOSP. UNIV. LA PRINCESA C. DIEGO DE LEON,62		Not applicable	Not applicable		246,40			246,40
	GAHETE JIMENEZ CARLOS	ZAFRA	Spain	HOSP. DE ZAFRA CTRA. BADAJOZ-GRANADA		Not applicable	Not applicable			484,00		484,00
	GAIG VENTURA CARLES	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		359,21	242,00		601,21
	GALBARRIATU GUTIERREZ LARA	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		499,78			499,78

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GALIANO BLANCART RAFAEL FRANCISCO	VALENCIA	Spain	HOSP. UNIV. DR. PESET ALEIXANDRE AV. GASPAR AGUILAR,90		Not applicable	Not applicable			605,00		605,00
	GALIANO FRAGUA MARIA LUISA	MADRID	Spain	C. ESP. MORATALAZ C. HACIENDA DE PAVONES		Not applicable	Not applicable	371,90	277,87	605,00		1254,77
	GALINDEZ AGUIRREGOIKOA EVA	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable			1210,00		1210,00
	GALINDO IZQUIERDO MARIA	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable		381,18	968,00		1349,18
	GALISTEO LENCASTRE-DA VEIGA CARLOS	SABADELL	Spain	CORPORACIO SANITARIA PARC TAULI C. PARC EL TAULI		Not applicable	Not applicable	325,00				325,00
	GALLARDO CORRAL ESTHER	JAEN	Spain	HOSP. GENERAL CIUDAD DE JAEN AV. EJERCITO ESPAÑOL,10		Not applicable	Not applicable			605,00		605,00
	GALLARDO HERNANDEZ FERNANDO	BARCELONA	Spain	HOSP. DEL MAR PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable			600,00		600,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GALLEGO FLORES ADELA	BADAJOZ	Spain	HOSP. INFANTA CRISTINA AV. DE ELVAS		Not applicable	Not applicable		1214,29			1214,29
	GALLEGOS CID ANGEL	Getafe	Spain	Hosp. Univ. Getafe CTRA. DE TOLEDO		Not applicable	Not applicable			605,00		605,00
	GALVEZ MUÑOZ JOSE	MURCIA	Spain	HOSP. GENERAL UNIV. MORALES MESEGUER AV. MARQUES DE LOS VELEZ		Not applicable	Not applicable			605,00		605,00
	GANTES PEDRAZA Mª ANGELES	PLASENCIA	Spain	HOSP. N S VIRGEN DEL PUERTO C. PARAJE VALCORCHERO, S/N		Not applicable	Not applicable			605,00		605,00
	GANZARAIN OYARBIDE MAIALEN	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			242,00		242,00
	GARAMENDI RUIZ IÑIGO	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable	371,90	352,84	1405,00		2129,74
	GARCES SANCHEZ MERCEDES	MANISES	Spain	HOSP. DE MANISES C. ROSES,S/N		Not applicable	Not applicable			1210,00		1210,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GARCIA ALHAMA JESSICA	VILAFRANCA DEL PENEDES	Spain	HOSP. COMARCAL L ALT PENEDES C. ESPIRAL		Not applicable	Not applicable		154,54			154,54
	GARCIA ALVAREZ DIONISIO MIGUEL	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable		769,77			769,77
	GARCIA ANTELO MARIA JOSE	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		170,67			170,67
	GARCIA ARMARIO MARIA DOLORES	XATIVA	Spain	HOSP. LLUIS ALCANYS CTRA. XATIVA-SILLA		Not applicable	Not applicable			605,00		605,00
	GARCIA CALDENTEY JUAN	PALMA DE MALLORCA	Spain	HOSP. QUIRONSALUD PALMAPLANAS CAMI DELS REIS, 308		Not applicable	Not applicable		239,04			239,04
	GARCIA CASADO ANA	VALENCIA	Spain	HOSP. CLINICO UNIV. VALENCIA AV. BLASCO IBAÑEZ,17		Not applicable	Not applicable		102,05			102,05

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GARCIA CASADO PATRICIA	MADRID	Spain	HOSP. RAMON Y CAJAL CTRA. COLMENAR VIEJO, KM. 9,100		Not applicable	Not applicable			363,00		363,00
	GARCIA CASARES ELISABET	MOLLET DEL VALLES	Spain	FUND. HOSPITAL MOLLET C. SAN LORENZO,39-41		Not applicable	Not applicable			605,00		605,00
	GARCIA CAZORLA ANGELS	ESPLUGUES DE LLOBREGAT	Spain	HOSP. SANT JOAN DE DEU PS. SANT JOAN DE DEU,2		Not applicable	Not applicable			1210,00	434,40	1644,40
	GARCIA COBOS ELVIRA	COSLADA	Spain	HOSP. UNIV. DEL HENARES AV. MARIE CURIE, S/N		Not applicable	Not applicable			363,00		363,00
	GARCIA CONSUEGRA SANCHEZ GLORIA	ALBACETE	Spain	HOSP. VIRGEN DEL PERPETUO SOCORRO C. SEMINARIO,4		Not applicable	Not applicable			500,00		500,00
	GARCIA ESCRIVA ALEJANDRO	BENIDORM	Spain	HOSP. IMED LEVANTE C. DOCTOR RAMON Y CAJAL,7		Not applicable	Not applicable			1331,00		1331,00
	GARCIA ESTEVEZ DANIEL APOLINAR	ORENSE	Spain	HOSP. CRISTAL C. RAMON PUGA,54		Not applicable	Not applicable			1405,00	78,00	1483,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GARCIA FEITO JULIO	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable			1815,00		1815,00
	GARCIA FERNANDEZ Mª EDILIA	GIJON	Spain	HOSP. DE CABUEÑES CAM. DE LOS PRADOS,395		Not applicable	Not applicable			605,00		605,00
	GARCIA GONZALEZ ALFREDO JAVIER	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable			605,00		605,00
	GARCIA GUIJO CARMEN	JEREZ DE LA FRONTERA	Spain	HOSP. JEREZ DE LA FRONTERA RDA. CIRCUNVALACION		Not applicable	Not applicable			605,00		605,00
	GARCIA HERNANDEZ Mª TERESA	AVILA	Spain	HOSP. NTRA. SEÑORA DE SONSOLES AV. JUAN CARLOS I		Not applicable	Not applicable		119,25			119,25
	GARCIA LLORENTE JOSE FRANCISCO	MENDARO	Spain	HOSP. MENDARO C. BARRIO DE MENDAROZABAL		Not applicable	Not applicable		514,18			514,18
	GARCIA LOPEZ BEATRIZ	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GARCIA LOPEZ TERESA	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable		953,63	605,00		1558,63
	GARCIA MALO CELIA	Majadahonda	Spain	Hosp. Univ. Puerta De Hierro Majadahonda C. MANUEL DE FALLA, 1		Not applicable	Not applicable		218,30			218,30
	GARCIA MARTIN GUILLERMINA	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable		557,71	605,00		1162,71
	GARCIA MARTINEZ ALBERTO	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable			2299,00	78,00	2377,00
	GARCIA MARTOS ALVARO	Aranjuez	Spain	Hosp. Del Tajo AV. AMAZONAS CENTRAL		Not applicable	Not applicable			1815,00		1815,00
	GARCIA MORALES IRENE	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable			4053,50	551,13	4604,63

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GARCIA MORALES VANESSA	VITORIA	Spain	HOSP. TXAGORRITXU C. JOSE DE ACHOTEGUI		Not applicable	Not applicable		181,20			181,20
	GARCIA MORENO JOSE MANUEL	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable			605,00		605,00
	GARCIA PEÑAS JUAN JOSE	Madrid	Spain	Hosp. Infantil Univ. Niño Jesus AV. MENENDEZ PELAYO, 65		Not applicable	Not applicable			2210,00	95,00	2305,00
	GARCIA PORTALES ROSA	TORREMOLINOS	Spain	HOSP. TORREMOLINOS C. DEL SANATORIO,5		Not applicable	Not applicable		937,13	3500,00		4437,13
	GARCIA RAMON JOSE ARMANDO	POZO ALEDO	Spain	HOSP. UNIV. LOS ARCOS DEL MAR MENOR PARAJE TORRE OCTAVIO, S/N		Not applicable	Not applicable		323,22			323,22
	GARCIA RODRIGUEZ Mª MAR BEGOÑA	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		78,00	1089,00		1167,00
	GARCIA RUA AIDA	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GARCIA SANCHEZ ANTONIO	GRANADA	Spain	HOSP. UNIV. VIRGEN DE LAS NIEVES GENERAL AV. FUERZAS ARMADAS,2		Not applicable	Not applicable	545,00	1392,07	1815,00		3752,07
	GARCIA SANCHEZ CARMEN	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			363,00		363,00
	GARCIA SANCHEZ VERONICA	PUERTO REAL	Spain	HOSP. UNIV. PUERTO REAL CTRA. NACIONAL IV, KM 665		Not applicable	Not applicable			242,00		242,00
	GARCIA SANCHO CARLOS	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		574,16			574,16
	GARCIA SANTIAGO ROCIO	PALENCIA	Spain	HOSP. RIO CARRION C. DE LOS DONANTES DE SANGRE		Not applicable	Not applicable		557,71			557,71
	GARCIA TORON JOSE	CACERES	Spain	HOSP. SAN PEDRO DE ALCANTARA AV. PABLO NARANJO		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GARCIA TRUJILLO LUCIA	Ronda	Spain	Hosp. General Basico Serrania CTRA. EL BURGO		Not applicable	Not applicable		316,01			316,01
	GARCIA VIVAR MªI LUZ	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable			605,00		605,00
	GARCIA-CABO FERNANDEZ CARMEN	OVIEDO	Spain	CENTRO MEDICO DE ASTURIAS AV. JOSE MARIA RICHARD, 3		Not applicable	Not applicable		78,00			78,00
	GARCIA-PELAYO RODRIGUEZ ANA	LA CORUÑA	Spain	HOSP. SANTA TERESA C. LONDRES,2		Not applicable	Not applicable		78,00			78,00
	GARCIA-RAMOS GARCIA ROCIO	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable			605,00		605,00
	GARIN PEREZ ELENA	MALAGA	Spain	HOSP. REGIONAL UNIV. MALAGA AV. CARLOS HAYA S/N		Not applicable	Not applicable			300,00		300,00
	GARRIDO LOPEZ BELEN	MANISES	Spain	HOSP. DE MANISES C. ROSES,S/N		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GARRIDO PUÑAL NOEMI PATRICIA	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			605,00		605,00
	GASTON ZUBIMENDI ITZIAR	PAMPLONA	Spain	HOSP. VIRGEN DEL CAMINO C. IRUNLARREA, 4		Not applicable	Not applicable			242,00		242,00
	GATA MAYA DAVID	CUENCA	Spain	HOSP. GENERAL VIRGEN DE LA LUZ C. HERMANDAD DE DONANTES DE SANGRE, 1		Not applicable	Not applicable		345,01			345,01
	GAYOSO GARCIA SONIA	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable			363,00		363,00
	GAYTAN SANSA JOSEP MARIA	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		235,80			235,80
	GENIS BATLLE DAVID	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable		231,81			231,81
	GHIGLINO NOVOA RODRIGO	Denia	Spain	Hosp. Denia Marina Salud C. PARTIDA BENIADLA,S/N		Not applicable	Not applicable			500,00		500,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GIL CASTILLO CRISTINA	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00			78,00
	GIL DE CASTRO ROSARIO	Algeciras	Spain	Hosp. Punta De Europa CTRA. GETARES		Not applicable	Not applicable		29,60			29,60
	GIL GARAY ENRIQUE	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable		431,80			431,80
	GIL LOPEZ FRANCISCO	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		375,65			375,65
	GIL LOPEZ JUAN ANTONIO	GIJON	Spain	CONS. PRIVADA PS. DE BEGOÑA,12,3º IZ.		Not applicable	Not applicable	330,58	78,00			408,58
	GIL-NAGEL REIN ANTONIO	MADRID	Spain	HOSP. RUBER INTERNACIONAL C. LA MASO, 38		Not applicable	Not applicable			2722,50	179,90	2902,40
	GINER BAYARRI PAU	VALENCIA	Spain	HOSP. UNIV. DR. PESET ALEIXANDRE AV. GASPAR AGUILAR,90		Not applicable	Not applicable			1210,00		1210,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GINER SERRET EMILIO JOSE	TERUEL	Spain	HOSP. GENERAL OBISPO POLANCO AV. RUIZ JARABO		Not applicable	Not applicable			605,00		605,00
	GIRALDO PEREZ MARIA JESUS	VALLADOLID	Spain	HOSP. UNIV. RIO HORTEGA C. DULZAINA,2		Not applicable	Not applicable		78,00			78,00
	GIRALDO RESTREPO NATALIA	Ciudad Real	Spain	Hosp. General De Ciudad Real C. TOMELLOSO		Not applicable	Not applicable		270,80			270,80
	GIRON UBEDA JUAN MIGUEL	JEREZ DE LA FRONTERA	Spain	HOSP. JEREZ DE LA FRONTERA RDA. CIRCUNVALACION		Not applicable	Not applicable			1210,00		1210,00
	GODOY TUNDIDOR HILDA	Majadahonda	Spain	Hosp. Univ. Puerta De Hierro Majadahonda C. MANUEL DE FALLA, 1		Not applicable	Not applicable			605,00		605,00
	GOMEZ ALONSO CARLOS	OVIEDO	Spain	SOCIEDAD ESPAÑOLA DE PRACTICA CLINICA DE INNOVACION Y DOCENCIA - SEPCID SL C. CAMPOAMOR, 11, 5ºC		Not applicable	Not applicable			750,00		750,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GOMEZ CAICOYA ANNE	ALCORCON	Spain	HOSP. UNIV. FUNDACION ALCORCON C. BUDAPEST,1		Not applicable	Not applicable			500,00		500,00
	GOMEZ CAMELLO ANGEL	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable		378,90			378,90
	GOMEZ EGUILAZ MARIA	LOGROÑO	Spain	HOSP. SAN PEDRO C. PIQUERAS, 98		Not applicable	Not applicable		128,97			128,97
	GOMEZ ESTEBAN JUAN CARLOS	BILBAO	Spain	SOCIEDAD DE NEUROLOGIA DEL PAIS VASCO C. LERSUNDI, 11		Not applicable	Not applicable			4036,00	78,00	4114,00
	GOMEZ GONZALEZ BEGOÑA	PUERTO REAL	Spain	HOSP. UNIV. PUERTO REAL CTRA. NACIONAL IV, KM 665		Not applicable	Not applicable		518,61			518,61
	GOMEZ GOSALVEZ FRANCISCO ANTONIO	ALICANTE	Spain	HOSP. GENERAL UNIV. DE ALICANTE C. PINTOR BAEZA,12		Not applicable	Not applicable		142,85			142,85
	GOMEZ HEREDIA Mª JOSE	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable		197,70	605,00		802,70

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GOMEZ VAQUERO CARMEN	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		443,56			443,56
	GOMEZ VICENTE LIDIA	ALCORCON	Spain	HOSP. UNIV. FUNDACION ALCORCON C. BUDAPEST,1		Not applicable	Not applicable		95,00			95,00
	GONZALEZ ARDURA JESSICA	LUGO	Spain	HOSP. UNIV. LUCUS AUGUSTI (HULA) C. SAN CIBRAO,S/N		Not applicable	Not applicable			1936,00	78,00	2014,00
	GONZALEZ CABALLERO GLORIA	SAN VICENTE DEL RASPEIG	Spain	HOSP. SAN VICENTE DEL RASPEIG C. LILLO JUAN,137		Not applicable	Not applicable		175,96			175,96
	GONZALEZ CUEVAS MONTSERRAT	BARCELONA	Spain	HOSP. QUIRON BARCELONA PZ. D ALFONSO COMIN,5-7		Not applicable	Not applicable		375,65			375,65
	GONZALEZ DE PRADA INMACULADA	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable		78,00			78,00
	GONZALEZ DEL VALLE LUIS	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GONZALEZ DOMINGUEZ JOSE	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable	545,00	770,10			1315,10
	GONZALEZ FERNANDEZ CARLOS	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		Not applicable	Not applicable			3872,00		3872,00
	GONZALEZ GIRALDEZ BEATRIZ	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable			4598,00	757,17	5355,17
	GONZALEZ GOMEZ MARISA	MAJADAHONDA	Spain	JOINT INSTITUTE SLP CL. CERRO DEL ESPINO, 6 ESC. D, 1ºA		Not applicable	Not applicable			400,00		400,00
	GONZALEZ HERNANDEZ TERESA	MADRID	Spain	INST. PROV. REHABILITACION. GREGORIO MARAÑON C. FRANCISCO SILVELA,40		Not applicable	Not applicable			605,00		605,00
	GONZALEZ HOMBRADO LAURA	Aranjuez	Spain	Hosp. Del Tajo AV. AMAZONAS CENTRAL		Not applicable	Not applicable			1210,00		1210,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GONZALEZ MANERO ANA	ALCAZAR DE SAN JUAN	Spain	HOSP. GENERAL LA MANCHA CENTRO AV. CONSTITUCION,3		Not applicable	Not applicable		168,65			168,65
	GONZALEZ PLATA ALBERTO	BADAJOZ	Spain	HOSP. INFANTA CRISTINA AV. DE ELVAS		Not applicable	Not applicable	320,00	665,77			985,77
	GONZALEZ PUIG LUIS	VALENCIA	Spain	HOSP. UNIV. LA FE AV. CAMPANAR, 21		Not applicable	Not applicable	520,00	615,10	605,00		1740,10
	GONZALEZ SARMIENTO ROGELIO	SALAMANCA	Spain	HOSP. VIRGEN DE LA VEGA PS. SAN VICENTE,58		Not applicable	Not applicable			484,00		484,00
	GONZALEZ SUAREZ SENEN	GIJON	Spain	HOSP. DE CABUEÑES CAM. DE LOS PRADOS,395		Not applicable	Not applicable			605,00		605,00
	GONZALEZ VAZQUEZ MARTA	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		78,00			78,00
	GONZALEZ-PINTO GONZALEZ TIRSO	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		151,72			151,72

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GONZALO GONZALEZ INES	VALDEMORO	Spain	HOSP. INFANTA ELENA AV. REYES CATOLICOS,21		Not applicable	Not applicable			605,00		605,00
	GOULA FERNANDEZ SOFIA	VITORIA	Spain	HOSP. TXAGORRITXU C. JOSE DE ACHOTEGUI		Not applicable	Not applicable			605,00		605,00
	GRANDE MARTIN ALBERTO	ALBACETE	Spain	HOSP. GENERAL DE ALBACETE C. HERMANOS FALCO,37		Not applicable	Not applicable		95,00			95,00
	GROS BAÑERES BELEN	ZARAGOZA	Spain	HOSP. UNIV. MIGUEL SERVET PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable			484,00		484,00
	GUERRA VAZQUEZ JOSE LUIS	FERROL	Spain	HOSP. BASICO DE LA DEFENSA CTRA. SAN PEDRO DE LEIXA, S/N		Not applicable	Not applicable			726,00		726,00
	GUERRERO LOPEZ ROSA	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable		95,00			95,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	GUIJARRO DEL AMO MONICA	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable		95,00	423,50		518,50
	GUTIERREZ GARCIA JAVIER	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			1600,00		1600,00
	GUTIERREZ GARCIA JOSE MARIA	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		95,00			95,00
	GUTIERREZ VIEDMA ALVARO	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable	510,00				510,00
	GUZMAN ROSARIO DARLIN	MADRID	Spain	HOSP. CENTRAL DE LA DEFENSA GOMEZ ULLA GLORIETA DEL EJERCITO, S/N		Not applicable	Not applicable			484,00		484,00
	HASSAN NORELDEEN RASHA	MAJADAHONDA	Spain	HOSP. UNIV. PUERTA DE HIERRO MAJADAHONDA C. MANUEL DE FALLA, 1		Not applicable	Not applicable		68,65			68,65

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	HERNANDEZ BERIAIN JOSE ANGEL	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. UNIV. INSULAR DE GRAN CANARIA AV. MARITIMA SUR,S/N		Not applicable	Not applicable			500,00	68,41	568,41
	HERNANDEZ MIGUEL MARIA VICTORIA	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable	325,00				325,00
	HERNANDEZ ONTIVEROS HECTOR	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable		280,62			280,62
	HERNANDEZ RODRIGUEZ IÑIGO	VIGO	Spain	HOSP. DO MEIXOEIRO C. MEIXUEIRO		Not applicable	Not applicable			3267,00		3267,00
	HERNANDO ASENSIO ALICIA	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable		95,00	300,00	78,00	473,00
	HERRANZ VARELA ANGELA	Coslada	Spain	Hosp. Del Henares AV. MARIE CURIE, S/N		Not applicable	Not applicable	545,00	701,15			1246,15

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	HERRERA ACOSTA ENRIQUE	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable			605,00		605,00
	HERRERA GARCIA JOSE DAVID	Granada	Spain	Hosp. Virgen De Las Nieves General AV. FUERZAS ARMADAS,2		Not applicable	Not applicable		431,16			431,16
	HERRERO SUAREZ SARA	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		830,47			830,47
	HERRERO VELAZQUEZ SONIA	VALLADOLID	Spain	HOSP. UNIV. RIO HORTEGA C. DULZAINA,2		Not applicable	Not applicable	371,90	95,00			466,90
	HERVAS NAVIDAD ROCIO	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			1100,00		1100,00
	HIDALGO CALLEJA CRISTINA	SALAMANCA	Spain	CTRO. REUMAT. SALAMANCA PZ. ESPAÑA,5,EDF. ESPAÐA		Not applicable	Not applicable		751,82			751,82
	HILARA SANCHEZ MARIA YOLANDA	Aranjuez	Spain	Hosp. Del Tajo AV. AMAZONAS CENTRAL		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	HOMEDES PEDRET CHRISTIAN	SANT CUGAT DEL VALLES	Spain	HOSP. UNIV. GENERAL DE CATALUNYA C. PEDRO I PONS,1		Not applicable	Not applicable		780,71			780,71
	HUERTAS GONZALEZ NURIA	LEGANES	Spain	HOSP. UNIV. SEVERO OCHOA AV. DE ORELLANA,S/N		Not applicable	Not applicable		363,00	605,00		968,00
	HUETE HURTADO ANA	CUENCA	Spain	HOSP. GENERAL VIRGEN DE LA LUZ C. HERMANDAD DE DONANTES DE SANGRE, 1		Not applicable	Not applicable		53,91			53,91
	HUMBRIA MENDIOLA ALICIA	MADRID	Spain	HOSP. UNIV. LA PRINCESA C. DIEGO DE LEON,62		Not applicable	Not applicable		290,00			290,00
	IGLESIAS VELA MARTA	LEON	Spain	HOSP. DE LEON C. ALTOS DE NAVA, S/N		Not applicable	Not applicable		78,00			78,00
	INDAKOETXEA JUANBELTZ BEGOÑA	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			363,00		363,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	IRANZO RIQUER ALEJANDRO	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		353,38			353,38
	IRIGOYEN OYARZABAL Mª VICTORIA	MALAGA	Spain	HOSP. CIVIL AV. DOCTOR GALVEZ GINACHERO, S/N		Not applicable	Not applicable		197,70			197,70
	IZQUIERDO BARRIONUEVO CRISTINA	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			363,00		363,00
	IZQUIERDO BONILLO ROCIO	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable		244,30			244,30
	JARABA ARMAS SONIA	VILADECANS	Spain	HOSP. COMARCAL VILADECANS AV. GAVA,38		Not applicable	Not applicable			242,00		242,00
	JAUMA CLASSEN SERGE	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable			600,00		600,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	JESUS MAESTRE SILVIA	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			1815,00		1815,00
	JIMENEZ DIAZ ANA MARIA	SAN SEBASTIAN DE LOS REYES	Spain	HOSP. INFANTA SOFIA PS. DE EUROPA,34		Not applicable	Not applicable			605,00		605,00
	JIMENEZ ECHEVERRIA SAIOA	VITORIA	Spain	HOSP. TXAGORRITXU C. JOSE DE ACHOTEGUI		Not applicable	Not applicable		101,70			101,70
	JIMENEZ GONZALEZ ERIKA	ALCORCON	Spain	HOSP. UNIV. FUNDACION ALCORCON C. BUDAPEST,1		Not applicable	Not applicable	510,00	95,00			605,00
	JIMENEZ LOZANO Mª ANTONIA	LEON	Spain	HOSP. DE LEON C. ALTOS DE NAVA, S/N		Not applicable	Not applicable		78,00			78,00
	JIMENEZ MOLEON INMACULADA	GRANADA	Spain	C. EXT. HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			605,00		605,00
	JIMENEZ PARRAS MARTA	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable			484,00		484,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	JODAR GIMENO ESTEBAN	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable			750,00		750,00
	JORGE DE ALMEIDA MARIANA ISABEL	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			242,00		242,00
	JUAN MAS ANTONIO	PALMA DE MALLORCA	Spain	FUND. HOSP. SON LLATZER CTRA. MANACOR, KM. 4		Not applicable	Not applicable			605,00		605,00
	JUANOLA ROURA JAVIER	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		212,21	605,00		817,21
	JUAREZ TORREJON NOELIA	LEGANES	Spain	HOSP. UNIV. SEVERO OCHOA AV. DE ORELLANA,S/N		Not applicable	Not applicable		363,00			363,00
	JUDEZ NAVARRO ENRIQUE	ALBACETE	Spain	HOSP. VIRGEN DEL PERPETUO SOCORRO C. SEMINARIO,4		Not applicable	Not applicable			500,00		500,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	KANTEREWICZ BINSTOCK EDUARDO	VIC	Spain	HOSP. GENERAL VIC C. FRANCESC PLA EL VIGATA ,1		Not applicable	Not applicable			605,00		605,00
	KAPETANOVIC GARCIA SOLANGE	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable		115,18			115,18
	KOMSALOVA YANKOVA LILIYA	Denia	Spain	Hosp. Denia Marina Salud C. PARTIDA BENIADLA,S/N		Not applicable	Not applicable			500,00		500,00
	KRUPINSKI JERZY	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable		317,75			317,75
	KUBARSEPP ANNELI	Benalmadena Costa	Spain	Hosp. Xanit CAM. DE GILABERT		Not applicable	Not applicable		568,24			568,24
	KUTYLA MALGORZATA	PUERTOLLANO	Spain	HOSP. SANTA BARBARA CTRA. DE MALAGON		Not applicable	Not applicable			726,00		726,00
	LABIANO BASTERO ISABEL	ALBACETE	Spain	HOSP. VIRGEN DEL PERPETUO SOCORRO C. SEMINARIO,4		Not applicable	Not applicable			500,00		500,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	LABRADOR SANCHEZ EZTIZEN	VALENCIA	Spain	HOSP. UNIV. LA FE AV. CAMPANAR, 21		Not applicable	Not applicable	470,00	615,10			1085,10
	LAIZ ALONSO ANA	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			605,00		605,00
	LAMUA RIAZUELO JOSE RAMON	COSLADA	Spain	HOSP. UNIV. DEL HENARES AV. MARIE CURIE, S/N		Not applicable	Not applicable			605,00		605,00
	LATORRE GONZALEZ GERMAN	FUENLABRADA	Spain	HOSP. FUENLABRADA CAM. DEL MOLINO,2		Not applicable	Not applicable		251,92			251,92
	LAZZARI ROBERTO	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable		280,62			280,62
	LEMA FACAL TERESA	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable			2178,00	177,00	2355,00
	LEON GARCIA MARIO	MERIDA	Spain	HOSP. DE MERIDA POLG. NUEVA CIUDAD		Not applicable	Not applicable		592,00			592,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	LEON MATEOS LETICIA	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable	615,00	169,63	968,00	642,06	2394,69
	LEON RODRIGUEZ CARLOS	SUANCES	Spain	C.S. SUANCES AV. JOSE ANTONIO, 31		Not applicable	Not applicable			847,00		847,00
	LERMA GARRIDO JUAN JOSE	VALENCIA	Spain	HOSP. GENERAL UNIV. VALENCIA AV. TRES CRUCES, 2		Not applicable	Not applicable			605,00		605,00
	LEY MARTOS MIRIAM	SEVILLA	Spain	REAL E ILUSTRE COLEGIO DE MEDICOS DE SEVILLA AV. DE LA BORBOLLA, 47		Not applicable	Not applicable			484,00		484,00
	LEY NACHER MIGUEL	BARCELONA	Spain	HOSP. DEL MAR PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable			847,00		847,00
	LIAÑO SANCHEZ TALIA	MADRID	Spain	CLIN. SAN CAMILO C. JUAN BRAVO, 39		Not applicable	Not applicable		530,20			530,20
	LIÑAN LOPEZ MANUEL	GRANADA	Spain	HOSP. VIRGEN DE LAS NIEVES REHAB-TRAUMA CTRA. JAEN, S/N		Not applicable	Not applicable			1331,00		1331,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	LINARES FERNANDEZ ISABEL	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable	545,00	717,11			1262,11
	LLAMAS VELASCO MARIA DEL MAR	MADRID	Spain	HOSP. UNIV. LA PRINCESA C. DIEGO DE LEON,62		Not applicable	Not applicable			726,00		726,00
	LLANERO LUQUE MARCOS	MADRID	Spain	CLIN. SAN CAMILO C. JUAN BRAVO, 39		Not applicable	Not applicable		566,50			566,50
	LLANEZA GONZALEZ MIGUEL ANGEL	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable		78,00			78,00
	LLEDO RODRIGUEZ RAFAEL	Granollers	Spain	Hosp. General Granollers AV. FRANCESC RIBAS, S/N		Not applicable	Not applicable		727,61			727,61
	LLORENS FLORES ANA MARIA	VALENCIA	Spain	HOSP. ARNAU DE VILANOVA C. SAN CLEMENTE,12		Not applicable	Not applicable			363,00		363,00
	LOJO OLIVEIRA MARIA LETICIA	MADRID	Spain	HOSP. UNIV. INFANTA LEONOR AV. GRAN VIA DEL ESTE,80		Not applicable	Not applicable			1210,00		1210,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	LOPEZ AGUDELO OCTAVIO	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00			78,00
	LOPEZ DEL VAL LUIS JAVIER	Zaragoza	Spain	Hosp. Clin. Univ. Lozano Blesa C. SAN JUAN BOSCO,15		Not applicable	Not applicable		318,30			318,30
	LOPEZ DELGADO ANJANA	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable	48,00				48,00
	LOPEZ DOMINGUEZ DANIEL	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable		390,96			390,96
	LOPEZ DOMINGUEZ LUIS MARIA	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable			605,00		605,00
	LOPEZ FAJARDO PATRICIA	SANTA CRUZ DE TENERIFE	Spain	HOSP. UNIV. NTRA. SRA. DE CANDELARIA CTRA. DEL ROSARIO, 145		Not applicable	Not applicable			800,00		800,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	LOPEZ FERRER ANNA	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			605,00		605,00
	LOPEZ GARCIA VICTOR	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable			726,00		726,00
	LOPEZ GONZALEZ FATIMA	ALICANTE	Spain	HOSP. GENERAL UNIV. DE ALICANTE C. PINTOR BAEZA,12		Not applicable	Not applicable		358,56			358,56
	LOPEZ GONZALEZ FRANCISCO JAVIER	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable	510,00	645,07	500,00	78,00	1733,07
	LOPEZ LASANTA MARIA AMERICA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable			605,00		605,00
	LOPEZ MANZANARES LYDIA	MADRID	Spain	HOSP. UNIV. LA PRINCESA C. DIEGO DE LEON,62		Not applicable	Not applicable			726,00		726,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	LOPEZ MARTINEZ ALICIA	CUENCA	Spain	HOSP. GENERAL VIRGEN DE LA LUZ C. HERMANDAD DE DONANTES DE SANGRE, 1		Not applicable	Not applicable		158,65			158,65
	LOPEZ MESONERO LUIS	ZAMORA	Spain	HOSP. VIRGEN DE LA CONCHA AV. REQUEJO, 35		Not applicable	Not applicable			363,00		363,00
	LOPEZ NAVARRO DANIEL	CIUDAD REAL	Spain	HOSP. GENERAL DE CIUDAD REAL C. TOMELLOSO		Not applicable	Not applicable		181,70			181,70
	LOPEZ PACIOS JOSE CARLOS	Fuentes Nuevas	Spain	Hosp. El Bierzo C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable		78,00			78,00
	LOPEZ ROA MARGARITA	SANTA CRUZ DE TENERIFE	Spain	HOSP. PSIQUIATRICO C. DOMINGO J. MANRIQUE, 2		Not applicable	Not applicable		301,15			301,15
	LOPEZ SOBRINO GLORIA	MOSTOLES	Spain	HOSP. REY JUAN CARLOS MOSTOLES C. GLADIOLO, S/N		Not applicable	Not applicable		95,00			95,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	LOPEZ TRABA ALBERTO	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable		78,00			78,00
	LOPEZ-SIDRO IBAÑEZ MARIA DEL MAR	GRANADA	Spain	HOSP. UNIV. VIRGEN DE LAS NIEVES GENERAL AV. FUERZAS ARMADAS,2		Not applicable	Not applicable	545,00	625,11			1170,11
	LORENZO GONZALEZ JOSE RAMON	VIGO	Spain	HOSP. POVISA C. SALAMANCA,5		Not applicable	Not applicable			363,00		363,00
	LORENZO SANZ GUSTAVO	MADRID	Spain	HOSP. RAMON Y CAJAL CTRA. COLMENAR VIEJO, KM. 9,100		Not applicable	Not applicable		95,00			95,00
	LOSADA DEL POZO REBECA	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable		95,00			95,00
	LOZANO RIVAS NURIA	CARAVACA DE LA CRUZ	Spain	HOSP. COM. DEL NOROESTE DE LA REGION DE MURCIA AV. MIGUEL ESPINOSA,1		Not applicable	Not applicable			500,00		500,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	LUNA GOMEZ CRISTINA	ARONA	Spain	C. ESP. ARONA-EL MOJON CTRA. GENERAL ARONA EL MOJON		Not applicable	Not applicable			500,00		500,00
	MACARRON VICENTE JESUS	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable	371,90				371,90
	MACHIO CASTELLO MARIA	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable		101,70	605,00		706,70
	MACIAS GARCIA SORAYA	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable		78,00			78,00
	MADRIGAL DOMINGUEZ MARIA JOSE	HUELVA	Spain	C. ESP. VIRGEN DE LA CINTA AV. PAISAJISTA		Not applicable	Not applicable			2420,00		2420,00
	MAJO FIERRO TERESA	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MALAGA DIEGUEZ IGNACIO	OVIEDO	Spain	HUCA (EDIFICIO MATERNO INFANTIL) C. CELESTINO VILLAMIL, S/N		Not applicable	Not applicable			2783,00	284,52	3067,52
	MANEIRO FERNANDEZ JOSE RAMON	Pontevedra	Spain	Hosp. Provincial De Pontevedra C. DOCTOR LOUREIRO CRESPO,2		Not applicable	Not applicable			1210,00		1210,00
	MANEIRO VICENTE MIREN	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			363,00		363,00
	MANRIQUE ARIJA SARA	MALAGA	Spain	HOSP. CIVIL AV. DOCTOR GALVEZ GINACHERO, S/N		Not applicable	Not applicable			605,00		605,00
	MANSO CALDERON RAQUEL	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00			78,00
	MARCO CAZCARRA CARLA	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable		25,95			25,95

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MAREY LOPEZ JOSE MANUEL	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable			600,00		600,00
	MARIN GARCIA MARTA	Zaragoza	Spain	Hosp. Clin. Univ. Lozano Blesa C. SAN JUAN BOSCO,15		Not applicable	Not applicable		110,20			110,20
	MARINAS ALEJO AINHOA	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		169,98			169,98
	MARQUES CASANOVAS CARMEN	PALMA DE MALLORCA	Spain	CLIN. JUANEDA C. COMPANY,30,BARRIO SON ESPAÑOLET		Not applicable	Not applicable		273,63			273,63
	MARQUEZ RIVAS FCO. JAVIER	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			1210,00	632,89	1842,89
	MARRERO ABRANTE RUTH MARIA	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable		379,12			379,12

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MARSAL BARRIL SARA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable		922,83	605,00		1527,83
	MARTIN BALBUENA SEBASTIAN	Cieza	Spain	Fund. Hosp. De Cieza CTRA. DE ABARAN,S/N		Not applicable	Not applicable			605,00		605,00
	MARTIN BUJANDA MARIA	Tudela	Spain	Hosp. Reina Sofia CTRA. TUDELA TARAZONA		Not applicable	Not applicable			242,00		242,00
	MARTIN GONZALEZ ISABEL	Getafe	Spain	Hosp. Univ. Getafe CTRA. DE TOLEDO		Not applicable	Not applicable			605,00		605,00
	MARTIN GURPEGUI JOSE LUIS	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable		331,66	484,00		815,66
	MARTIN LLORENTE CARMEN	ALCORCON	Spain	HOSP. UNIV. FUNDACION ALCORCON C. BUDAPEST,1		Not applicable	Not applicable	510,00		605,00		1115,00
	MARTIN POLO JORGE	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable			2178,00		2178,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MARTIN VELASCO MARIA DEL MAR	SANTA CRUZ DE TENERIFE	Spain	HOSP. UNIV. NTRA. SRA. DE CANDELARIA CTRA. DEL ROSARIO, 145		Not applicable	Not applicable		963,16			963,16
	MARTINEZ ANTON JACINTO LUIS	MALAGA	Spain	HOSP. MATERNO INFANTIL C. ARROYO DE LOS ANGELES,S/N		Not applicable	Not applicable			500,00		500,00
	MARTINEZ ARROYO AMAIA	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA	XXX7318XX	Not applicable	Not applicable		78,00			78,00
	MARTINEZ BARRIO JULIA	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		Not applicable	Not applicable			1573,00		1573,00
	MARTINEZ BERMEJO ANTONIO	MADRID	Spain	HOSP. MAT. INF. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable	480,00	95,00			575,00
	MARTINEZ CASTRILLO JUAN CARLOS	MADRID	Spain	HOSP. RAMON Y CAJAL CTRA. COLMENAR VIEJO, KM. 9,100		Not applicable	Not applicable			726,00		726,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MARTINEZ CAYUELAS ELENA	TORREJON DE ARDOZ	Spain	HOSP. UNIV. TORREJON DE ARDOZ C. MATERO INURRIA,1		Not applicable	Not applicable		95,00			95,00
	MARTINEZ DUBARBIE FRANCISCO	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable		78,00			78,00
	MARTINEZ FERRI MERITXELL	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable		204,67	484,00		688,67
	MARTINEZ GARCIA ANA BELEN	PALMA DE MALLORCA	Spain	HOSP. UNIV. SON ESPASES CR. VALLDEMOSA,79		Not applicable	Not applicable		210,88			210,88
	MARTINEZ GARCIA NATALIA	MADRID	Spain	HOSP. SANITAS LA MORALEJA C. FRANCISCO PI Y MARAGALL,81		Not applicable	Not applicable		95,00	605,00		700,00
	MARTINEZ HORTA SAUL	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			363,00		363,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MARTINEZ LIÑARES ROMINA	PONTEVEDRA	Spain	HOSP. PROVINCIAL DE PONTEVEDRA C. DOCTOR LOUREIRO CRESPO,2		Not applicable	Not applicable		54,55			54,55
	MARTINEZ LOPEZ JUAN ANTONIO	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable		446,29	1573,00		2019,29
	MARTINEZ MARURI EMILIO FRANCISCO	Vinaros	Spain	Hosp. Comarcal De Vinaroz AV. GIL DE ATROCILLO		Not applicable	Not applicable			1210,00		1210,00
	MARTINEZ MELGAR JOSE LUIS	MOURENTE (SANTA MARIA)	Spain	HOSP. MONTECELO C. MOURENTE MONTECELO		Not applicable	Not applicable		89,80			89,80
	MARTINEZ MENENDEZ BEATRIZ	Getafe	Spain	Hosp. Univ. Getafe CTRA. DE TOLEDO		Not applicable	Not applicable		274,37			274,37
	MARTINEZ PRADA CRISTINA	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MARTINEZ PUJOL LAURA	Tarrasa	Spain	Hosp. Mutua Terrassa PZ. DOCTOR ROBERT,5		Not applicable	Not applicable	285,00				285,00
	MARTINEZ RODRIGUEZ LAURA	Oviedo	Spain	Hosp. Univ. Central De Asturias AV. DE ROMA, S/N		Not applicable	Not applicable				371,90	371,90
	MARTINEZ ROLDAN JORDI	MATARO	Spain	FUNDACION TIC SALUT AV. ERNEST LLUCH, 32		Not applicable	Not applicable		693,13			693,13
	MARTINEZ SANCHEZ NURIA	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable			968,00		968,00
	MARTINEZ SESMERO JOSE MANUEL	TOLEDO	Spain	HOSP. VIRGEN DE LA SALUD AV. BARBER, 30		Not applicable	Not applicable		511,48			511,48
	MARTINEZ SIMON JOSEFINA	GRANADA	Spain	HOSP. UNIV. VIRGEN DE LAS NIEVES GENERAL AV. FUERZAS ARMADAS,2		Not applicable	Not applicable			1089,00		1089,00
	MARTINEZ TORRES IRENE	VALENCIA	Spain	HOSP. UNIV. LA FE AV. CAMPANAR, 21		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MARTINEZ ULLOA PEDRO LUIS	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable		95,00			95,00
	MARTINEZ VELASCO ELENA	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable			300,00		300,00
	MARZO GRACIA JESUS	ZARAGOZA	Spain	C. ESP. RAMON Y CAJAL PS. MARIA AGUSTIN,12-14		Not applicable	Not applicable		682,00	605,00		1287,00
	MAS LOPEZ SANDRA	Getafe	Spain	Hosp. Univ. Getafe CTRA. DE TOLEDO		Not applicable	Not applicable			484,00		484,00
	MASCIAS CADAVID JAVIER	MADRID	Spain	HOSP. UNIV. INFANTA LEONOR AV. GRAN VIA DEL ESTE,80		Not applicable	Not applicable		35,65			35,65
	MASSOT CLADERA MARGARITA	PALMA DE MALLORCA	Spain	HOSP. UNIV. SON ESPASES CR. VALLDEMOSA,79		Not applicable	Not applicable		158,38			158,38
	MASSOT TARRUS ANDREU	BARCELONA	Spain	HOSP. DEL MAR PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MATA ARNAIZ CRISTINA	LAREDO	Spain	HOSP. COM LAREDO AV. DERECHOS HUMANOS		Not applicable	Not applicable			605,00		605,00
	MATEO CASAS MARIA	CASTELLON	Spain	HOSP. GENERAL CASTELLON AV. BENICASIM		Not applicable	Not applicable			484,00		484,00
	MATEO SORIA LOURDES	BADALONA	Spain	HOSP. UNIV GERMANS TRIAS I PUJOL CTRA. CANYET		Not applicable	Not applicable			605,00		605,00
	MATUTE NIEVES ALEXANDRA	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		385,87			385,87
	MAURI LLERDA JOSE ANGEL	Zaragoza	Spain	Hosp. Clin. Univ. Lozano Blesa C. SAN JUAN BOSCO,15		Not applicable	Not applicable			3910,00	148,00	4058,00
	MAZZUCCHELLI ESTEBAN RAMON	Alcorcon	Spain	Hosp. Univ. Fundacion Alcorcon C. BUDAPEST,1		Not applicable	Not applicable			605,00		605,00
	MEDINA MALONE MIGUEL	Tudela	Spain	Hosp. Reina Sofia CTRA. TUDELA TARAZONA		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MEDINA MONTALVO MARIA SUSANA	ALCALA DE HENARES	Spain	HOSP. UNIV PRINCIPE DE ASTURIAS CTRA. MECO		Not applicable	Not applicable			605,00		605,00
	MEDRANO IZQUIERDO PILAR	LEGANES	Spain	HOSP. UNIV. SEVERO OCHOA AV. DE ORELLANA,S/N		Not applicable	Not applicable		112,75			112,75
	MEDRANO SAN ILDEFONSO MARTA	ZARAGOZA	Spain	HOSP. UNIV. MIGUEL SERVET PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable			605,00		605,00
	MELCHOR DIAZ SHEILA	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable			605,00		605,00
	MENDOZA MENDOZA DOLORES	HUELVA	Spain	C. ESP. VIRGEN DE LA CINTA AV. PAISAJISTA		Not applicable	Not applicable			1105,00		1105,00
	MERAYO MACIAS ELEUTERIO JESUS	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable		78,00			78,00
	MERCADE CERDA JUAN MARIA	MALAGA	Spain	HOSP. REGIONAL UNIV. MALAGA AV. CARLOS HAYA S/N		Not applicable	Not applicable	371,90	292,81			664,71

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MICHELENA VEGAS XABIER	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable			605,00		605,00
	MILLET BALANZO PABLO	BARCELONA	Spain	HOSP. DOS DE MAIG C. DOS DE MAIG, 301		Not applicable	Not applicable			1210,00		1210,00
	MINGUEZ CASTELLANOS ADOLFO	GRANADA	Spain	HOSP. VIRGEN DE LAS NIEVES REHAB-TRAUMA CTRA. JAEN, S/N		Not applicable	Not applicable			1089,00		1089,00
	MINGUEZ VEGA MAURICO	SAN JUAN DE ALICANTE	Spain	HOSP. UNIV. SAN JUAN DE ALICANTE CTRA. ALICANTE VALENCIA S/N		Not applicable	Not applicable			500,00		500,00
	MIRANDA SANTIAGO JAVIER	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable		78,00			78,00
	MIRO LLADO JULIA	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		226,47			226,47

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MOLINA ARJONA JOSE ANTONIO	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable			726,00		726,00
	MOLINA CARBALLO ANTONIO	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable		499,56			499,56
	MOLINA GALBRAITH DAVID	MALAGA	Spain	HOSP. REGIONAL UNIV. MALAGA AV. CARLOS HAYA S/N		Not applicable	Not applicable		288,60			288,60
	MOLINA SANCHEZ MARIA	MOSTOLES	Spain	HOSP. REY JUAN CARLOS MOSTOLES C. GLADIOLO, S/N		Not applicable	Not applicable	510,00	95,00			605,00
	MOLINA SEGUIN JESSICA	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable		940,54			940,54
	MOLINA TERCERO AMPARO	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. GRAN CANARIA DR NEGRIN PZ. BARRANCO DE LA BALLENA		Not applicable	Not applicable			605,00		605,00
	MOLINS ALBANELL ALBERT	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable			3872,00	440,50	4312,50

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MONEGAL BRANCOS ANA	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		371,42			371,42
	MONTEAGUDO SAEZ INDALECIO	MADRID	Spain	HOSP. RUBER INTERNACIONAL C. LA MASO, 38		Not applicable	Not applicable			605,00		605,00
	MONTERO GONZALEZ MARCOS DANIEL	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable		78,00			78,00
	MONTERO ROMERO EMILIO	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			605,00		605,00
	MONTERO SEISDEDOS DAVID	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable	615,00				615,00
	MONTES GARCIA SILVIA	GRANADA	Spain	C. EXT. HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			605,00		605,00
	MONTOYA GUTIERREZ FRANCISCO JAVIER	XATIVA	Spain	HOSP. LLUIS ALCANYS CTRA. XATIVA-SILLA		Not applicable	Not applicable		267,90	2299,00		2566,90

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MORAGUES PASTOR CARMEN	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable			1713,63	140,63	1854,26
	MORALES GARRIDO PILAR	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			3025,00		3025,00
	MORCILLO VALLE MERCEDES	SAN LORENZO DE EL ESCORIAL	Spain	HOSP. DEL ESCORIAL CTRA. GUADARRAMA		Not applicable	Not applicable			1089,00		1089,00
	MOREIRA NAVARRETE VIRGINIA	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable			605,00		605,00
	MORELL HITA JOSE LUIS	MADRID	Spain	C. ESP. SAN BLAS C. HERMANOS GARCIA NOBLEJAS,89		Not applicable	Not applicable			605,00		605,00
	MORENO BORRO MILAGROS	Palencia	Spain	Hosp. Rio Carrion C. DE LOS DONANTES DE SANGRE		Not applicable	Not applicable		78,00			78,00
	MORENO ESTEBANEZ ANA	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MORENO GIL Mª DEL PUERTO	PLASENCIA	Spain	HOSP. N S VIRGEN DEL PUERTO C. PARAJE VALCORCHERO, S/N		Not applicable	Not applicable			605,00		605,00
	MORENO MARTINEZ MARIA JOSE	LORCA	Spain	HOSP. D RAFAEL MENDEZ CTRA. NACIONAL 340		Not applicable	Not applicable		554,00			554,00
	MORENO MORALES JUAN	CARTAGENA	Spain	HOSP. UNIV. SANTA MARIA DEL ROSELL PS. ALFONSO XIII,61		Not applicable	Not applicable			500,00		500,00
	MORENO RAMOS MANUEL	El Palmar	Spain	Hosp. Univ Virgen De La Arrixaca CTRA. MADRID-CARTAGENA		Not applicable	Not applicable		554,00	500,00		1054,00
	MORENO RAMOS TERESA	Madrid	Spain	Hosp. Clinico San Carlos C. PROFESOR MARTIN LAGOS	XXX6506XX	Not applicable	Not applicable			605,00		605,00
	MORENO ROJAS ANTONIO JOSE	PALMA DE MALLORCA	Spain	HOSP. UNIV. SON ESPASES CR. VALLDEMOSA,79		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MORENO VENTURA CAROL	SANTA CRUZ DE TENERIFE	Spain	HOSP. UNIV. NTRA. SRA. DE CANDELARIA CTRA. DEL ROSARIO, 145		Not applicable	Not applicable	615,00				615,00
	MORILLAS LOPEZ LUIS	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable		280,00	605,00	346,10	1231,10
	MOROLLON SANCHEZ-MATEOS NOEMI	BARCELONA	Spain	USP INSTITUT UNIV DEXEUS C. SABINO ARANA,5-19		Not applicable	Not applicable		423,31			423,31
	MOYA ALVARADO PATRICIA	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			605,00		605,00
	MOYA MOLINA MIGUEL ANGEL	CADIZ	Spain	HOSP. UNIV. PUERTA DEL MAR AV. ANA DE VIYA,21		Not applicable	Not applicable			1694,00		1694,00
	MULAS DELGADO FERNANDO	VALENCIA	Spain	SOCIEDAD VALENCIANA DE NEUROPEDIATRIA - SVANP AV. PLATA, 34		Not applicable	Not applicable		269,65			269,65

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MUÑOZ CARMEN	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable			605,00		605,00
	MUÑOZ FERNANDEZ SANTIAGO	SAN SEBASTIAN DE LOS REYES	Spain	HOSP. INFANTA SOFIA PS. DE EUROPA,34		Not applicable	Not applicable		494,29			494,29
	MUÑOZ LOPETEGI AMAIA	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable		78,00			78,00
	MUÑOZ LOPEZ ALFONSO	MALAGA	Spain	HOSP. REGIONAL UNIV. MALAGA AV. CARLOS HAYA S/N		Not applicable	Not applicable		335,92			335,92
	MUÑOZ-TORRERO RODRIGUEZ JUAN JOSE	CIUDAD REAL	Spain	HOSP. GENERAL DE CIUDAD REAL C. TOMELLOSO		Not applicable	Not applicable			726,00		726,00
	MURGUIALDAY ITURRIOZ ARANTZA	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable		95,80	242,00		337,80

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	MURIANA BATISTE DESIREE	MATARO	Spain	HOSP. MATARO CTRA. CIRERA		Not applicable	Not applicable			605,00		605,00
	MURILLO HERNANDEZ ALAN DANILO	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00			78,00
	MURUZABAL PEREZ JAVIER	PAMPLONA	Spain	HOSP. VIRGEN DEL CAMINO C. IRUNLARREA, 4		Not applicable	Not applicable			605,00		605,00
	NARANJO ARMENTEROS JAVIER	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00			78,00
	NARANJO CASTRESANA MARTA	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable		35,65			35,65
	NAVACERRADA BARRERO FRANCISCO JOSE	SAN SEBASTIAN DE LOS REYES	Spain	HOSP. INFANTA SOFIA PS. DE EUROPA,34		Not applicable	Not applicable		95,00			95,00
	NAVALPOTRO GOMEZ IRENE	Barcelona	Spain	Hosp. Del Mar PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable		231,81			231,81

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	NAVARRO BLASCO FCO JAVIER	ELX / ELCHE	Spain	HOSP. GENERAL UNIV. DE ELCHE C. CAMINO DE LA ALMAZARA,11		Not applicable	Not applicable		938,88			938,88
	NAVARRO PEREZ JORGE	VALENCIA	Spain	HOSP. CLINICO UNIV. VALENCIA AV. BLASCO IBAÑEZ,17		Not applicable	Not applicable		372,18			372,18
	NEGUEROLES ALBUXECH ROSA MARIA	VALENCIA	Spain	HOSP. UNIV. LA FE AV. CAMPANAR, 21		Not applicable	Not applicable	520,00	615,10			1135,10
	NIETO GONZALEZ JUAN CARLOS	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		Not applicable	Not applicable			605,00		605,00
	NIEVES GONZALEZ JOSE	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable		81,82			81,82
	NOELI LAGORIO ARIELA	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable		842,69			842,69
	NOGUEIRA FERNANDEZ VICTOR	BURELA	Spain	HOSP. DA COSTA C. RAFAEL VIOR		Not applicable	Not applicable			484,00		484,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	NOLLA SOLE JUAN MIGUEL	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		142,10			142,10
	NOTARIO ROSA JAIME	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable			605,00		605,00
	NOVOA MEDINA FRANCISCO JAVIER	Las Palmas De Gran Canaria	Spain	Hosp. Univ. Insular De Gran Canaria AV. MARITIMA SUR,S/N		Not applicable	Not applicable			500,00		500,00
	OJEDA BRUNO SOLEDAD PINO	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. GRAN CANARIA DR NEGRIN PZ. BARRANCO DE LA BALLENA		Not applicable	Not applicable		1256,34			1256,34
	OLCESE SEGARRA MERCEDES	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		78,00			78,00
	OLIVARES ROMERO JESUS	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	OLIVIE GARCIA LAURA	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable	480,00	95,00			575,00
	ORDAS CALVO CARMEN	GIJON	Spain	HOSP. DE CABUEÑES CAM. DE LOS PRADOS,395		Not applicable	Not applicable			605,00		605,00
	OROPESA RUIZ JUAN MANUEL	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable		26,50	2410,00	380,43	2816,93
	ORTEGA CUBERO SARA	PAMPLONA	Spain	CLIN. UNIV. DE NAVARRA AV. PIO XII,36		Not applicable	Not applicable		70,05			70,05
	ORTEGA DE LA O CARMEN	VALDEMORO	Spain	HOSP. INFANTA ELENA AV. REYES CATOLICOS,21		Not applicable	Not applicable			605,00		605,00
	ORTEGA HERNANDEZ OSCAR DANILO	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		78,00			78,00
	ORTIZ DE URBINA GONZALEZ JUAN	LEON	Spain	HOSP. DE LEON C. ALTOS DE NAVA, S/N		Not applicable	Not applicable			726,00		726,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ORTIZ GARCIA ANA	Madrid	Spain	Hosp. Univ. La Princesa C. DIEGO DE LEON,62		Not applicable	Not applicable			605,00		605,00
	ORTIZ PASCUAL ANTONIO	MADRID	Spain	HOSP. CENTRAL CRUZ ROJA ESPAÑOLA AV. REINA VICTORIA, 22, 26		Not applicable	Not applicable		329,19			329,19
	ORTIZ SANTAMARIA VERA	Granollers	Spain	Hosp. General Granollers AV. FRANCESC RIBAS, S/N		Not applicable	Not applicable			605,00		605,00
	OSES LARA MARTA	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable		101,70	605,00		706,70
	OVALLES BONILLA JUAN GABRIEL	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		Not applicable	Not applicable			605,00		605,00
	PABLOS SANCHEZ TAMARA	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable	510,00	563,48			1073,48

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PACHECO JIMENEZ MARTA	ALCAZAR DE SAN JUAN	Spain	HOSP. GENERAL LA MANCHA CENTRO AV. CONSTITUCION,3		Not applicable	Not applicable			605,00		605,00
	PAGAN GARCIA ENCARNACION	POZO ALEDO	Spain	HOSP. UNIV. LOS ARCOS DEL MAR MENOR PARAJE TORRE OCTAVIO, S/N		Not applicable	Not applicable			500,00		500,00
	PAGONABARRAGA MORA JAVIER	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable		369,70	2057,00	643,95	3070,65
	PAJARON BOIX ELENA	CASTELLON DE LA PLANA	Spain	C.S. GRAN VIA GJ. VIA TARREGA MONTEBL.		Not applicable	Not applicable	510,00	493,65			1003,65
	PALANCA CAMARA MARIA	VALENCIA	Spain	HOSP. UNIV. LA FE AV. CAMPANAR, 21		Not applicable	Not applicable	510,00				510,00
	PALAO RICO MARIA	MURCIA	Spain	HOSP. UNIV. REINA SOFIA AV. INTENDENTE JORGE PALACIOS, 1		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PALMA SANCHEZ DESIRE	LORCA	Spain	HOSP. D RAFAEL MENDEZ CTRA. NACIONAL 340		Not applicable	Not applicable			1000,00		1000,00
	PALMAU FONTANA NATALIA	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable			605,00		605,00
	PAMIES CORTS ANNA	TARRAGONA	Spain	HOSP. UNIV. JOAN XXIII C. DOCTOR MALLAFRE GUASCH,4		Not applicable	Not applicable			605,00		605,00
	PARAJUA POZO JOSE LUIS	EIVISSA	Spain	HOSP. CAN MISSES C. CORONA		Not applicable	Not applicable			484,00		484,00
	PARDINA VILELLA LARA	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA	XXX7154XX	Not applicable	Not applicable		768,43	726,00		1494,43
	PAREDES CARMONA FERNANDO	LLEIDA	Spain	CTRO. TRANSF.I BANC DE TEJIDO AV. ALCALDE ROVIRA ROURE,80		Not applicable	Not applicable		374,80			374,80
	PAREDES GONZALEZ ALBO SILVIA	REUS	Spain	HOSP. UNIV SAN JOAN DE REUS SAM AV. JOSEP LAPORTE, 1		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PAREES MORENO ISABEL	MADRID	Spain	HOSP. RAMON Y CAJAL CTRA. COLMENAR VIEJO, KM. 9,100		Not applicable	Not applicable		293,10			293,10
	PAREJO CARBONELL BEATRIZ	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable	420,00	1173,33	847,00	316,55	2756,88
	PARRA GOMEZ JAIME	MADRID	Spain	HOSP. S RAFAEL C. SERRANO,199		Not applicable	Not applicable		185,50			185,50
	PASCUAL CARRASCAL DANIEL	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable		78,00			78,00
	PASCUAL LOZANO ANA MARIA	CASTELLON	Spain	CONS. NUEVE DE OCTUBRE C. TRULLOLS,3		Not applicable	Not applicable			500,00		500,00
	PASCUAL SEDANO BERTA	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable			1452,00		1452,00
	PASCUAL-VACA GOMEZ DIEGO	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable		166,15			166,15

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PASTOR ZAPATA ANA	ORENSE	Spain	HOSP. CRISTAL C. RAMON PUGA,54		Not applicable	Not applicable			300,00		300,00
	PATO PATO ANTONIO	VIGO	Spain	HOSP. POVISA C. SALAMANCA,5		Not applicable	Not applicable			968,00		968,00
	PAULINO HUERTAS MARCOS ALFREDO	CIUDAD REAL	Spain	HOSP. GENERAL DE CIUDAD REAL C. TOMELLOSO		Not applicable	Not applicable		841,82	605,00	61,74	1508,56
	PAZ GONZALEZ JOSE MANUEL	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		78,00	2057,00		2135,00
	PAZ SOLARTE JUAN ALBERTO	VALENCIA	Spain	HOSP. CLINICO UNIV. VALENCIA AV. BLASCO IBAÑEZ,17		Not applicable	Not applicable			605,00		605,00
	PEGO REIGOSA ROBUSTIANO	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable			363,00		363,00
	PELAEZ CRUZ ROBERTO	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PELAEZ VIÑA NAZARET	CORDOBA	Spain	HOSP. UNIV. REINA SOFIA AV. MENENDEZ PIDAL,S/N		Not applicable	Not applicable		355,85			355,85
	PELEGRINA MOLINA JAVIER	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			600,00		600,00
	PERAL PELLICER EVELIO	SANT JOAN DESPI	Spain	HOSP. SANT JOAN DESPI MOISES BROGGI C. JACINTO VERDAGUER,90		Not applicable	Not applicable			1210,00		1210,00
	PERELLO CARBONELL RAFAEL	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable			363,00		363,00
	PEREZ ALBALADEJO LORENA	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable	470,00				470,00
	PEREZ BARRIO SILVIA	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable			605,00		605,00
	PEREZ BLAZQUEZ EUGENIO	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PEREZ DIAZ HERNANDO	SEVILLA	Spain	HOSP. QUIRONSALUD SAGRADO CORAZON C. RAFAEL SALGADO,3		Not applicable	Not applicable		168,54	605,00		773,54
	PEREZ ERRAZQUIN FRANCISCO	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable			605,00		605,00
	PEREZ GALAN Mª JOSE	JAEN	Spain	HOSP. GENERAL CIUDAD DE JAEN AV. EJERCITO ESPAÑOL,10		Not applicable	Not applicable			1210,00		1210,00
	PEREZ GARCIA CAROLINA	BARCELONA	Spain	HOSP. DEL MAR PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable			605,00		605,00
	PEREZ PAMPIN EVA	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable			1210,00		1210,00
	PEREZ PASCUAL ENCARNACION	ALICANTE	Spain	HOSP. GENERAL UNIV. DE ALICANTE C. PINTOR BAEZA,12		Not applicable	Not applicable			150,00		150,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PEREZ PIÑEIRO ALBA	GIJON	Spain	HOSP. DE CABUEÑES CAM. DE LOS PRADOS,395		Not applicable	Not applicable		78,00			78,00
	PEREZ RAMOS JOSE MARIA	VITORIA	Spain	HOSP. SANTIAGO APOSTOL C. OLAGUIBEL, 29		Not applicable	Not applicable			605,00		605,00
	PEREZ RUIZ DOMINGO	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable			605,00		605,00
	PERIS BARONA ALICIA	VALENCIA	Spain	HOSP. CLINICO UNIV. VALENCIA AV. BLASCO IBAÑEZ,17		Not applicable	Not applicable			363,00		363,00
	PESET MANCEBO VICENTE	PUERTO DE SAGUNTO	Spain	HOSP. SAGUNTO AV. RAMON Y CAJAL		Not applicable	Not applicable			605,00		605,00
	PIERA BALBASTRE ANA	VALENCIA	Spain	HOSP. CLINICO UNIV. VALENCIA AV. BLASCO IBAÑEZ,17		Not applicable	Not applicable		370,10	2420,00		2790,10
	PIÑEIRO FERNANDEZ MARIA CARMEN	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPS	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PINEL GONZALEZ ANA	Getafe	Spain	Hosp. Univ. Getafe CTRA. DE TOLEDO		Not applicable	Not applicable		351,64			351,64
	PLANAS COMES ALBERT	BADALONA	Spain	HOSP. MUNICIPAL BADALONA C. VIA AUGUSTA,9		Not applicable	Not applicable			484,00		484,00
	POLO MARTIN MARINA	ZAMORA	Spain	HOSP. VIRGEN DE LA CONCHA AV. REQUEJO, 35		Not applicable	Not applicable			363,00		363,00
	PONCE VARGAS ANTONIO	MALAGA	Spain	HOSP. CIVIL AV. DOCTOR GALVEZ GINACHERO, S/N		Not applicable	Not applicable	545,00	575,39			1120,39
	PONS DOLSET JORDI	ZARAGOZA	Spain	C. ESP. GRANDE COVIAN AV. ALCALDE FRANCISCO CABALLERO,19		Not applicable	Not applicable			605,00		605,00
	PONT SUNYER MARIA DEL CLAUSTRE	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable		483,97			483,97
	POQUET JORNET JAUME	Denia	Spain	Hosp. Denia Marina Salud C. PARTIDA BENIADLA,S/N		Not applicable	Not applicable			907,50		907,50

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	POZA ALDEA JUAN JOSE	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			3509,00	531,90	4040,90
	PRIETO GONZALEZ ANGEL	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable	247,93		1700,00	78,00	2025,93
	PRIETO JURCZYNSKA CRISTINA	VALDEMORO	Spain	HOSP. INFANTA ELENA AV. REYES CATOLICOS,21		Not applicable	Not applicable		358,12			358,12
	PRIETO TEDEJO ROSA	VITORIA	Spain	HOSP. TXAGORRITXU C. JOSE DE ACHOTEGUI		Not applicable	Not applicable		78,00			78,00
	PUIG CASADEVALL MARC	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable	320,00	169,10			489,10
	PUJOL BUSQUETS MANUEL	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	PULIDO FONTES LAURA	PAMPLONA	Spain	HOSP. NAVARRA C. IRUNLARREA,3		Not applicable	Not applicable			242,00		242,00
	PUY NUÑEZ ALFREDO	VILAGARCIA DE AROUSA	Spain	HOSP. DO SALNES C. ESTROMIL - ANDE		Not applicable	Not applicable		630,48			630,48
	QUEROL PASCUAL MARIA ROSA	BADAJOZ	Spain	HOSP. INFANTA CRISTINA AV. DE ELVAS		Not applicable	Not applicable			2420,00	216,00	2636,00
	QUESADA GARCIA Mª ANGELES	Sevilla	Spain	Hosp. Virgen Macarena AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable			484,00		484,00
	QUESADA GOMEZ JOSE MANUEL	CORDOBA	Spain	HOSP. UNIV. REINA SOFIA AV. MENENDEZ PIDAL,S/N		Not applicable	Not applicable			750,00		750,00
	QUESADA JIMENEZ PEDRO	PAMPLONA	Spain	HOSP. VIRGEN DEL CAMINO C. IRUNLARREA, 4		Not applicable	Not applicable			2299,00		2299,00
	QUESADA LOPEZ MIGUEL	CARTAGENA	Spain	HOSP. GENERAL UNIV. SANTA LUCIA C. MEZQUITA, S/N PARAJE LOS ARCOS.BARRIO STA.LUCIA		Not applicable	Not applicable	280,00				280,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	QUEVEDO ABELEDO JUAN CARLOS	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. GRAN CANARIA DR NEGRIN PZ. BARRANCO DE LA BALLENA		Not applicable	Not applicable			605,00		605,00
	QUILEZ MARTINEZ ALEJANDRO	Lleida	Spain	Hosp. Univ. Arnau De Vilanova AV. ALCALDE ROVIRA ROURE, 80		Not applicable	Not applicable			484,00		484,00
	QUINTANILLA BORDAS CARLOS	VALENCIA	Spain	HOSP. GENERAL UNIV. VALENCIA AV. TRES CRUCES, 2		Not applicable	Not applicable		267,90			267,90
	QUIROGA SUBIRANA PABLO ANTONIO	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable			2420,00		2420,00
	QUIROSA FLORES SUSANA	GRANADA	Spain	CLIN. GRANADA SALUD ADESLAS C. PEDRO ANTONIO DE ALARCON,60		Not applicable	Not applicable			605,00		605,00
	RAMIREZ GARCIA FELIPE JULIO	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPS	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
HCPS	RAMIREZ MANCHON VICTORIA	MERIDA	Spain	HOSP. DE MERIDA POLG. NUEVA CIUDAD		Not applicable	Not applicable			1210,00		1210,00
HCPS	RAMOS LIZANA JULIO	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable				162,66	162,66
HCPS	RAMOS NATAL ANABEL	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		132,55			132,55
HCPS	RAMOS RUA LAURA	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable		593,15	363,00		956,15
HCPS	RASHID ABDU-RAHIM LOPEZ RAUL	Cadiz	Spain	Hosp. Univ. Puerta Del Mar AV. ANA DE VIYA,21		Not applicable	Not applicable		539,46			539,46
HCPS	RASPALL CHAURE MIQUEL	BARCELONA	Spain	HOSP. MAT. INF. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129,COMPLEJO HOSP VALL		Not applicable	Not applicable				316,55	316,55
HCPS	RAYA ALVAREZ ENRIQUE	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			1210,00		1210,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RECUERO DIAZ SHEILA	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable			726,00		726,00
	REDONDO ROBLES LAURA	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		95,00	2299,00		2394,00
	REDONDO VERGE JOSE LUIS	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable		658,20	484,00		1142,20
	REINA SANZ DELIA	SANT JOAN DESPI	Spain	HOSP. SANT JOAN DESPI MOISES BROGGI C. JACINTO VERDAGUER,90		Not applicable	Not applicable			1210,00		1210,00
	REQUENA RUIZ MANUEL	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable	280,00	722,35			1002,35
	REY REY JOSE	TOLEDO	Spain	HOSP. VIRGEN DE LA SALUD AV. BARBER, 30		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	REYES BUENO JOSE ANTONIO	MALAGA	Spain	HOSP. REGIONAL UNIV. MALAGA AV. CARLOS HAYA S/N		Not applicable	Not applicable		568,24	1089,00		1657,24
	REYES PERERA NURIA	VALDEPEÑAS	Spain	HOSP. GUTIERREZ ORTEGA AV. DE LOS ESTUDIANTES		Not applicable	Not applicable			726,00		726,00
	RIANCHO ZARRABEITIA LEIRE	TORRELAVEGA	Spain	HOSP. COM SIERRALLANA C. BARRIO GANZO		Not applicable	Not applicable	715,00	319,04			1034,04
	RICHI ALBERTI PATRICIA	San Sebastian De Los Reyes	Spain	Hosp. Infanta Sofia PS. DE EUROPA,34		Not applicable	Not applicable			605,00		605,00
	RIERA ALONSO ELENA	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable			605,00		605,00
	RIVA AMARANTE ELENA	MADRID	Spain	HOSP. RUBER INTERNACIONAL C. LA MASO, 38		Not applicable	Not applicable		101,70			101,70

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RIVERO DE AGUILAR PENSADO ALEJANDRO	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable		309,81			309,81
	RODRIGO ARMENTEROS PATRICIA	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable		78,00			78,00
	RODRIGUEZ ALMARAZ MARIA ESTHER	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable		120,51			120,51
	RODRIGUEZ ALONSO ROBERTO	FUENTES NUEVAS	Spain	HOSP. EL BIERZO C. MEDICOS SIN FRONTERAS, 7		Not applicable	Not applicable		78,00			78,00
	RODRIGUEZ ALVAREZ JOSE RAMON	PONTEVEDRA	Spain	HOSP. PROVINCIAL DE PONTEVEDRA C. DOCTOR LOUREIRO CRESPO,2		Not applicable	Not applicable			907,50		907,50
	RODRIGUEZ ARES TANIA	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable		705,34			705,34

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RODRIGUEZ ARIAS CARLOS ALBERTO	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		82,00	605,00		687,00
	RODRIGUEZ BELLI AGUSTIN OMAR	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable		208,89			208,89
	RODRIGUEZ BORREGO RAMON	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable		78,00	605,00		683,00
	RODRIGUEZ CAMBRON ANA BELEN	LEGANES	Spain	HOSP. UNIV. SEVERO OCHOA AV. DE ORELLANA,S/N		Not applicable	Not applicable	470,00	420,09			890,09
	RODRIGUEZ CONSTENLA IRIA	VIGO	Spain	HOSP. POVISA C. SALAMANCA,5		Not applicable	Not applicable			363,00		363,00
	RODRIGUEZ FERNANDEZ NURIA	PUERTO REAL	Spain	HOSP. UNIV. PUERTO REAL CTRA. NACIONAL IV, KM 665		Not applicable	Not applicable			1331,00		1331,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RODRIGUEZ GARCIA ANA	MADRID	Spain	HOSP. RAMON Y CAJAL CTRA. COLMENAR VIEJO, KM. 9,100		Not applicable	Not applicable	615,00	991,15	605,00		2211,15
	RODRIGUEZ GASCON DIEGO	ZARAGOZA	Spain	HOSP. UNIV. MIGUEL SERVET PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable		110,35			110,35
	RODRIGUEZ GOICOECHEA MISAEL	GRANADA	Spain	HOSP. UNIV. VIRGEN DE LAS NIEVES GENERAL AV. FUERZAS ARMADAS,2		Not applicable	Not applicable		1236,76			1236,76
	RODRIGUEZ GONZALEZ CARMEN GUADALUPE	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		Not applicable	Not applicable		632,30			632,30
	RODRIGUEZ HEREDIA JOSE MANUEL	Getafe	Spain	Hosp. Univ. Getafe CTRA. DE TOLEDO		Not applicable	Not applicable			605,00		605,00
	RODRIGUEZ LOZANO Mª BEATRIZ	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable	470,00	741,60			1211,60
	RODRIGUEZ MARTIN ALBA	CORDOBA	Spain	HOSP. UNIV. REINA SOFIA AV. MENENDEZ PIDAL,S/N		Not applicable	Not applicable		243,25			243,25

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RODRIGUEZ MARTINEZ FERNANDO JOSE	CARTAGENA	Spain	HOSP. UNIV. SANTA MARIA DEL ROSELL PS. ALFONSO XIII,61		Not applicable	Not applicable			500,00		500,00
	RODRIGUEZ MONTERO SERGIO	Sevilla	Spain	Hosp. Virgen De Valme CTRA. CADIZ-BELLAVISTA, KM. 548,9		Not applicable	Not applicable			605,00		605,00
	RODRIGUEZ MORENO JESUS	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable			605,00		605,00
	RODRIGUEZ MUGURUZA SAMANTHA	TORTOSA	Spain	HOSP. VERGE DE CINTA C. ESPLANETES,14		Not applicable	Not applicable		174,21			174,21
	RODRIGUEZ ROMAN ANA	PUERTO REAL	Spain	HOSP. UNIV. PUERTO REAL CTRA. NACIONAL IV, KM 665		Not applicable	Not applicable			605,00		605,00
	RODRIGUEZ URANGA JUAN JESUS	SEVILLA	Spain	HOSP. QUIRONSALUD SAGRADO CORAZON C. RAFAEL SALGADO,3		Not applicable	Not applicable		195,96	2178,00		2373,96

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RODRIGUEZ VICO JAIME	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable			605,00		605,00
	RODRÍGUEZ-ANTIGUEDAD JON	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable		78,00			78,00
	ROEL GARCIA ALEXIA	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		177,00			177,00
	ROJO ALADRO JOSE ANTONIO	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable		341,57			341,57
	ROJO SEBASTIAN ANA	Alcala De Henares	Spain	Hosp. Univ Principe De Asturias CTRA. MECO		Not applicable	Not applicable			300,00		300,00
	ROMAN IVORRA JOSE ANDRES	VALENCIA	Spain	HOSP. UNIV. LA FE AV. CAMPANAR, 21		Not applicable	Not applicable			605,00		605,00
	ROMASKEVYCH OLENA	Badajoz	Spain	Hosp. Infanta Cristina AV. DE ELVAS		Not applicable	Not applicable		97,71			97,71

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ROMERA BAURES MONTSERRAT	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		143,65			143,65
	ROMERAL JIMENEZ MARIA	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable		95,00			95,00
	ROMERO ACEBAL MANUEL	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable			2541,00		2541,00
	ROMERO BUENO FREDESWINDA	Madrid	Spain	Fundacion Jimenez Diaz-Ute (Clin. De La Concep.) AV. REYES CATOLICOS,2		Not applicable	Not applicable		446,29			446,29
	ROMERO CANTERO VICTORIANO	CACERES	Spain	HOSP. SAN PEDRO DE ALCANTARA AV. PABLO NARANJO		Not applicable	Not applicable		78,00			78,00
	ROMERO DURAN FRANCISCO JAVIER	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA		Not applicable	Not applicable		739,65			739,65

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ROMERO GODOY JORGE	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable			1210,00		1210,00
	ROMERO MATE ALBERTO	FUENLABRADA	Spain	HOSP. FUENLABRADA CAM. DEL MOLINO,2		Not applicable	Not applicable			600,00		600,00
	ROMERO PEREZ ANTONIO	JAEN	Spain	HOSP. GENERAL CIUDAD DE JAEN AV. EJERCITO ESPAÑOL,10		Not applicable	Not applicable			1210,00		1210,00
	ROMERO YUSTE SUSANA	PONTEVEDRA	Spain	HOSP. PROVINCIAL DE PONTEVEDRA C. DOCTOR LOUREIRO CRESPO,2		Not applicable	Not applicable		402,00	1331,00		1733,00
	ROS SEGURA MARTA	SABADELL	Spain	CORPORACIO SANITARIA PARC TAULI C. PARC EL TAULI		Not applicable	Not applicable		577,55			577,55
	ROSALES ALEXANDER JOSE LUIS	SANTA CRUZ DE TENERIFE	Spain	CLINICA HOSPITEN-RAMBLA RBLA. GENERAL FRANCO,115		Not applicable	Not applicable		1105,86	1105,00	886,27	3097,13

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ROSAS GOMEZ DE SALAZAR JOSE CARLOS	LA/VILLAJOYOSA VILA JOIOSA	Spain	HOSP. DE LA MARINA BAIXA C. ALCALDE J BOTELLA MAYOR,7		Not applicable	Not applicable			907,50		907,50
	ROSICH ESTRAGO MARCEL	TARRAGONA	Spain	UND. DE MEMORIA DE ALZHEIMER AV. DE LA REINA MARIA CRISTINA,22		Not applicable	Not applicable		178,57			178,57
	ROSIQUE ROBLES DOLORES	VALENCIA	Spain	HOSP. ARNAU DE VILANOVA C. SAN CLEMENTE,12		Not applicable	Not applicable			605,00		605,00
	ROSSELLO VADELL Mª MAGDALENA	PALMA DE MALLORCA	Spain	HOSP. UNIV. SON ESPASES CR. VALLDEMOSA,79		Not applicable	Not applicable		467,46			467,46
	RUBI CALLEJON JOSE	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable			605,00		605,00
	RUBIO ESTEBAN GUILLERMO	JEREZ DE LA FRONTERA	Spain	HOSP. JEREZ DE LA FRONTERA RDA. CIRCUNVALACION		Not applicable	Not applicable			484,00		484,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RUBIO NAZABAL EDUARDO	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable			1573,00		1573,00
	RUBIO ROMERO ESTEBAN	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			605,00		605,00
	RUGGIERO GARCIA MARIA	Madrid	Spain	Fundacion Jimenez Diaz-Ute (Clin. De La Concep.) AV. REYES CATOLICOS,2		Not applicable	Not applicable		95,00			95,00
	RUIBAL ESCRIBANO ANA	VITORIA	Spain	HOSP. SANTIAGO APOSTOL C. OLAGUIBEL, 29		Not applicable	Not applicable			605,00		605,00
	RUIBAL SALGADO MARTA	ZUMARRAGA	Spain	HOSP. ZUMARRAGA C. ARGIXAO TALDEA		Not applicable	Not applicable		122,80			122,80
	RUISANCHEZ NIEVA AINTZINE	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA	XXX4289XX	Not applicable	Not applicable		615,65			615,65
	RUIZ CARRASCOSA JOSE CARLOS	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			1452,00		1452,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RUIZ EZQUERRO JUAN JOSE	ZAMORA	Spain	HOSP. VIRGEN DE LA CONCHA AV. REQUEJO, 35		Not applicable	Not applicable	330,58	78,00	1100,00		1508,58
	RUIZ IZQUIERDO JESSICA	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable	320,00	105,60			425,60
	RUIZ JIMENEZ JESUS ANTONIO	GRANADA	Spain	HOSP. VIRGEN DE LAS NIEVES REHAB-TRAUMA CTRA. JAEN, S/N		Not applicable	Not applicable			3267,00	7252,96	10519,96
	RUIZ LUCEA ESTHER	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable		128,68	605,00		733,68
	RUIZ MARTIN JOSE MIGUEL	VILADECANS	Spain	HOSP. COMARCAL VILADECANS AV. GAVA,38		Not applicable	Not applicable			605,00		605,00
	RUIZ MARTINEZ JAVIER	SAN SEBASTIAN	Spain	HOSP. DONOSTIA EDIF. ARANTZAZU PS. DOCTOR JOSE BEGUIRISTAIN,111		Not applicable	Not applicable			1573,00	78,00	1651,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	RUIZ PALOMINO MARIA PILAR	Zaragoza	Spain	Hosp. Univ. Miguel Servet PS. ISABEL LA CATOLICA,1-3		Not applicable	Not applicable		219,65			219,65
	RUIZ RUIZ MARIA DEL CARMEN	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			605,00		605,00
	RUIZ VILLAVERDE RICARDO	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			847,00		847,00
	RUMIA ARBOIX JORDI	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable			726,00		726,00
	RUS HIDALGO MACARENA	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable			363,00		363,00
	SAAVEDRA PIÑEIRO MARTA	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SAIZ CUENCA ENCARNACION	MURCIA	Spain	HOSP. GENERAL UNIV. MORALES MESEGUER AV. MARQUES DE LOS VELEZ		Not applicable	Not applicable			605,00		605,00
	SAIZ DIAZ ROSA ANA	MADRID	Spain	HOSP. 12 DE OCTUBRE GENERAL AV. DE CORDOBA S/N		Not applicable	Not applicable	330,58	298,15			628,73
	SALA I PRADO JACINT	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		231,81	363,00		594,81
	SALAS PUIG JAVIER	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable		372,07	10890,00	2256,03	13518,10
	SALINAS IÑIGO ESPERANZA	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES	XXX9735XX	Not applicable	Not applicable		129,50			129,50
	SALMERON ALVAREZ MERCEDES	Sama De Langreo	Spain	Fund. Sanat. Adaro C. JOVE Y CANELLA, 1		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SALVADOR ALARCON GEORGINA	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable			605,00		605,00
	SALVADOR ALIAGA ANTONIO	VALENCIA	Spain	HOSP. CLINICO UNIV. VALENCIA AV. BLASCO IBAÑEZ,17		Not applicable	Not applicable			1331,00		1331,00
	SALVATIERRA OSSORIO JUAN	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable		342,18	1815,00		2157,18
	SAN ANTONIO ARCE MARIA VICTORIA	ESPLUGUES DE LLOBREGAT	Spain	HOSP. SANT JOAN DE DEU PS. SANT JOAN DE DEU,2		Not applicable	Not applicable				316,55	316,55
	SAN NARCISO DE LA ROSA JAIME	MURIAS (MIERES)	Spain	HOSP. ALVAREZ BUYLLA C. LA BELONGA		Not applicable	Not applicable		78,00			78,00
	SANCHEZ ALONSO MARIA PILAR	MAJADAHONDA	Spain	HOSP. UNIV. PUERTA DE HIERRO MAJADAHONDA C. MANUEL DE FALLA, 1		Not applicable	Not applicable			726,00		726,00
	SANCHEZ ALVAREZ JUAN CARLOS	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		Not applicable	Not applicable			1331,00		1331,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SANCHEZ CARAZO JOSE LUIS	VALENCIA	Spain	HOSP. GENERAL UNIV. VALENCIA AV. TRES CRUCES, 2		Not applicable	Not applicable			605,00		605,00
	SANCHEZ CORRAL ANNA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable			242,00		242,00
	SANCHEZ DEL VALLE OCTAVIO	TALAVERA DE LA REINA	Spain	HOSP. NTRA. SRA. DEL PRADO CTRA. MADRID EXTREMADURA,KM 114		Not applicable	Not applicable			1210,00		1210,00
	SANCHEZ FERNANDEZ CARLOS	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		82,00			82,00
	SANCHEZ GONZALEZ BALTASAR	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable	420,00				420,00
	SANCHEZ GONZALEZ VICTOR	CUENCA	Spain	HOSP. GENERAL VIRGEN DE LA LUZ C. HERMANDAD DE DONANTES DE SANGRE, 1		Not applicable	Not applicable		86,27			86,27

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SANCHEZ LOZANO PABLO	GIJON	Spain	HOSP. DE CABUEÑES CAM. DE LOS PRADOS,395		Not applicable	Not applicable			484,00		484,00
	SANCHEZ NIEVAS GINES	Albacete	Spain	Hosp. Virgen Del Perpetuo Socorro C. SEMINARIO,4		Not applicable	Not applicable			500,00		500,00
	SANCHEZ PEREZ MARIA	MADRID	Spain	HOSP. UNIV. CLINICO SAN CARLOS C. PROFESOR MARTIN LAGOS		Not applicable	Not applicable		112,75			112,75
	SANCHEZ PERNAUTE OLGA	Madrid	Spain	Fundacion Jimenez Diaz-Ute (Clin. De La Concep.) AV. REYES CATOLICOS,2		Not applicable	Not applicable			605,00	538,76	1143,76
	SANCHEZ RODRIGUEZ ANTONIO	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable		78,00			78,00
	SANCHEZ SUAREZ SUSANA	MADRID	Spain	C. EXT. HOSP. S CAMILO C. JUAN BRAVO,39		Not applicable	Not applicable		656,30			656,30

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SANCHEZ VILLALOBOS JOSE MANUEL	CARTAGENA	Spain	HOSP. GENERAL UNIV. SANTA LUCIA C. MEZQUITA, S/N PARAJE LOS ARCOS.BARRIO STA.LUCIA		Not applicable	Not applicable		98,90			98,90
	SANCHEZ-ANDRADE BOLAÑOS JOSE MARIA	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable		421,31			421,31
	SANCHEZ-VIZCAÍNO BUENDIA CRISTINA	MURCIA	Spain	HOSP. UNIV. REINA SOFIA AV. INTENDENTE JORGE PALACIOS, 1		Not applicable	Not applicable		268,92			268,92
	SANCLEMENTE ANSO CARMEN	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		727,61			727,61
	SANJUAN PEREZ TRINIDAD	Malaga	Spain	Hosp. Univ. Virgen De La Victoria C. COLONIA SANTA INES		Not applicable	Not applicable			484,00		484,00
	SANMARTI SALA RAIMON	BARCELONA	Spain	HOSP. CLINIC I PROVINCIAL DE BARCELONA C. VILLARROEL,170		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SANMARTI VILAPLANA FRANCISCO JAVIER	ESPLUGUES DE LLOBREGAT	Spain	HOSP. SANT JOAN DE DEU PS. SANT JOAN DE DEU,2		Not applicable	Not applicable	480,00	1105,26	1452,00	484,97	3522,23
	SANROMAN ALVAREZ PABLO	VIGO	Spain	HOSP. ALVARO CUNQUEIRO CTRA. CLARA CAMPOAMOR, 341		Not applicable	Not applicable			300,00		300,00
	SANSA FAYOS GEMMA	SABADELL	Spain	CORPORACIO SANITARIA PARC TAULI C. PARC EL TAULI		Not applicable	Not applicable		403,40			403,40
	SANTAMARIA CADAVID MARIA	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable	247,93				247,93
	SANTAMARINA PEREZ ESTEVO	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable		1258,12	5203,00	820,63	7281,75
	SANTOS GARCIA DIEGO	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable			484,00		484,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPS	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SANTOS GOMEZ MONTSERRAT	TORRELAVEGA	Spain	HOSP. COM SIERRALLANA C. BARRIO GANZO		Not applicable	Not applicable		650,32			650,32
	SANTOS SANCHEZ CARLOS	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable			726,00		726,00
	SANTULARIO VERDU LORENA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable		316,55			316,55
	SAROBE CARRICAS MAITE	PAMPLONA	Spain	HOSP. NAVARRA C. IRUNLARREA,3		Not applicable	Not applicable		81,82			81,82
	SARRIA ESTRADA SILVANA	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable			242,00		242,00
	SEGUROLA OLAIZOLA JON	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable		78,00			78,00
	SEIJO RAPOSO IVAN	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SELVA OTAOLAURRUCHI JUAN	ALACANT / ALICANTE	Spain	C. EXT. SANAT. PERPETUO SOCORRO PZ. DOCTOR GOMEZ ULLA,15		Not applicable	Not applicable			907,50		907,50
	SERRANO CARDENAS KARLA MONSERRAT	SANTANDER	Spain	HOSP. UNIV. MARQUES DE VALDECILLA AV. VALDECILLA,S/N		Not applicable	Not applicable		78,00			78,00
	SERRANO CASTRO PEDRO	MALAGA	Spain	HOSP. REGIONAL UNIV. MALAGA AV. CARLOS HAYA S/N		Not applicable	Not applicable			3630,00	436,23	4066,23
	SERRATOSA FERNANDEZ JOSE MARIA	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable		317,99	2299,00	95,00	2711,99
	SEVILLANO GARCIA MARIA DOLORES	SALAMANCA	Spain	HOSP. CLINICO UNIV. DE SALAMANCA PS. SAN VICENTE,88-182		Not applicable	Not applicable			363,00		363,00
	SIADO MOSQUERA JOSE DAVID	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable		78,00			78,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SIANES FERNANDEZ MANUELA	ALBACETE	Spain	HOSP. VIRGEN DEL PERPETUO SOCORRO C. SEMINARIO,4		Not applicable	Not applicable			500,00		500,00
	SILVA BLAS YOLANDA	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable		45,90			45,90
	SIMO PARRA MARTA	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		209,64			209,64
	SIMONET HERNANDEZ CRISTINA	SEGOVIA	Spain	HOSP. GENERAL SEGOVIA CTRA. AVILA		Not applicable	Not applicable		675,76			675,76
	SIMON-TALERO HORGA MANUEL	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		Not applicable	Not applicable		935,00	605,00		1540,00
	SISTIAGA BERASATEGUI CARLOS	HONDARRIBIA	Spain	HOSP. COM BIDASOA B. MENDELU, S/N		Not applicable	Not applicable		95,00	363,00		458,00
	SIVERA MASCARO FRANCISCA	ELDA	Spain	HOSP. GENERAL DE ELDA CTRA. ELDA A SAX		Not applicable	Not applicable			500,00		500,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SIVERA MASCARO RAFAEL	GANDIA	Spain	HOSP. FRANCESC DE BORJA PS. GERMANIAS,71		Not applicable	Not applicable			484,00		484,00
	SMEYERS DURA PATRICIA	VALENCIA	Spain	HOSP. UNIV. LA FE INFANTIL AV. CAMPANAR,21,COMPLEJO HOSP LA FE		Not applicable	Not applicable			2500,00		2500,00
	SOL ALVAREZ JAVIER	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS EDIF. COVADONGA C. CELESTINO VILLAMIL, S/N		Not applicable	Not applicable		78,00			78,00
	SOLEY CORDERAS RICARD	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable			726,00		726,00
	SOPELANA GARAY DAVID	ALBACETE	Spain	HOSP. GENERAL DE ALBACETE C. HERMANOS FALCO,37		Not applicable	Not applicable		166,20		755,10	921,30
	SORIA TORRECILLAS JUAN JOSE	CARTAGENA	Spain	HOSP. GENERAL UNIV. SANTA LUCIA C. MEZQUITA, S/N PARAJE LOS ARCOS.BARRIO STA.LUCIA		Not applicable	Not applicable		231,81			231,81

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SOSA PEREZ FRANCISCO JESUS	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. UNIV. INSULAR DE GRAN CANARIA AV. MARITIMA SUR,S/N		Not applicable	Not applicable		279,92			279,92
	SOTO INSUGA VICTOR	MADRID	Spain	HOSP. UNIV. FUNDACION JIMENEZ DIAZ AV. REYES CATOLICOS,2		Not applicable	Not applicable		95,00			95,00
	SOTOCA FERNANDEZ JAVIER JOAQUIN	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable		375,65			375,65
	SOUTO VILAS ALEJANDRO	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable			605,00		605,00
	SUAREZ CASTRO ESTER	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable		99,00			99,00
	SUAREZ FERNANDEZ GASPAR	TALAVERA DE LA REINA	Spain	HOSP. NTRA. SRA. DEL PRADO CTRA. MADRID EXTREMADURA,KM 114		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	SUAREZ SAN MARTIN ESTHER	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		78,00	2178,00		2256,00
	SUAREZ SANTOS PATRICIA	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		78,00			78,00
	SUEIRO DELGADO DIANA	SANTIAGO DE COMPOSTELA	Spain	HOSP. CLINICO UNIV. DE SANTIAGO TRAV. DE CHOUPANA, S/N		Not applicable	Not applicable			605,00		605,00
	SUEIRO PADIN CRISTINA	LA CORUÑA	Spain	INST. MEDICO QUIRURJICO SAN RAFAEL C. LAS XUBIAS,82		Not applicable	Not applicable		78,00			78,00
	SUERO ROSARIO EVELYN ALTAGRACIA	MAO	Spain	HOSP. MATEU ORFILA RDA. DE MALBUGER,1		Not applicable	Not applicable			605,00		605,00
	TABOAS PEREIRA MARIA ANDREA	FUENLABRADA	Spain	HOSP. FUENLABRADA CAM. DEL MOLINO,2		Not applicable	Not applicable		95,00			95,00
	TALAVERANO PEREZ ELISA SIGRID	ARRECIFE	Spain	HOSP. DR. JOSE MOLINA OROSA CTRA. ARRECIFE-TINAJO		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	TARRADELLAS BERTRAN JAUME	BARCELONA	Spain	USP INSTITUT UNIV DEXEUS C. SABINO ARANA,5-19		Not applicable	Not applicable		434,40			434,40
	TIJERO MERINO BEATRIZ	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable			605,00		605,00
	TIO VILAMALA ESTER	MANRESA	Spain	HOSP. SANT JOAN DE DEU DE MANRESA C. DOCTOR JOAN SOLER		Not applicable	Not applicable		444,40	484,00		928,40
	TOLEDANO DELGADO RAFAEL CARLOS	MADRID	Spain	HOSP. RUBER INTERNACIONAL C. LA MASO, 38		Not applicable	Not applicable	810,58	563,15	3436,00	101,70	4911,43
	TOLEDO ARGANY MANUEL	BARCELONA	Spain	HOSP. UNIV. VALL D HEBRON PS. DE LA VALL D HEBRON,119-129		Not applicable	Not applicable			5263,50	1305,73	6569,23
	TORAL MARIN JAVIER	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable		576,19			576,19
	TORIBIO DIAZ MARIA ELENA	COSLADA	Spain	HOSP. UNIV. DEL HENARES AV. MARIE CURIE, S/N		Not applicable	Not applicable		299,02			299,02

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	TORRES ALCAZAR ANTONIO DAVID	CARTAGENA	Spain	HOSP. GENERAL UNIV. SANTA LUCIA C. MEZQUITA, S/N PARAJE LOS ARCOS.BARRIO STA.LUCIA		Not applicable	Not applicable		154,54			154,54
	TORRES GAONA GUSTAVO ANDRES	VALDEMORO	Spain	HOSP. INFANTA ELENA AV. REYES CATOLICOS,21		Not applicable	Not applicable	510,00				510,00
	TORRES RUIZ GUILLERMO VICENTE	PALMA DE MALLORCA	Spain	HOSP. UNIV. SON ESPASES CR. VALLDEMOSA,79		Not applicable	Not applicable		169,09			169,09
	TORRESANO ANDRES MARIA	PLASENCIA	Spain	HOSP. N S VIRGEN DEL PUERTO C. PARAJE VALCORCHERO, S/N		Not applicable	Not applicable			605,00		605,00
	TORTOSA CONESA DIEGO	El Palmar	Spain	Hosp. Univ Virgen De La Arrixaca CTRA. MADRID-CARTAGENA		Not applicable	Not applicable			1815,00		1815,00
	TOYOS SAENZ DE MIERA FRANCISCO JAVIER	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	TRABAJOS GARCIA OLGA	FUENLABRADA	Spain	HOSP. FUENLABRADA CAM. DEL MOLINO,2	XXX6970XX	Not applicable	Not applicable		95,00			95,00
	TRENADO ALVAREZ JOSE	TARRASA	Spain	HOSP. MUTUA TERRASSA PZ. DOCTOR ROBERT,5		Not applicable	Not applicable	420,00				420,00
	TRENOR LARRAZ PILAR	VALENCIA	Spain	HOSP. CLINICO UNIV. VALENCIA AV. BLASCO IBAÑEZ,17		Not applicable	Not applicable			605,00		605,00
	TRUJILLO MARTIN ELISA	LA CUESTA DE ARGUIJON	Spain	HOSP. UNIVERSITARIO DE CANARIAS CTRA. LA CUESTA - TACO		Not applicable	Not applicable			500,00		500,00
	TUÑAS GESTO CINTIA	Ferrol	Spain	Hosp. Arquitecto Marcide AV. RESIDENCIA,S/N		Not applicable	Not applicable		177,00			177,00
	TURBAU RECIO JOSEFINA	SALT	Spain	HOSP. STA. CATERINA (MARTI JULIA) C. DOCTOR CASTANY		Not applicable	Not applicable		267,35			267,35
	TURPIN FENOLL LAURA	ALCAZAR DE SAN JUAN	Spain	HOSP. GENERAL LA MANCHA CENTRO AV. CONSTITUCION,3		Not applicable	Not applicable			726,00		726,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	UCAR ANGULO EDUARDO	BILBAO	Spain	OSI BILBAO-BASURTO AV. MONTEVIDEO, 18		Not applicable	Not applicable		147,00			147,00
	UCEDA GALIANO ANA	POZO ALEDO	Spain	HOSP. UNIV. LOS ARCOS DEL MAR MENOR PARAJE TORRE OCTAVIO, S/N		Not applicable	Not applicable			500,00		500,00
	UGALDE CANITROT ARTURO	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable		95,00			95,00
	UGALDE LOPEZ ENRIQUE	BREÑA ALTA	Spain	HOSP. GENERAL LA PALMA C. BUENAVISTA DE ARRIBA		Not applicable	Not applicable		428,32			428,32
	USCAMAITA AMAUT KAROL ENRIQUE	Girona	Spain	Hosp. Univ. Dr. Josep Trueta AV. FRANÇA		Not applicable	Not applicable		78,30			78,30
	USO TALAMANTES RUTH	VALENCIA	Spain	CONSELLERIA DE SANIDAD. GENERALITAT VALENCIANA C. MICER MASCO, 31-33		Not applicable	Not applicable		509,18			509,18

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	UTRILLA UTRILLA MANUEL	ALMERIA	Spain	HOSP. TORRECARDENAS PJ. TORRECARDENAS		Not applicable	Not applicable			1210,00		1210,00
	VALDES AYMERICH LORENA	LA CORUÑA	Spain	HOSP. UNIV. A CORUÑA AS XUBIAS, 84		Not applicable	Not applicable		78,00			78,00
	VALERO LOPEZ GABRIEL	EL PALMAR	Spain	HOSP. UNIV VIRGEN DE LA ARRIXACA CTRA. MADRID-CARTAGENA		Not applicable	Not applicable	280,00				280,00
	VALERO MERINO CARIDAD	VALENCIA	Spain	HOSP. ARNAU DE VILANOVA C. SAN CLEMENTE,12		Not applicable	Not applicable			726,00		726,00
	VALLEJO EXPOSITO ROCIO	SEVILLA	Spain	HOSP. QUIRONSALUD SAGRADO CORAZON C. RAFAEL SALGADO,3		Not applicable	Not applicable			363,00		363,00
	VALLS GARCIA RAMON	PALAMOS	Spain	HOSP. PALAMOS C. HOSPITAL, 36		Not applicable	Not applicable			605,00		605,00
	VALLS ROC MARTA	FIGUERES	Spain	HOSP. DE FIGUERES RDA. RECTOR AROLAS		Not applicable	Not applicable			605,00		605,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	VARAS DE DIOS BLANCA	MADRID	Spain	HOSP. SANTA CRISTINA C. O DONNELL,59		Not applicable	Not applicable		672,48	605,00		1277,48
	VARGAS GONZALEZ LAURA	SEVILLA	Spain	HOSP. UNIV. VIRGEN DEL ROCIO AV. MANUEL SIUROT, S/N		Not applicable	Not applicable			1089,00		1089,00
	VARGAS LEBRON Mª DEL CARMEN	SEVILLA	Spain	HOSP. VIRGEN MACARENA AV. DOCTOR FEDRIANI,3		Not applicable	Not applicable			605,00		605,00
	VAZQUEZ ESPINAR MARIA	LAS PALMAS DE GRAN CANARIA	Spain	HOSP. GRAN CANARIA DR NEGRIN PZ. BARRANCO DE LA BALLENA		Not applicable	Not applicable	840,58	631,50			1472,08
	VAZQUEZ GALEANO CARLOS MANUEL	Tudela	Spain	Hosp. Reina Sofia CTRA. TUDELA TARAZONA		Not applicable	Not applicable			605,00		605,00
	VAZQUEZ MARTIN SELMA	VALLADOLID	Spain	HOSP. CLINICO UNIV. VALLADOLID AV. RAMON Y CAJAL, S/N		Not applicable	Not applicable			1210,00	68,65	1278,65

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	VAZQUEZ PEREZ-COLEMAN JULIO	FERROL	Spain	HOSP. BASICO DE LA DEFENSA CTRA. SAN PEDRO DE LEIXA, S/N		Not applicable	Not applicable			605,00		605,00
	VAZQUEZ RODRIGUEZ Mª JOSE	HUELVA	Spain	HOSP. INFANTA ELENA CTRA. SEVILLA HUELVA, S/N		Not applicable	Not applicable			800,00		800,00
	VAZQUEZ RODRIGUEZ TOMAS RAMON	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable			605,00		605,00
	VECIANA DE LAS HERAS MISERICORDIA	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		757,28			757,28
	VEGA LOPEZ OSCAR	CORDOBA	Spain	CONSULTA PRIVADA C. DOCTOR BARRAQUER,39		Not applicable	Not applicable			1210,00		1210,00
	VEIGA CABELLO RAUL	FUENLABRADA	Spain	HOSP. FUENLABRADA CAM. DEL MOLINO,2		Not applicable	Not applicable		365,00	605,00		970,00
	VELA DE SOJO LIDIA	POZUELO DE ALARCON	Spain	LOIVEL 61, S.L. AV. EUROPA, 13		Not applicable	Not applicable			726,00		726,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	VELASCO FARGAS ROSER	HOSPITALET DE LLOBREGAT	Spain	HOSP. UNIV. DE BELLVITGE C. FEIXA LLARGA,S/N		Not applicable	Not applicable		155,17			155,17
	VELASCO GONZALEZ RAQUEL	Lugo	Spain	Hosp. Univ. Lucus Augusti (Hula) C. SAN CIBRAO,S/N		Not applicable	Not applicable		78,00			78,00
	VELEZ DELGADO LISA FERNANDA	SAN LORENZO DE EL ESCORIAL	Spain	HOSP. DEL ESCORIAL CTRA. GUADARRAMA		Not applicable	Not applicable			484,00		484,00
	VELLOSO FEIJOO M.LUISA	Sevilla	Spain	Hosp. Virgen De Valme CTRA. CADIZ-BELLAVISTA, KM. 548,9		Not applicable	Not applicable			605,00		605,00
	VEROZ GONZALEZ RAUL	MERIDA	Spain	HOSP. DE MERIDA POLG. NUEVA CIUDAD		Not applicable	Not applicable			605,00		605,00
	VICENTE ALBA PABLO	VIGO	Spain	HOSP. XERAL DE VIGO C. PIZARRO,22		Not applicable	Not applicable		78,00			78,00
	VICENTE RASOAMALALA MONICA	BARCELONA	Spain	HOSP. DEL MAR PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable			242,00		242,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	VIDAL SANCHEZ JOSE ANTONIO	AVILES	Spain	HOSP. SAN AGUSTIN CAMINO DE HEROS, 6 BARRIO LA LLEDA		Not applicable	Not applicable		78,00			78,00
	VIDAL SARRO DAVID	SANT JOAN DESPI	Spain	HOSP. SANT JOAN DESPI MOISES BROGGI C. JACINTO VERDAGUER,90		Not applicable	Not applicable			605,00		605,00
	VIDORRETA BALLESTEROS LUCIA	GALDAKAO	Spain	HOSP. DE GALDAKAO C. BARRIO LABEAGA		Not applicable	Not applicable		78,00			78,00
	VILA HERRERO ELENA	MALAGA	Spain	HOSP. UNIV. VIRGEN DE LA VICTORIA C. COLONIA SANTA INES		Not applicable	Not applicable			484,00		484,00
	VILLA BLANCO JUAN IGNACIO	TORRELAVEGA	Spain	HOSP. COM SIERRALLANA C. BARRIO GANZO		Not applicable	Not applicable			605,00		605,00
	VILLALBA MARTINEZ GLORIA	BARCELONA	Spain	HOSP. DEL MAR PS. MARITIMO DE LA BARCELONETA,25		Not applicable	Not applicable		266,01			266,01
	VILLANUEVA HABA VICENTE ENRIQUE	TORRENT	Spain	SISTEMA LIMBICO BIOSALUD SL C. PADRE FEIJOO, 26, 8		Not applicable	Not applicable			2236,00	493,65	2729,65

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	VILLAVERDE GARCIA VIRGINIA	MOSTOLES	Spain	HOSP. MOSTOLES C. RIO JUCAR		Not applicable	Not applicable			500,00		500,00
	VILLORA MORCILLO NURIA	FUENLABRADA	Spain	HOSP. FUENLABRADA CAM. DEL MOLINO,2		Not applicable	Not applicable		95,00			95,00
	VINUEZA BUITRON PAUL RICARDO	ZARAGOZA	Spain	HOSP. SAN JUAN DE DIOS Pº COLON, 14		Not applicable	Not applicable		309,08			309,08
	VITERI TORRES CESAR	PAMPLONA	Spain	CLIN. UNIV. DE NAVARRA AV. PIO XII,36		Not applicable	Not applicable			363,00		363,00
	VIVANCOS MATELLANO FRANCISCO	MADRID	Spain	HOSP. UNIV. LA PAZ PS. CASTELLANA, 261		Not applicable	Not applicable		35,65			35,65
	VIVAS CONSUELO DAVID	VALENCIA	Spain	UNIVERSIDAD POLITECNICA DE VALENCIA CAMINO DE LA VERA, S/N		Not applicable	Not applicable			1000,00		1000,00
	YANOS ESCUDERO RAQUEL	OVIEDO	Spain	HOSP. UNIV. CENTRAL DE ASTURIAS AV. DE ROMA, S/N		Not applicable	Not applicable		175,31			175,31

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	YERGA LORENZANA BEATRIZ	Cadiz	Spain	Hosp. Univ. Puerta Del Mar AV. ANA DE VIYA,21		Not applicable	Not applicable			363,00	78,00	441,00
	YUSTA IZQUIERDO ANTONIO	GUADALAJARA	Spain	HOSP. UNIV. DE GUADALAJARA C. DEL DONANTE DE SANGRE,S/N		Not applicable	Not applicable			363,00		363,00
	ZAMORA PEREZ DIEGO ANTONIO	ELX / ELCHE	Spain	HOSP. GENERAL UNIV. DE ELCHE C. CAMINO DE LA ALMAZARA,11		Not applicable	Not applicable			605,00		605,00
	ZARAGOZA BRUNET JOSE	TORTOSA	Spain	HOSP. VERGE DE CINTA C. ESPLANETES,14		Not applicable	Not applicable		57,28			57,28
	ZARRANZ IMIRIZALDU JUAN JOSE	BARACALDO	Spain	HOSP. CRUCES PZ. DE CRUCES,S/N		Not applicable	Not applicable				362,93	362,93
	ZHYGALOVA ZHYGALOVA OLENA	BURGOS	Spain	HOSP. UNIV. BURGOS C. ISLAS BALEARES,3		Not applicable	Not applicable		78,00			78,00
	ZUGAZAGA BADALLO ENEKO	TORREJON DE ARDOZ	Spain	HOSP. UNIV. TORREJON DE ARDOZ C. MATERO INURRIA,1		Not applicable	Not applicable		112,75			112,75

	Full Name	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered	Country of Principal Practice	Principal Practice Address	DNI / CIF XXX1234XX	Donations	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
	(Mandatory) (Art. 18.1)	(Mandatory) (Art. 18.3)	(Optional) (Art. 18.3)	(Optional) (Art. 18.3)	(Mandatory) (Art. 18.3)	(Art.18.3.1.a)						
HCPs	INDIVIDUAL NAMED DISCLOSURE: one line per HCP (i.e. all Transfers of Value during a year for an individual HCP will be summed up. Itemisation should be available for the individual HCP or public authorities´ consultation only as appropriate).											
	ZURITA SANTAMARIA JORGE	MADRID	Spain	HOSP. UNIV. INFANTA LEONOR AV. GRAN VIA DEL ESTE,80		Not applicable	Not applicable		95,00	605,00		700,00
	INFORMATION NOT INCLUDED ABOVE: where information cannot be disclosed on an individual basis for legal reasons											
	Aggregate amount attributable to Transfers of Value to HCPs – Article 18.4					Not applicable	Not applicable					
	Number of HCPs disclosed at aggregate level – Article 18.4					Not applicable	Not applicable					
	% of total Transfers of Value to HCPs – Article 18.4					Not applicable	Not applicable					Not applicable

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCOs	INDIVIDUAL NAMED DISCLOSURE: one line per HCO (i.e. all Transfers of Value during a year for an individual HCO will be summed up. Itemisation should be available for the individual HCO or public authorities´ consultation only as appropriate).											
	AFHISCAID - ASOCIACION DE FACULTATIVOS DEL HOSPITAL INFANTA SOFIA PARA LA PROMOCION DE LA CALIDAD AS	SAN SEBASTIAN DE LOS REYES	Spain	HOSP. INFANTA SOFIA PS. DE EUROPA,34	XXX4903XX	11132,00						11132,00
	ASOCIACION DE REUMATOLOGIA EMERITENSE	MERIDA	Spain	HOSP. DE MERIDA POLG. NUEVA CIUDAD			3630,00					3630,00
	ESCUELA ANDALUZA DE SALUD PUBLICA - EASP	GRANADA	Spain	ESCUELA ANDALUZA DE SALUD PUBLICA CUESTA DEL OBSERVATORIO, 4			20285,00					20285,00
	FUND. PRIVADA SOCIETAT CATALANA DE NEUROLOGIA	Barcelona	Spain	FUND. PRIVADA SOCIETAT CATALANA DE NEUROLOGIA Calvet, 30			1210,00					1210,00
	FUNDACIO ACADEMIA DE CIENCIES MEDIQUES I DE LA SALUT DE CATALUNYA I DE BALEARS	Barcelona	Spain	FUNDACIO ACADEMIA DE CIENCIES MEDIQUES I DE LA SALUT DE CATALUNYA I DE BALEARS Carrer Major de Can Caralleu, 1-7		7500,00						7500,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCOs	INDIVIDUAL NAMED DISCLOSURE: one line per HCO (i.e. all Transfers of Value during a year for an individual HCO will be summed up. Itemisation should be available for the individual HCO or public authorities´ consultation only as appropriate).											
	FUNDACIO CLINIC PER A LA RECERCA BIOMEDICA	BARCELONA	Spain	FUNDACIO CLINIC PER A LA RECERCA BIOMEDICA CL. ROSELLON, 149-153		10000,00						10000,00
	FUNDACIO PER A LA UNIVERSITAT OBERTA	BARCELONA	Spain	FUNDACIO PER A LA UNIVERSITAT OBERTA AVDA. TIBIDABO, 39-43		908,51						908,51
	FUNDACION ESPAÑOLA DE REUMATOLOGIA (FER)	MADRID	Spain	SOCIEDAD ESPAÑOLA DE REUMATOLOGIA - SER CL. MARQUES DEL DUERO, 5 1º	XXX4493XX	72041,09	62920,00					134961,09
	FUNDACION INCE	POZUELO DE ALARCON	Spain	FUNDACION INCE C. CAMINO DE LAS HUERTAS, 10, 3º2	G856666418	2420,00						2420,00
	FUNDACION INSTITUTO MAR DE INVESTIGACIONES MEDICAS - IMIM	Barcelona	Spain	Fundacion Instituto Mar De Investigaciones Medicas - Imim C. DOCTOR AIGUADER, 88		3700,00						3700,00
	FUNDACION INVESTIGACION BIOSANITARIA ANDALUCIA ORIENTAL - FIBAO	GRANADA	Spain	HOSP. UNIV. SAN CECILIO C. DOCTOR OLORIZ,16		3500,00						3500,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCOs	INDIVIDUAL NAMED DISCLOSURE: one line per HCO (i.e. all Transfers of Value during a year for an individual HCO will be summed up. Itemisation should be available for the individual HCO or public authorities´ consultation only as appropriate).											
	FUNDACION PARA EL FOMENTO DE LA INVESTIGACION SANITARIA Y BIOMEDICA DE LA COMUNITAT VALENCIANA - FIS	VALENCIA	Spain	FUNDACION PARA EL FOMENTO DE LA INVESTIGACION SANITARIA Y BIOMEDICA - FISABIO C. MICER MASCO, 31	XXX0737XX	12100,00						12100,00
	FUNDACION PARA LA FORMACIÓN DEL COLEGIO OFICIAL DE MEDICOS DE VALLADOLID	Valladolid	Spain	Colegio Oficial De Medicos De Valladolid C. DE LA PASION, 13	XXX5813XX	4415,00						4415,00
	FUNDACION PARA LA INVESTIGACION BIOMEDICA DEL HOSP. GREGORIO MARAÑON - FIBHGM	MADRID	Spain	HOSP. UNIV. GREGORIO MARAÑON C. DOCTOR ESQUERDO,46		5000,00						5000,00
	FUNDACION PRIVADA DE LA SOCIEDAD ESPAÑOLA DE NEUROLOGIA	SAN SEBASTIAN DE LOS REYES	Spain	FUNDACION PRIVADA DE LA SOCIEDAD ESPAÑOLA DE NEUROLOGIA C. FUERTEVENTURA, 4 BAJOS			89540,00					89540,00
	FUNDACION UNIVERSIDAD FRANCISCO DE VITORIA - UFV	POZUELO DE ALARCON	Spain	FUNDACION UNIVERSIDAD FRANCISCO DE VITORIA - UFV CTRA. POZUELO-MAJADAHONDA, Km. 1.800	XXX4801XX	420826,18						420826,18

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCOs	INDIVIDUAL NAMED DISCLOSURE: one line per HCO (i.e. all Transfers of Value during a year for an individual HCO will be summed up. Itemisation should be available for the individual HCO or public authorities´ consultation only as appropriate).											
	GEINO - GRUPO ESPAÑOL DE INVESTIGACION EN NEUROONCOLOGIA	MADRID	Spain	GEINO - GRUPO ESPAÑOL DE INVESTIGACION EN NEUROONCOLOGIA VELAZQUEZ, 7, 3ª PLANTA	XXX2840XX		2178,00					2178,00
	GICALSE SL	EL PUERTO DE SANTA MARIA	Spain	GICALSE SL AVDA. DOCTOR MARAÑON, 8 B-1-1						1210,00		1210,00
	HOSP. UNIV. FUNDACION ALCORCON	ALCORCON	Spain	HOSP. UNIV. FUNDACION ALCORCON C. BUDAPEST,1		1200,00						1200,00
	INSTITUTO DE INVESTIGACION DEL HOSPITAL DE LA SANTA CREU I SANT PAU	BARCELONA	Spain	HOSP. SANTA CREU I SANT PAU C. SANT ANTONI MARIA CLARET, 167		2401,60						2401,60
	NEURONALIA LOPEZ MANZANARES SL	MADRID	Spain	NEURONALIA LOPEZ MANZANARES C. DUQUE DE SESTO, 12 6ºA						544,50		544,50
	NEUROPAIDOS, SLU	MADRID	Spain	NEUROPAIDOS, SLU PS. DEL COMANDANTE FORTEA, 7; 9º IZQ.						1210,00		1210,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCOs	INDIVIDUAL NAMED DISCLOSURE: one line per HCO (i.e. all Transfers of Value during a year for an individual HCO will be summed up. Itemisation should be available for the individual HCO or public authorities´ consultation only as appropriate).											
	REUMAI FERNANDEZ ORIA SL	LAS ROZAS DE MADRID	Spain	REUMAI FERNANDEZ ORIA SL AV. LAZAREJO, 62	XXX9201XX	3000,00						3000,00
	SISTEMA LIMBICO BIOSALUD SL	TORRENT	Spain	SISTEMA LIMBICO BIOSALUD SL C. PADRE FEIJOO, 26, 8						363,00		363,00
	SOCIEDAD ANDALUZA DE NEUROLOGIA (SAN)	SEVILLA	Spain	COLEGIO OFICIAL DE MEDICOS. SEVILLA AV. DE LA BORBOLLA, 47			4400,00					4400,00
	SOCIEDAD CANARIA DE NEUROLOGIA - SOCANE	SANTA CRUZ DE TENERIFE	Spain	SOCIEDAD CANARIA DE NEUROLOGIA - SOCANE C. HORACIO NELSON, 17	XXX3553XX		3210,00					3210,00
	SOCIEDAD CANARIA DE REUMATOLOGIA - SOCARE	SANTA CRUZ DE TENERIFE	Spain	SOCIEDAD CANARIA DE REUMATOLOGIA - SOCARE CL. HORACIO NELSON	XXX2842XX		1000,00					1000,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCOs	INDIVIDUAL NAMED DISCLOSURE: one line per HCO (i.e. all Transfers of Value during a year for an individual HCO will be summed up. Itemisation should be available for the individual HCO or public authorities´ consultation only as appropriate).											
	SOCIEDAD DE NEUROFISIOLOGIA CLINICA DE LAS COMUNIDADES DE VALENCIA Y MURCIA	VALENCIA	Spain	SOCIEDAD DE NEUROFISIOLOGIA CLINICA DE LAS COMUNIDADES DE VALENCIA Y MURCIA AV. DE LA PLATA, 34			1500,00					1500,00
	SOCIEDAD DE REUMATOLOGIA DE LA COMUNIDAD DE MADRID	MADRID	Spain	SOCIEDAD DE REUMATOLOGIA DE LA COMUNIDAD DE MADRID CL. SANTA ISABEL, 51	XXX0614XX		1600,00					1600,00
	SOCIEDAD ESPAÑOLA DE EPILEPSIA - SEEP	SANTANDER	Spain	AFID CONGRESOS SL C.MENENDEZ PELAYO, 6 ENTRESUELO, A	XXX5286XX	19965,00	1815,00					21780,00
	SOCIEDAD GALLEGA DE MEDICINA INTENSIVA - SOGAMIUC	LA CORUÑA	Spain	SOCIEDAD GALLEGA DE MEDICINA INTENSIVA - SOGAMIUC C. SAN PEDRO DE MENDOZA, 39-41 BAJO	XXX5094XX		1210,00					1210,00
	SOCIEDAD NEUROLOGICA ASTURIANA (SNA)	Oviedo	Spain	SOCIEDAD NEUROLOGICA ASTURIANA (SNA) Plaza de America	XXX5520XX		500,00					500,00

	Full Name (Mandatory) (Art. 18.1)	Healthcare Professionals (HCPs):city of principal practice Healthcare Organisations (HCOs): city where registered (Mandatory) (Art. 18.3)	Country of Principal Practice (Optional) (Art. 18.3)	Principal Practice Address (Optional) (Art. 18.3)	DNI / CIF XXX1234XX (Mandatory) (Art. 18.3)	Donations (Art.18.3.1.a)	Contribution to educational and scientific meetings (Art. 18.3.1.b & 18.3.2.a)			Fee for service (Art. 18.3.1.c & 18.3.2.b)		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	
HCOs	INDIVIDUAL NAMED DISCLOSURE: one line per HCO (i.e. all Transfers of Value during a year for an individual HCO will be summed up. Itemisation should be available for the individual HCO or public authorities´ consultation only as appropriate).											
	SOCIEDADE GALEGA DE NEUROLOXIA	VIGO	Spain	SOCIEDADE GALEGA DE NEUROLOXIA PZ. DE COMPOSTELA, 23	XXX1555XX		5000,00					5000,00
	SOCIEDADE GALEGA DE REUMATOLOXIA	SANTIAGO DE COMPOSTELA	Spain	SOCIEDADE GALEGA DE REUMATOLOXIA C. SAN PEDRO DE MEZONZO, 39-41			1000,00					1000,00
	SOCIETAT VALENCIANA DE NEUROLOGIA	Valencia	Spain	Societat Valenciana De Neurologia Avda. de la Plata, 34			3025,00					3025,00
	UNIDAD DOCENTE OSAKIDETZA	VITORIA	Spain	OSAKIDETZA - SERVICIO VASCO DE SALUD C. ALAVA, 45			1000,00					1000,00
	UNIVERSIDAD INTERNACIONAL MENENDEZ PELAYO	MADRID	Spain	UNIVERSIDAD INTERNACIONAL MENENDEZ PELAYO ISAAC PERAL, 23	XXX1802XX		29835,96					29835,96
	VALL D HEBRON INSTITUT DE RECERCA - VHIR	Barcelona	Spain	VALL D HEBRON INSTITUT DE RECERCA VHIR Passeig Vall d Hebron, 119-129		30000,00						30000,00

R&D	AGGREGATE DISCLOSURE	
	Transfers of Value related to Research & Development – Article 18.5	334271,33