

APL

Reporting Year : 2016

Reporting Currency : EUR



		EFPIA REPORT							Date of Publication : 03/05/2017			
Full Name	HCPs: City of Principal	Country of Principal	Principal Practice Address	Unique Country Identifier	Donations and Grants to	Contribution to costs of Ev		Events	Fee for service	Fee for service and consultancy		
H C P	Practice	Practice	Audiess	identine	HCOs	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract		
INDIVIDUAL NAMED DISCLOSURE - or	ne line per HCP (i.e. all transfers of value during		•		<u> </u>							
- o		LU	Rue du Château 3	90-8716-20	N/A	N/	A 0.00	0.00	450.00	0.00		
Dr Claude Weber	HOLLENFELS	LO	1.40 44 0.14.644 0		19/7	110	7.1	0.00	400.00	0.00	450.00	
Dr Claude Weber Dr Marc Schlesser	HOLLENFELS LUXEMBOURG	LU	Centre Hospitalier de Luxembourg	907151-07	N/A				750.00		450.00 750.00	
						N/	'A 0.00	0.00		0.00		
Dr Marc Schlesser Dr Serge Delvigne	LUXEMBOURG	LU	Centre Hospitalier de Luxembourg Beim Schlass 3	907151-07	N/A	N/	'A 0.00	0.00	750.00	0.00	750.00	
Dr Marc Schlesser Dr Serge Delvigne	BERTRANGE are information cannot be disclosed on an individual	LU	Centre Hospitalier de Luxembourg Beim Schlass 3	907151-07	N/A	N/	(A 0.00 (A 0.00	0.00	750.00	0.00	750.00	
Dr Marc Schlesser Dr Serge Delvigne OTHER, NOT INCLUDED ABOVE - whe	BERTRANGE are information cannot be disclosed on an individual	LU	Centre Hospitalier de Luxembourg Beim Schlass 3	907151-07	N/A	N/	(A 0.00 (A 0.00	0.00	750.00 450.00	0.00	750.00 450.00	
Dr Marc Schlesser Dr Serge Delvigne OTHER, NOT INCLUDED ABOVE - whe	LUXEMBOURG BERTRANGE ere information cannot be disclosed on an indivi- sfers of value to such Recipients	LU	Centre Hospitalier de Luxembourg Beim Schlass 3	907151-07	N/A	N/	A 0.00 A 0.00 A 0.00	0.00	750.00 450.00	0.00	750.00 450.00	



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Full Name	HCOs: City where	y Country of	Principal Practice	Unique Country Identifier	Donations and Grants to	Contribution to costs of Events		vents	Fee for service and consultancy		Total
	registered	Principal Practice	Address	identifier	HCOs	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accommodation		Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract	
IVIDUAL NAMED DISCLOSURE - one line per HCO		g a year for an inc					nly, as appropriate)				
Association Luxembourgeoise pour la Formation Médicale Continue	LUXEMBOURG	LU	Rue de Vianden 29	N/A	0.00	3,000.00	0.00	0.00	0.00	0.00	3,000.0
Société Luxembourgeoise de Pédiatrie	ESCH-SUR-ALZETTE	LU	rue de la Libération 13-15	N/A	0.00	850.00	0.00	0.00	0.00	0.00	850.0
HER, NOT INCLUDED ABOVE - where information	cannot be disclosed on an indiv	vidual basis for leg	al reasons								
pregate amount attributable to transfers of value to suc	h Recipients				0.00	0.00	0.00	0.00	0.00	0.00	0.0
						1					
mber of Recipients in aggregate disclosure					0	0	0	0	0	0	N.
umber of Recipients in the aggregate disclosure in the total number of Recipients Disclosed				0.00	0.00	0.00	0.00	0.00	0.00	N	

R 8 D	AGGREGATE DISCLOSURE D	Total(R&D)
	Transfers of Value for Research and Development as defined	0.00

GRAND TOTAL	
	5,500.00