# ABPI CODE OF PRACTICE 2024
## Optional Disclosure Template for Patient Organisations and the Public including Patients and Journalists

Mar-26

**Companies must include a note of methodologies used in preparing the disclosures**

| | Patient Organisation Name | Country | Types of the Support or Services Provided | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Financial Support | | | Non-financial Support | Contracted Services | | | | |
| | | | Grants add a line for each Grant | Sponsorship of Meetings add a line for each sponsorship | Other Sponsorships add a line for each sponsorship | Donations add a line for each donation | Fees | Out of pocket/ expenses | Non-monetary Benefit for PO [2] | Optional Indication of Patient Organisation's Total Income and/or the Company's Support as a Percentage | Description of Services |
| Patient Organisation (add additional table for each Patient Organisation) | *My Surrogacy Journey* | *United Kingdom* | | | | | 950 | 350 | | | *Two individuals spoke around Surrogacy and their journey and experience to education a group of Health Care Professional* |
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| Members of the Public | Individual | Add additional lines as required | | | | | 100 | N/A | N/A | N/A | *Delievered a 30 minute patient talk to group of Health Care Professionals* |
| | Description of Services [1] | Add additional lines as required | | | | | N/A | N/A | N/A | N/A | |
| | Aggregate amount attributable to transfers of value to such Recipients | | | | | | | | N/A | N/A | N/A |
| | Number of Recipients in aggregate disclosure | | | | | | | | N/A | N/A | N/A |
| Patients | Description of Services [1] | Add additional lines as required | | | | | N/A | N/A | N/A | N/A | |
| | Description of Services [1] | Add additional lines as required | | | | | N/A | N/A | N/A | N/A | |
| | Aggregate amount attributable to transfers of value to such Recipients | | | | | | | | N/A | N/A | N/A |
| | Number of Recipients in aggregate disclosure | | | | | | | | N/A | N/A | N/A |
| Journalists | Description of Services [1] | Add additional lines as required | | | | | N/A | N/A | N/A | N/A | |
| | Description of Services [1] | Add additional lines as required | | | | | N/A | N/A | N/A | N/A | |
| | Aggregate amount attributable to transfers of value to such Recipients | | | | | | | | N/A | N/A | N/A |
| | Number of Recipients in aggregate disclosure | | | | | | | | N/A | N/A | N/A |

1. Add a clear description which is sufficiently complete to enable the reader to understand the nature of each support or service provided
2. For example, employee hours or company's facilities offered to support a Patient Organisation activity