

Date of contract	Healthcare Professional (HCP) Full Name	Institution/Principal Practice	Healthcare Organization (HCO) legal entity	HCP's City of Principal Practice (i.e., the address registered)	Country of Principal Practice	Principal Practice Address	Type of Contribution (i.e., sponsor name)	Donation/Grant to HCO (i.e., grant number if applicable)	Services or Consultancy (i.e., nature of services if applicable)							Hospitality (i.e., nature of services if applicable)							Contract signed & accepted by Consultant	Notes	
									Description	Date	City of event	Country of event	Role	Registration if applicable	No. of hours worked	Compensation	Flight	Hotel	Transfers Coach/Train/Bus	Mileage	Parking	Additional cost			Food & Beverage
17.08.18	Björja K. Johansson	Pediatric Inpatient, Children's Hospital, Lundborg University Hospital	NA	Ray/Jack	USA	101 Ray/Jack	Sponsorship	NA	Advisory Board	18 October 2018	Stockholm	Sweden	Participant	NA		NDM	5 900 SEK	2 138 SEK (1 night)	NA	NA	NA	NA	250 SEK (coffee + 2 and lunch)	YES	No honoraria paid, consent form OK