

Annex A – Austria Transparency Report for the year 2025

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	Full name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique country local identifier (optional)	Donations and grants to HCOs	Contribution to costs of Events			Fee for Services and consultancy		TOTAL Optional	
							Sponsorship agreements with HCOs /Thrid Parties appointed by HCOs to manage Event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract		
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: itemization should be available for the individual Recipient or public authorities' consultation only as appropriate)												
	Dr. A					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount		
	Dr. B					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount		
	Etc.					N/A	N/A	Yearly amount	Yearly amount	Yearly amount	Yearly amount		
	OTHER, NOT INCLUDED ABOVE – where information cannot be disclosed on an individual basis for legal reasons												
	Aggregate amount attributable to ToV to such Recipients						N/A	N/A	Aggr. HCPs	Aggr. HCPs	Aggr. HCPs	Aggr. HCPs	Optional
	Number of Recipients in aggregate disclosure						N/A	N/A	number	number	number	number	Optional
% of the number of Recipients included in the aggregate disclosure in the total number, by category, of Recipients disclosed						N/A	N/A	%	%	%	%	N/A	
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: itemization should be available for the individual Recipient or public authorities' consultation only as appropriate)												
	HCO 1					Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	3000,00 Euro	Optional	
						Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Optional	
						Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Yearly amount	Optional	
	OTHER, NOT INCLUDED ABOVE – where information cannot be disclosed on an individual basis for legal reasons												
	Aggregate amount attributable to ToV to such Recipient						Aggr. HCOs	Aggr. HCOs	Aggr. HCOs	Aggr. HCOs	Aggr. HCOs	Aggr. HCOs	Optional
	Number of Recipients in aggregate disclosure						number	number	number	number	number	number	Optional
% of the number of Recipients included in the aggregate disclosure in the total number, by category, of Recipients disclosed						%	%	%	%	%	%	N/A	
AGGREGATE DISCLOSURE													
Research & Development		Transfers of Value for Research & Development									TOTAL	OPTIONAL	

