					GILEAD SC	IENCES - 201	5 REPORT					
										Date of	publication	n:25/05/2018
Full name (article 2)	Practice HCOs: city of practice (registered address) (article 2) Practice HCOs: principal practice (clinic heal unit/de	principal practice	Principal practice address (e.g. clinic/office/ healthcare unit/department)	OPTIONAL	Donations to HCOs (article 9)	Contrit	Contribution to costs of events (article 9) Fee for service and consultancy (article 9)					TOTAL
		(article 9)			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 and accommodation		OPTIONAL	
INDIVIDUAL NAM	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.											
	OTHER, not included above - where information cannot be disclosed on an individual basis with regard to the General Data Protection Regulation											
H C Aggregate amount	Aggregate amount attributable to transfers of value to such Recipients - article 10				N/A	N/A	N/A	N/A	480.079,88 kr	82.170,60 kr		562.250,48 kr
Number of Recipients				N/A	N/A	N/A	N/A	37	14		37	
% of total number of recipients of individual HCPs					N/A	N/A	N/A	N/A	100,00	100,00		N/A

Full name (article 2)	HCPs: City of Principal Practice HCOs: city of practice (registered address)	Country of Principal practice address (e.g. clinic/office/ healthcare unit/department)		ce address identifyer - e.g. OPTIONAL :/office/ thhcare Donations t		Contribution to costs of events (article 9)				and consultancy cle 9)		TOTAL
	(article 9)		(article 9)			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 and accommodation		OPTIONAL
INDIVIDUAL NAME	D DISCLOSURE-one	line per HCO (i.e.	all transfers of	value during a yed		al HCO will be sun nly, as appropriat		n should be availa	ble for the indiv	idual Recipient or	public authoritie	s' consultation
ADHALO AB	ÖREBRO	Sweden	Sveaborgsvägen 16 ÖREBRO				N/A	N/A	9.375,00 kr			9.375,00 kr
Akademiska sjukhuset	UPPSALA	Sweden	Sjukhusvägen			5.000,00 kr	N/A	N/A	10.000,00 kr			15.000,00 kr
Centralsjukhuset i Karlstad	KARLSTAD	Sweden	Rosenborgsgatan 2				N/A	N/A	5.000,00 kr			5.000,00 kr
Flamholc medical	MALMÖ	Sweden	Södra Promenaden 43				N/A	N/A	104.937,50 kr	28.238,94 kr		133.176,44 kr
Floderus & Hagberg AB	UPPSALA	Sweden					N/A	N/A	7.625,00 kr	500,00 kr		8.125,00 kr
C O S Geduc Medical AB	JONSERED	Sweden	Nedre Östergårdsvägen 3				N/A	N/A	279.904,83 kr	17.819,42 kr		297.724,25 kr
Göteborgs Universitet	GÖTEBORG	Sweden					N/A	N/A		49.932,00 kr		49.932,00 kr
HepPed A och O HB	SEGELTORP	Sweden					N/A	N/A	147.500,00 kr	15.873,54 kr		163.373,54 kr
Iritre AB	RÖNNINGE	Sweden	Uttringe Hages Väg 26				N/A	N/A	7.500,00 kr			7.500,00 kr
Jolet AB	STOCKHOLM	Sweden	Sickla Kanalgata 23				N/A	N/A		217,00 kr		217,00 kr
Karolinska Institutet	SOLNA	Sweden	Nobels väg 5		251.842,00 kr		N/A	N/A	28.281,00 kr	6.120,00 kr		286.243,00 kr

Full name (article 2)	HCPs: City of Principal Practice HCOs: city of practice (registered address)	Principal Country of principal practice HCOs: principal practice (e.g clinic/of healthc darticle 1) Principal practice address)		Principal Unique practice address identifyer -		Contribution to costs of events (article 9)			Fee for service and consultancy (article 9)			TOTAL OPTIONAL
	(article 9) (article 9)			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 and accommodation		OFITOMAL		
INDIVIDUAL NAME	D DISCLOSURE-one	line per HCO (i.e.	all transfers of	value during a yed		al HCO will be sun nly, as appropriat		n should be availd	ble for the indiv	idual Recipient or	public authoritie	s' consultation
Karolinska Universitetssjuk huset C177	HUDDINGE	Sweden	Hälsovägen Redovisningssekt ionen C177		1.232.750,00 kr	143.750,00 kr	N/A	N/A	82.512,00 kr	2.999,00 kr		1.462.011,00 kr
Landstinget i Kalmar län	KALMAR	Sweden	Strömgatan 13		93.000,00 kr		N/A	N/A				93.000,00 kr
Norrlands Universitetssjuk hus	UMEÅ	Sweden	Akutvägen				N/A	N/A	4.000,00 kr			4.000,00 kr
Sahlgrenska Univ sjh Östra	GÖTEBORG	Sweden	Smörslottsgatan				N/A	N/A	7.750,00 kr			7.750,00 kr
Scanarelle Handelsbolag	STOCKHOLM	Sweden	Ringvägen 163				N/A	N/A	17.625,00 kr	919,77 kr		18.544,77 kr
Sjölin Medkonsult HB	UPPSALA	Sweden	Tors väg 20 A				N/A	N/A	24.792,50 kr	168,00 kr		24.960,50 kr
Skånes Universitetssjuk hus Malmö	MALMÖ	Sweden	Södra Förstadsgatan 101				N/A	N/A	13.125,00 kr			13.125,00 kr
Soo Aleman Läkarkonsult AB	STOCKHOLM	Sweden	Riddargatan 28				N/A	N/A	40.314,00 kr	657,74 kr		40.971,74 kr
Sunderby Sjukhus	SÖDRA SUNDERBYN	Sweden	Sjukhusvägen 10				N/A	N/A	8.750,00 kr			8.750,00 kr
Södersjukhuset	STOCKHOLM	Sweden	Sjukhusbacken 10				N/A	N/A	27.250,00 kr			27.250,00 kr
Universitetssjuk huset Linköping	LINKÖPING	Sweden	Garnisonsvägen 10				N/A	N/A	5.535,00 kr			5.535,00 kr

Full name (article 2)	HCPs: City of Principal Practice HCOs: city of practice (registered address)	Country of principal practice	Principal practice address (e.g. clinic/office/ healthcare unit/department)	Unique identifyer - OPTIONAL (article 9)	Donations to HCOs (article 9)	Contrib	ution to costs of (article 9)	events	Fee for service (arti	and consultancy cle 9)		TOTAL
	(article 9)		(article 9)			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 and accommodation		OPTIONAL
INDIVIDUAL NAME	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 auronly, as appropriate)									public authoritie	s' consultation	
			01	THER, not included	above - where in	formation cannot b	e disclosed per HC	0 for legal reaso	ns			
Aggregate amount	attributable to tr	ansfers of value	to such Recipients	- article 10	N/A	N/A	N/A	N/A	323.628,30 kr	138.836,69 kr		462.464,99 kr
Number of Recipie	Number of Recipients				N/A	N/A	N/A	N/A	8	7		8
% of total number of recipients of individual HCOs - article 10				N/A	N/A	N/A	N/A	29,63	38,89		N/A	

N/A = Not applicable

Note: N/A = Not Applicable			
	AGGREGATE DISCLOSURE		
R & D	Transfers of value re Research & Development (as defined)(article 12 and article 1)	6.717.240,41 kr	3.706.279,71 kr