				Gil	lead Science	s Sweden AB	- 2020 Repor	۲				
										Date of p	ublication:	30/06/202
Full name (article 2)	HCPs: City of Principal Practice HCOs: city of practice (registered address)	Country of principal e practice	Principal practice address (e.g. clinic/office/ healthcare unit/department)	Unique identifyer - OPTIONAL (article 9)	Donations to HCOs (article 9)	Contrib	Contribution to costs of events (article 9)			Fee for service and consultancy (article 9)		
	(article 2) (article 9) (article 1) unit/department) (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	ED DISCLOSURE-one	line per HCP (i.e.	all transfers of	value during a ye		al HCP will be sum nly, as appropriat		n should be availd	wble for the indiv	idual Recipient or	public authoritie	es' consultatio
Andersson, Emmi	JÄRFÄLLA	Sweden	Läxvägen 21 Järfälla		N/A	N/A	N/A	N/A	10.350 kr			10.356
Andersson, Per-Ola	BORÅS	Sweden	Brämhultsvägen 53 Södra Älvsborgs Sjukhus Borås		N/A	N/A	N/A	N/A	24.750 kr			24.75
Brännström, Johanna	STOCKHOLM	Sweden	Sjukhusbacken 10 Södersjukhuset Stockholm		N/A	N/A	N/A	N/A	10.350 kr			10.35
Halfvarsson, Jonas	ÖREBRO	Sweden	Södra Grev Rosengatan Universitetssjuk huset Örebro		N/A	N/A	N/A	N/A	15.000 kr			15.00
Hertervig, Eirikur Oli	LUND	Sweden	Entregatan 7 Skånes Universitetssjuk hus Lund		N/A	N/A	N/A	N/A	8.000 kr			8.00
Johansson, Veronica Svedhem	HUDDINGE	Sweden	Hälsovägen 13 Karolinska Univ Sjh Huddinge		N/A	N/A	N/A	N/A	10.350 kr			10.35
Jonåker, Kristina	STOCKHOLM	Sweden	Krukmakargatan 36 lgh 1501 Stockholm		N/A	N/A	N/A	N/A	4.800 kr			4.80
(lasa, Per-Erik	STOCKHOLM	Sweden	Wollmar Yxkullsgatan 25 Stockholm		N/A	N/A	N/A	N/A	5.000 kr			5.00

Full name (article 2)	HCPs: City of Principal Practice HCOs: principal city of practice (registered address) (article 1)		l practice address identifyer - (e.g. OPTIONAL clinic/office/ healthcare		Donations to HCOs (article 9)	Contrib	oution to costs of (article 9)	events		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 HCP (i.e.	all transfers of	value during a ye		al HCP will be sun nly, as appropriat		n should be availd	ble for the indiv	idual Recipient or	public authoritie	s' consultation
Missailidis, Catharina	STOCKHOLM	Sweden	Sjukhusbacken 10 Södersjukhuset Stockholm		N/A	N/A	N/A	N/A	10.350 kr			10.350 kr
Parodis, Ioannis	ÖREBRO	Sweden	Södra Grev Rosengatan Universitets sjukhuset, Örebro		N/A	N/A	N/A	N/A	4.900 kr			4.900 kr
H C P s Strid, Hans	BORÅS	Sweden	Brämhultsvägen 53 Södra Älvsborgs Sjukhus Borås		N/A	N/A	N/A	N/A	8.000 kr			8.000 kr
		OTHER, no	t included above -	where information	n cannot be disclo	osed on an individu	ual basis with reg	ard to the General	. Data Protection i	Regulation		
Aggregate amount	Aggregate amount attributable to transfers of value to such Recipients - article 10			N/A	N/A	N/A	N/A	24.000 kr			24.000 kr	
Number of Recipie	Number of Recipients				N/A	N/A	N/A	N/A	2			2
% of total number	of recipients of	individual HCPs			N/A	N/A	N/A	N/A	15,38			N/A

Full name (article 2)	HCPs: City of Principal Practice HCOs: city of practice (registered address)	Country of principal practice (article 1)	Principal practice address (e.g. clinic/office/ healthcare unit/department)	Unique identifyer - OPTIONAL Donations to HCOs (article 9) (article 9)		Contribution to costs of events (article 9)			Fee for service and consultancy (article 9)			TOTAL OPTIONAL
	(article 9)		(article 9)	cle 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		UP I LUNAL
INDIVIDUAL NAME	D DISCLOSURE-one	line per HCO (i.e.	all transfers of	value during a yea		al HCO will be sum nly, as appropriat		n should be availd	ble for the indiv	idual Recipient or	public authoritie	es' consultation
Akademiska sjukhuset	UPPSALA	Sweden	Sjukhusvägen 85 Uppsala			7.037 kr	N/A	N/A	19.375 kr			26.412 kr
Anders Thalme Enskild Firma	HUDDINGE	Sweden	Segersminnevägen 26, Huddinge				N/A	N/A	12.937 kr			12.937 kr
BA Sönnerborg Konsult Enskild Firma	STOCKHOLM	Sweden	Bastugatan 30 B Stockholm				N/A	N/A	9.375 kr			9.375 kr
EndoMed Enskild Firma	STOCKHOLM	Sweden	Kungsholms strand 143 lgh 1605 Stockholm				N/A	N/A	44.953 kr	3.984 kr		48.938 kr
Enzo Piccolo AB	LUND	Sweden	Äpplehagen 12 Lund				N/A	N/A	46.750 kr			46.750 kr
D S Eva Kimby Enskild Firma	ÖSTHAMMAR	Sweden	Olaskär 120 Östhammar				N/A	N/A	33.260 kr			33.260 kr
Flamholc medical AB	MALMÖ	Sweden	Södra Promenaden 43, Malmö				N/A	N/A	21.562 kr	2.808 kr		24.370 kr
Geduc Medical AB	JONSERED	Sweden	Nedre Östergårdsvägen 3, Jonsered				N/A	N/A	199.484 kr	40.277 kr		239.761 kr
Halfvarsnäs Med AB	ÖREBRO	Sweden	Tennisgatan 1 c/o Jonas Halfvarsson Örebro				N/A	N/A	12.500 kr			12.500 kr
HepPed A och O HB	SEGELTORP	Sweden	Skansbergsvägen 16 A c/o Weiland Segeltorp				N/A	N/A	21.125 kr			21.125 kr
Karolinska Institutet	SOLNA	Sweden	Solnavägen 1 Solna		658.300 kr		N/A	N/A	8.050 kr			666.350 kr

Full name (article 2)	HCPs: City of Principal Practice HCOs: city of practice (registered address)	Country of principal practice (article 1)	Principal practice address (e.g. clinic/office/ healthcare unit/department)	HCOs		entifyer - (article DPTIONAL Donations to HCOs		f events Fee for service and consultan (article 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 ye		al HCO will be sun nly, as appropriat		n should be availd	ble for the indiv	idual Recipient or	public authoritie	s' consultation
Karolinska Univ Sjh Huddinge	HUDDINGE	Sweden	Hälsovägen 13 Huddinge		330.000 kr	27.000 kr	N/A	N/A	34.750 kr			391.750 kr
Martin Kåberg Läkartjänst Enskild Firma	STOCKHOLM	Sweden	Rålambsvägen 27 Stockholm				N/A	N/A	8.875 kr			8.875 kr
Mellgren Medical AB	BORÅS	Sweden	Trandaredsgatan 28 B Borås				N/A	N/A	10.125 kr			10.125 kr
PERCE Consulting AB	GÖTEBORG	Sweden	Erik Dahlbergsgatan 4 c/o Andersson Göteborg				N/A	N/A	25.938 kr			25.938 kr
Sjölin Medkonsult HB	UPPSALA	Sweden	Tors väg 20 A Uppsala				N/A	N/A	17.500 kr			17.500 kr
Soo Aleman Läkarkonsult AB	STOCKHOLM	Sweden	Riddargatan 28 Stockholm				N/A	N/A	19.125 kr	5.425 kr		24.550 kr
Karlskrona Läkareförening	KARLSKRONA	Sweden	Lasarettsvägen c/o Infektionklin Ordf O Blivik Karlskrona			10.240 kr	N/A	N/A				10.240 kr
Södersjukhuset	STOCKHOLM	Sweden	Sjukhusbacken 10 Stockholm				N/A	N/A	57.875 kr	3.542 kr		61.417 kr
Uppsala Universitet	UPPSALA	Sweden	Box 256, 751 05 Uppsala				N/A	N/A	19.125 kr			19.125 kr

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	(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		OPIIONAL
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 authorities' consultation only, as appropriate)											
			01	THER, not included	above - where inj	Formation cannot b	e disclosed per HC	CO for Legal reason	าร			
H C Aggregate amount	Aggregate amount attributable to transfers of value to such Recipients - article 10					N/A	N/A	N/A				
Number of Recipie	Number of Recipients					N/A	N/A	N/A				
% of total number	% of total number of recipients of individual HCOs - article 10					N/A	N/A	N/A				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)	8.303.269 kr	10.150.419 kr