Pfizer Cyprus - 2019

Date of publication: 26/06/2020

	Full Name (Art. 1.01)	HCPs: City of Principal Practice HCOs: city where registered (Art. 3)	Country of Principal Practice (Schedule 1)	Principal Practice Address (Art. 3)	Unique country identifier OPTIONAL (Art. 3)	Donations and Grants to HCOs (Art. 3.01.1.a) (EUR)	Contribution to costs of Events (Art. 3.01.1.b & 3.01.2.a)			Fee for service and consultancy (Art. 3.01.1.c & 3.01.2.c)			TOTAL OPTIONAL (EUR)
							Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event (EUR)	Registration Fees (EUR)	Travel & Accommodation (EUR)	Fees (EUR)	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract (EUR)		
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)*												
	ΓΕΩΡΓΟΥΣΑΚΗ, ΧΡΥΣΗ	ΛΕΜΕΣΟΣ	CY	ΛΕΩΦ.ΝΙΚΑΙΑΣ		N/A	N/A	0.00	640.04	0.00	0.00		640.04
	ΔΗΜΗΤΡΙΟΥ, ΔΗΜΗΤΡΙΟΣ	ΛΕΥΚΩΣΙΑ	CY	ΤΖΩΝ ΚΕΝΝΕΝΤΥ 8		N/A	N/A	0.00	954.34	0.00	0.00		954.34
	ΔΗΜΗΤΡΙΟΥ, ΘΕΟΔΩΡΑ	ΠΑΦΟΣ	CY	ΕΥΑΓΓΕΛΙΣΜΟΣ ΙΔΙΩΤ. ΝΟΣΟΚΟΜΕΙΟ		N/A	N/A	0.00	1,051.99	0.00	0.00		1,051.99
	ΕΥΓΕΝΙΟΥ, ΑΝΔΡΕΑΣ	ΛΑΡΝΑΚΑ	CY	ΓΛΑΔΣΤΩΝΟΣ 1		N/A	N/A	0.00	640.04	0.00	0.00		640.04
	ΕΥΘΥΜΙΟΥ, ΠΑΝΑΓΙΩΤΗΣ	ΛΕΜΕΣΟΣ	CY	ΛΕΟΝΤΙΟΥ Α' 181		N/A	N/A	0.00	1,051.99	0.00	0.00		1,051.99
	ΖΑΒΡΙΔΗΣ, ΠΕΡΙΚΛΗΣ	ΣΤΡΟΒΟΛΟΣ	CY	ΛΕΩΦ.ΣΠΥΡΟΥ ΚΥΠΡΙΑΝΟΥ 215		N/A	N/A	870.00	1,564.32	0.00	0.00		2,434.32
	ΖΑΝΝΕΤΟΥ ΧΑΤΖΗΧΡΙΣΤΟΦΗ, ΝΕΔΗ	ΣΤΡΟΒΟΛΟΣ	CY	ΛΕΩΦ.ΛΕΥΚΟΘΕΟΥ 20		N/A	N/A	250.00	0.00	0.00	0.00		250.00
	ΘΕΡΑΠΟΝΤΟΣ, ΑΝΔΡΕΑΣ	ΛΕΥΚΩΣΙΑ	CY	ΡΟΔΟΥ 11		N/A	N/A	250.00	989.34	0.00	0.00		1,239.34
	ΚΑΣΣΕΡΑΣ, ΦΡΑΓΚΙΣΚΟΣ	ΛΕΜΕΣΟΣ	CY	ΕΘΝ.ΑΝΤΙΣΤΑΣΕΩΣ 9		N/A	N/A	0.00	954.34	0.00	0.00		954.34
	ΜΙΧΑΗΛΙΔΗΣ, ΜΙΧΑΗΛ	ΛΕΜΕΣΟΣ	CY	ΔΩΔΕΚΑΝΗΣΟΥ 6		N/A	N/A	1,210.00	1,974.73	0.00	0.00		3,184.73
	ΜΙΧΑΗΛΙΔΟΥ, ΜΑΡΙΑ	ΛΕΜΕΣΟΣ	CY	ΣΤΕΛΙΟΥ ΚΥΡΙΑΚΙΔΗ 27		N/A	N/A	250.00	145.00	0.00	0.00		395.00
	ΝΤΡΕ, ΑΓΓΕΛΙΚΗ	ΠΑΦΟΣ	CY	ΑΛΕΞΑΝΔΡΟΥ ΠΑΠΑΓΟΥ 118		N/A	N/A	960.00	1,747.73	0.00	0.00		2,707.73
	ΣΑΒΕΡΙΑΔΗΣ, ΑΔΑΜΟΣ	ΛΑΡΝΑΚΑ	CY	ΝΙΚΟΥ ΔΗΜΗΤΡΙΟΥ 43		N/A	N/A	0.00	640.04	0.00	0.00		640.04
	ΣΟΛΩΝΟΣ, ΜΑΡΙΑΕΝΑ	ΣΤΡΟΒΟΛΟΣ	CY	ΛΕΩΦ.ΛΕΥΚΟΘΕΟΥ 20		N/A	N/A	250.00	0.00	0.00	0.00		250.00
	ΤΣΙΟΥΤΗΣ, ΚΩΝΣΤΑΝΤΙΝΟΣ	ΕΓΚΩΜΗ ΛΕΥΚΩΣΙΑΣ	CY	ΟΔΥΣΣΕΑ ΕΛΥΤΗ 1 & ΒΑΣΙΛΕΩΣ ΠΑΥΛΟΥ 14		N/A	N/A	412.50	1,915.80	0.00	0.00		2,328.30
	ΧΑΡΑΛΑΜΠΟΥΣ, ΠΑΡΑΣΚΕΥΗ	ΛΑΡΝΑΚΑ	CY	ΝΙΚΟΥ ΔΗΜΗΤΡΙΟΥ 43		N/A	N/A	250.00	954.34	0.00	0.00		1,204.34
	ΧΑΤΖΗΡΟΥΣΟΣ, ΒΙΚΤΩΡ	ΛΕΜΕΣΟΣ	CY	ΔΗΜΗΤΡΗ ΛΙΠΕΡΤΗ 3		N/A	N/A	1,210.00	1,974.73	0.00	0.00		3,184.73
	ΧΡΥΣΟΣΤΟΜΟΥ, ΣΤΕΛΙΝΑ	ΣΤΡΟΒΟΛΟΣ	CY	ΑΝΔΡΕΑ ΣΤΡΟΥΘΙΔΟΥ 8		N/A	N/A	250.00	0.00	0.00	0.00		250.00
HCPs	*OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons*												
	Aggregate amount attributable to transfers of value to such Recipients - Art. 3.02					N/A	N/A	16,387.06	46,518.62	2,520.00	524.20		65,949.88
	Number of Recipients in aggregate disclosure - Art. 3.02					N/A	N/A	41	45	2	1		55
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art. 3.02					N/A	N/A	78.85%	75.00%	100.00%	100.00%		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)*												
	AMERICAN MEDICAL CENTER	ΣΤΡΟΒΟΛΟΣ	CY	ΛΕΩΦ.ΣΠΥΡΟΥ ΚΥΠΡΙΑΝΟΥ 215	-	0.00	3,000.00	0.00	0.00	0.00	0.00		3,000.00
	MEDICAL ROYAL COLLEGE CYPRUS	ΛΕΜΕΣΟΣ	CY	P.O.BOX 51908 28	-	0.00	2,500.00	0.00	0.00	0.00	0.00		2,500.00
	PAIDIATROS-PEDMED SERVICES LTD	ΕΓΚΩΜΗ ΛΕΥΚΩΣΙΑΣ	CY	ΔΙΟΓΕΝΟΥΣ 1	-	0.00	1,500.00	0.00	0.00	0.00	0.00		1,500.00
	ΑΝΑΙΣΘΗΣΙΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ ΚΥΠΡΟΥ	ΛΕΥΚΩΣΙΑ	CY	ΧΑΛΚΟΚΟΝΔΥΛΗ 10Α		0.00	500.00	0.00	0.00	0.00	0.00		500.00
	ΔΕΡΜΑΤΟΛΟΓΙΚΗ ΑΦΡΟΔ.ΕΤ ΚΥΠΡΟΥ	ΜΕΣΑ ΓΕΙΤΟΝΙΑ	CY	ΓΡΗΓΟΡΗ ΑΥΞΕΝΤΙΟΥ 3	-	0.00	1,000.00	0.00	0.00	0.00	0.00		1,000.00
	ΕΝΔΟΚΡΙΝΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ ΚΥΠΡΟΥ	ΛΑΡΝΑΚΑ	CY	ΚΑΛΥΜΝΟΥ 1	-	0.00	600.00	0.00	0.00	0.00	0.00		600.00
	ΕΤΑΙΡΕΙΑ ΔΙΑΒΗΤΟΛΟΓΙΑΣ ΚΥΠΡΟΥ	ΛΕΜΕΣΟΣ	CY	ΠΕΚΙΝΟΥ 3	-	0.00	1,500.00	0.00	0.00	0.00	0.00		1,500.00
	ΙΑΤΡΙΚΟΣ ΣΥΛΛΟΓΟΣ ΛΑΡΝΑΚΑΣ	ΛΕΥΚΩΣΙΑ	CY	ΘΑΣΟΥ 14	-	0.00	1,000.00	0.00	0.00	0.00	0.00		1,000.00
	ΙΑΤΡΙΚΟΣ ΣΥΛΛΟΓΟΣ ΛΕΜΕΣΟΥ	ΛΕΜΕΣΟΣ	CY	ΛΕΙΒΑΔΕΙΑΣ 9		0.00	1,200.00	0.00	0.00	0.00	0.00		1,200.00
	ΙΑΤΡΙΚΟΣ ΣΥΛΛΟΓΟΣ ΛΕΥΚΩΣΙΑΣ	ΛΕΥΚΩΣΙΑ	CY	ΘΑΣΟΥ 14	-	0.00	500.00	0.00	0.00	0.00	0.00		500.00
	ΙΝΣΤ.ΜΕΛΕΤ.ΣΑΚΧΑΡ.ΔΙΑΒΗΤΗ ΚΥΠΡΟΥ	ΛΕΥΚΩΣΙΑ	CY	ΓΕΩΡΓΙΟΥ ΓΡΙΒΑ ΔΙΓΕΝΗ 48	-	0.00	1,000.00	0.00	0.00	0.00	0.00		1,000.00
	ΚΑΡΔΙΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ ΚΥΠΡΟΥ	ΣΤΡΟΒΟΛΟΣ	CY	ΚΥΠΡΙΑΚΟΥ ΕΡΥΘΡ.ΣΤΑΥΡΟΥ	-	0.00	5,000.00	0.00	0.00	0.00	0.00		5,000.00
	ΚΥΠΡΙΑΚΗ ΑΙΜΑΤΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ	ΣΤΡΟΒΟΛΟΣ	CY	ΠΑΛ.ΔΡΟΜΟΣ ΛΕΥΚΩΣΙΑΣ ΛΕΜΕΣΟΥ 215	-	0.00	2,000.00	0.00	0.00	0.00	0.00		2,000.00
	ΚΥΠΡΙΑΚΗ ΕΤΑΙΡΕΙΑ ΠΑΘΟΛΟΓΙΑΣ	ΛΕΜΕΣΟΣ	CY	ΛΕΩΦ ΦΡΑΓΚΛΙΝΟΥ ΡΟΥΖΒΕΛΤ 255		0.00	3,400.00	0.00	0.00	0.00	0.00		3,400.00
	ΚΥΠΡΙΑΚΗ ΟΥΡΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ	ΛΕΜΕΣΟΣ	CY	ΛΕΩΦ.ΓΡΙΒΑ ΔΙΓΕΝΗ 95	-	0.00	300.00	0.00	0.00	0.00	0.00		300.00
	ΚΥΠΡΙΑΚΟ ΙΝΣΤΙΤΟΥΤΟ	ΕΓΚΩΜΗ ΛΕΥΚΩΣΙΑΣ	CY	ΙΕΡΑ ΜΟΝΗ ΚΥΚΚΟΥ ΜΕΤΟΧΙΟ ΚΥΚΚΟΥ	-	0.00	2,000.00	0.00	0.00	0.00	0.00		2,000.00
	ΟΓΚΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ ΚΥΠΡΟΥ	ΣΤΡΟΒΟΛΟΣ	CY	ΛΕΩΦΟΡΟΣ ΑΚΡΟΠΟΛΕΩΣ 32	-	0.00	1,000.00	0.00	0.00	0.00	0.00		1,000.00
	ΠΑΓΚΥΠΡΙΟΣ ΣΥΝΔΕΣΜΟΣ ΝΟΣΗΛΕΥΤΩΝ	ΛΕΥΚΩΣΙΑ	CY	ΤΑΓΜΑΤΑΡΧΟΥ ΠΟΥΛΙΟΥ 1	-	0.00	1,000.00	0.00	0.00	0.00	0.00		1,000.00

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	Full Name (Art. 1.01)	HCPs: City of Principal Practice HCOs: city where registered (Art. 3)	Country of Principal Practice (Schedule 1)	Principal Practice Address (Art. 3)	Unique country identifier OPTIONAL (Art. 3)	Donations and Grants to HCOs (Art. 3.01.1.a) (EUR)	Contribution to costs of Events (Art. 3.01.1.b & 3.01.2.a)			Fee for service and consultancy (Art. 3.01.1.c & 3.01.2.c)			TOTAL OPTIONAL (EUR)
							Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event (EUR)	Registration Fees (EUR)	Travel & Accommodation (EUR)	Fees (EUR)	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract (EUR)		
	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)												
HCOs	ΠΑΙΔΙΑΤΡΙΚΗ ΕΤΑΙΡΕΙΑ ΚΥΠΡΟΥ	ΛΕΥΚΩΣΙΑ	CY	ΘΑΣΟΥ 14	-	*0.00*	*9,800.00*	*0.00*	*0.00*	*0.00*	*0.00*		*9,800.00*
	ΠΝΕΥΜΟΝΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ ΚΥΠΡΟΥ	ΕΓΚΩΜΗ ΛΕΥΚΩΣΙΑΣ	CY	ΝΙΚΟΥ ΚΡΑΝΙΔΙΩΤΗ 7	-	*0.00*	*2,500.00*	*0.00*	*0.00*	*0.00*	*0.00*		*2,500.00*
	ΡΕΥΜΑΤΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ ΚΥΠΡΟΥ	ΛΑΚΑΤΑΜΕΙΑ	CY	Τ.Θ. 25072 1306 ΛΕΥΚΩΣΙΑ	-	*0.00*	*12,000.00*	*0.00*	*0.00*	*0.00*	*0.00*		*12,000.00*
	OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons												
HCOs	**Aggregate amount attributable to transfers of value to such Recipients - Art. 3.02**					*0.00*	*0.00*	*0.00*	*0.00*	*0.00*	*0.00*		*0.00*
	Number of Recipients in aggregate disclosure - Art. 3.02					*0*	*0*	*0*	*0*	*0*	*0*		*0*
	% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed - Art. 3.02					*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*		N/A

	AGGREGATE DISCLOSURE		
R&D	Transfers of Value re Research & Development as defined - Article 3.04 and Schedule 1	TOTAL AMOUNT	*0.00*

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