

Form Title	Grants, donations and Healthcare Professional support form				
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CO12F04	1.0	02 MAR 2024	02 MAR 2027	N/A	Page 5 of 8

Name of HCP, HCO, Patient Organisation or registered charity

Address

Information regarding the person submitting request

Role in Organisation or job title:	
Professional Address:	
Town:	
County	
Postcode:	
Telephone:	
Email:	
Signature:	Date:

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Please tell us why this request is necessary

Please include details of how the funding will benefit patient care and/or NHS


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Please give clear details and a full breakdown of costs associated with this request
e.g. accommodation, travel etc

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Total amount requested:

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 BRITANNIA <small>PHARMACEUTICALS LTD</small> <small>STADA GROUP</small>					
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I confirm that this form has been completed independently and without any input or influence from Britannia Pharmaceutical Ltd employee

Yes

No

(please give further details)

ABPI Code of Practice public disclosure of HCP/HCO/Patient Organisation Transfer of Value

Britannia has made a commitment to adhere to the ABPI Code of Practice, a requirement of which is to disclose certain Transfers of value made to HCPs/HCOs/Patient Organisations. Any successful applications will be subject to these public disclosure obligations. Further details will be made available to you in successful applicant letters.

Please return completed forms to Externalfunding@britannia-pharm.com along with any supporting documentation and a full breakdown of costs associated with your request. Your request will then be considered, and you will receive a communication from us as soon as a decision has been made.