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| <<Form\_Salutation>><<Account\_Name>>  <<Address\_GLBL\_Line\_1\_Adrs\_Txt\_GLBL>>  <<Address\_GLBL\_Line\_2\_Adrs\_Txt\_GLBL>>  <<Address\_GLBL\_Zip\_Postal\_Code\_GLBL>>  <<Address\_GLBL\_City\_GLBL>> | | |
|  |  | <<Today\_\_s>> |

Dear <<Form\_Salutation>> <<Account\_Name>>

We are looking forward to collaborating with you in the near future.

As we approach preparation of our services contract, we would like to outline a requirement by the ABPI Code of Practice for the Pharmaceutical Industry (“the ABPI Code”), to document and publically disclose certain transfers of value made to health professionals and healthcare organisations, and these include information about the payments or other transfers of value provided to you under this Agreement.

Accordingly, by signing this Agreement, you consent to the Company and/or its affiliates:

1. storing and using such information relating to you and arising out of this Agreement for the purposes of its business (including, without limitation, your name and the amount and/or value of the transfer made to you under this Agreement);
2. making public disclosures of such information consistent with the ABPI Code and with

applicable laws, from time to time in force. Such disclosure may be made using any media,

including printed reports, electronic communication, the web-site of the Company or its

affiliates or other platforms;

1. disclosing such information to the ABPI, its contractors and sub-contractors as may be required in furtherance of the objectives of the ABPI Code which include monitoring the activities of member companies and those agreeing to abide by the ABPI Code to ensure compliance with the terms and spirit of the ABPI Code, particularly in relation to the prohibition of inducements to supply or prescribe particular products;
2. transferring such information to other affiliates and/or to any third party providing services to the Company, who may be established in jurisdictions outside the European Economic Area, for the purpose of storage, use and public disclosure of such information and/or to comply with codes of practice and laws applicable in other jurisdictions to the Company and / or its

affiliates concerning transfers of value made to health professionals and healthcare

organisations. Such jurisdictions outside the EEA may not provide the same or adequate

protection for such personal data.

1. Disclosures shall be made on an annual basis and each reporting period shall cover a full calendar year (the “Reporting Period”). The first Reporting Period shall be the calendar year 2015; Disclosure will take place by mid 2016 for 2015 data and mid 2017 for the 2016

reporting period.

You may contact the Company at any time to correct any mistakes or request deletion of personal information relating to you.

        We are committed to protecting your personal data and complying with the currently valid data protection laws. Therefore we will meet our aforementioned obligations only after obtaining your consent.

         By signing this Declaration of Consent, you give your consent to Lilly to process your personal data for the purpose of meeting the requirements of the Code for data related to any interaction with TOVs Lilly might have with you in the future.

I hereby consent to my Personal Data being processed in accordance with the procedure set out in this Declaration of Consent. My attention has been drawn to the fact that the granting of my consent is voluntary and may be revoked at any time and that I will not suffer any detriments should I choose not to sign this declaration.

I consent

I do not consent

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

With kindest regards

<<Form\_Meetingownername>>

<<Form\_Meetingownertitle>>