

# GE HealthCare

## Methodological note for HCP/ORDM/HCO disclosure 2025

Data year: 2025

Year of publication: 2026

Introduction – As a globally active company in various areas of the healthcare sector, we are committed to a transparent partnership with all Healthcare Professionals (HCPs), Other Relevant Decision Makers (ORDM) and Healthcare Organizations (HCOs). This close and well-regulated partnership allows us to ensure that our medical products are continuously improved through research and the exchange of best clinical practices on state-of-the-art technology, and therefore this benefits the patient.

The disclosure of such partnerships is key because it helps to govern and promote a positive, collaborative and trust-based relationship between HCPs/ORDMs/HCOs and commercial life sciences organizations. This ensures that such relationships do not influence clinical decisions, as all financial interactions are fully transparent.

In 2013, EFPIA (European Federation of Pharmaceutical Industries and Associations) adopted this pharma self-regulation under the '**Code on Disclosure of Transfers of Value from Pharmaceutical Companies to HCPs and HCOs**' (the latest updated version came out in 2025) which requires companies, such as GE HealthCare (GEHC), to publicly publish annually a report of all transfers of value from GEHC to HCPs, ORDMs and HCOs accumulated in the previous year.

The ABPI is an EFPIA member association, committed to greater transparency of the financial relationships with HCPs/HCOs by complying and incorporating the guidelines of EFPIA Transparency Code.

We are convinced that this industry-driven initiative is an important opportunity to demonstrate to the public that a close relationship between companies and the healthcare sector is in the best interest of patients and will therefore establish mutual trust for a long-term benefit.

## Contents

<b>1</b>	<b>Definitions</b> .....	<b>3</b>
1.1	Recipients .....	3
1.2	Kind of ToVs .....	3
<b>2</b>	<b>Disclosure's Scope</b> .....	<b>5</b>
2.1	Products concerned .....	5
2.2	Company concerned .....	5
2.3	Excluded ToVs .....	5
2.4	ToVs date .....	6
2.5	Direct ToVs .....	6
2.6	Indirect ToVs .....	6
2.7	Non-monetary ToVs .....	6
2.8	ToVs in case of partial attendances or cancellation and refund .....	6
2.9	Cross-border activities .....	6
2.10	R&D .....	7
2.11	Voluntary disclosure .....	7
<b>3</b>	<b>Specific considerations</b> .....	<b>7</b>
3.1	Country unique identifier .....	7
3.2	Self-incorporated HCP .....	7
3.3	Multi-year agreements .....	7
3.4	Country specificities .....	7
3.5	Quality Checks .....	8
<b>4</b>	<b>Data protection legal basis</b> .....	<b>8</b>
4.1	Consent collection .....	8
4.2	Legitimate interests .....	8
<b>5</b>	<b>Form of disclosure</b> .....	<b>9</b>
5.1	Date of publication .....	9
5.2	Disclosure platform .....	9
5.3	Disclosure language .....	9
<b>6</b>	<b>Disclosure financial data</b> .....	<b>9</b>
6.1	Currency .....	9
6.2	VAT included or excluded .....	9
6.3	Calculation rules .....	9
<b>7</b>	<b>Additional Information</b> .....	<b>9</b>

# 1 Definitions

## 1.1 Recipients

For each local report, GEHC has focused on the country where the recipient has his primary physical address.

### **Definition Healthcare Professional (HCP)**

Any living individual in a position, directly or indirectly, to purchase, lease, recommend, use, prescribe, or arrange for the purchase or lease of any GEHC product or service. If GEHC becomes aware of a deceased Healthcare Professional on Disclosure UK, GEHC will be sensitive and work with the desires of the next of kin on the publication. Includes: physicians, physician assistants, nurses, pharmacists, technicians, other clinicians, or research coordinators.

### **Definition Healthcare Organization (HCO)**

Any entity or its employees or agents, in a position, directly or indirectly, to purchase, lease, recommend, use, prescribe, or arrange for the purchase or lease of any GEHC product or service. Includes: hospitals, clinics, academic institutions, nursing homes, assisted living facilities purchasing agents, group purchasing organizations, physician's practice managers, and healthcare associations.

### **Definition Other Relevant Decision Makers (ORDM)**

Other Relevant Decision Makers are other members of the public, in a position, directly or indirectly, to purchase, lease, recommend, use, prescribe, or arrange for the purchase or lease of any GEHC product or service.

## 1.2 Kind of ToVs

In line with the EFPIA/ABPI code requirements, the following transactions are in scope:

### **Event support**

GEHC may disclose ToVs related to either Third-party organized events or Stand-alone events organized by GEHC.

- a. Third-party events, organized by a third-party, such as a Scientific/Medical Association:

HCP Support: GEHC may support HCPs to attend congresses or events to enhance their medical and/or scientific knowledge, and their use of medicines. In this context, the support might include congress registration fees, travel, accommodation.

Congress Sponsorship: GEHC may sponsor a third-party event in exchange for services.

*Example: GEHC is represented with a booth space during a medical congress.*

b. GEHC stand-alone meetings:

Events initiated by GEHC to provide information of GEHC medicinal products, therapeutic area, treatment options etc. Where permitted under local law/code, GEHC may pay or reimburse modest travel and living for HCPs attending a GEHC led event. If a travel agency is being used to organize travel arrangements, the administrative fee for this service will not be reported.

*Example: GEHC is paying the travel and accommodation for an HCP to support his/her participation in a GEHC led event.*

### **Service and Consultancy**

GEHC may engage an HCP/HCO to provide consulting services, based on scientific/medical expertise, reputation, knowledge and experience in particular therapeutic area, to fulfill a legitimate business need.

Examples of the services provided include insights, presentations or other of consulting services such as speaking engagements, product training, advisory board participation, review/input on publications, and product input.

Participation in consultancy agreements requires an investment of time and expertise, therefore it is appropriate that they are paid for the time and reimbursed for expenses such as travel.

GEHC discloses services at individual level in two separate categories:

1. Fees: fees for services to HCP/HCO  
*Example: speaker fees in a meeting, fees for insights provided during an advisory board, fees for consultancy.*
2. Related expenses: where a service agreement is in place, other expenses may occur which do not constitute part of the fees but relate to the provision of this service and are reimbursed to the HCP/HCO.  
*Examples: flight tickets, train tickets, taxi, hotel nights.*

If GEHC makes indirect Disclosable Transfers of value to HCPs/HCOs through an organization as part of a consulting arrangement and is aware of their identity, then these transfers of value will be disclosed under the Service and Consultancy category.

*Example: An HCP is hired to provide input on GEHC's product and payment went to the HCPs institution.*

## **Grant and Donations**

A Grant or a Donation is a payment made to a third party without consideration of any kind of return in exchange of such payment for an educational, scientific or a charitable purpose.

Educational Grant: is funding provided to an HCO to support a *bona fide*, independent educational program, such as medical science or public health policy. The primary purpose of the support is the provision of legitimate educational program;

Scientific Grant: funding to third party entities for the purpose of the advancement of medical or scientific knowledge;

Donation: charitable contribution to a third-party entity with charitable and philanthropic intent, without any expressed or implied benefit other than general goodwill.

*Example: GEHC is providing a cash donation to a charitable healthcare related organization to support their work.*

## **Collaborative working**

This category refers to GEHC working with other organizations to deliver initiatives which either enhance patient care or are for the benefit of patients or alternatively benefit the National Health Service (NHS) and, as a minimum, maintain patient care.

Collaborative working is generally between GEHC, healthcare organizations and other organizations.

Joint working is a limited form of collaborative working.

# **2 Disclosure's Scope**

## **2.1 Products concerned**

Pharmaceutical Diagnostic Products available via prescription only, and pharmaceutical related medical devices or software.

## **2.2 Company concerned**

GE HealthCare – PDx. All transfers of value to UK reportable recipients, regardless of the location of the paying GEHC legal entity, will be included under the Disclosure UK report.

## **2.3 Excluded ToVs**

Meals and anything not listed in Section 1.2 and to anyone not listed in Section 1.1, is not to be included per the EFPIA/ABPI guidelines.

## **2.4 ToVs date**

Fee payments are reported based on date of payment and in-kind transfers of value, such as travel and lodging, are reported based on date of event or travel.

To assure that a Disclosable Transfer of Value (ToV) has occurred and a consistent approach is being used, payments or any other transfers of benefit that have been made in 2025 for grants, donations, event support or services will only be disclosed in the 2025 data report if they have occurred or have been provided in 2025. Consequently, all ToV where either the payment or any other transfers of benefit has not been made in 2025, but in 2026, will only be reported in the next annual disclosure report.

*Example: A speaker is providing his service during a congress in December 2025 but the payment is only made in January 2026. This transaction will be disclosed in the next EFPIA/ABPI report of 2026 transfers of value in 2027.*

## **2.5 Direct ToVs**

If GEHC makes direct Disclosable Transfers of value to HCPs/HCOs, then these transfers of value will be disclosed under the HCP (either in the individual or aggregate section depending on consent provided) or HCO. This can include fee for service payments, donations, HCP support and sponsorships.

## **2.6 Indirect ToVs**

If GEHC makes indirect Disclosable Transfers of value to HCPs/HCOs through an organization as part of a consulting arrangement and is aware of their identity, then these transfers of value will be disclosed at the HCP level (either in the individual or aggregate section depending on consent provided).

## **2.7 Non-monetary ToVs**

In-Kind transfers of value such as Travel, Lodging or Registration fees that GEHC provides to an HCP are included on the disclosure report.

## **2.8 ToVs in case of partial attendances or cancellation and refund**

In the case of event cancellations there are no transfers of value reported.

## **2.9 Cross-border activities**

Since the focus of disclosure reporting relies on the primary physical address of the recipient, all payments regardless of the location of the paying GEHC legal entity will be included under each local report.

*Example: GEHC Italy is paying an English HCP consultant to provide product input. This transaction will be reported by GEHC United Kingdom, in accordance with the CoC of the local pharmaceutical association ABPI.*

## **2.10 R&D**

GEHC may contract an HCP, an HCO or contract research organization (CRO) to conduct research. If GEHC makes indirect Disclosable Transfers of value to HCPs/HCOs through a CRO as part of R&D and is aware of their identity, then these transfers of value will be disclosed under the R&D category. The published amount is the same as the amount agreed in the underlying contract. Costs that are subsidiary to these activities can be included in the aggregated data. As per the EFPIA/ABPI Disclosure Code guidelines, all ToV relating to R&D will be published under the dedicated R&D aggregate value section.

*Example: GEHC is hiring a CRO to do clinical study.*

## **2.11 Voluntary disclosure**

As the Disclosure Code is a voluntary self-obligation of the pharmaceutical industry, publication of data is dependent on the consent of the HCP concerned. Every individual under the European Data Protection Regulation is entitled to protection of data relating to them.

# **3 Specific considerations**

## **3.1 Country unique identifier**

As this is an optional field on the ABPI Disclosure Report, this is not collected nor published on the report by GEHC.

## **3.2 Self-incorporated HCP**

In the case where an HCP chooses to have their payments sent to their own Limited company, GEHC will disclose the ToVs in the HCP section, under the HCPs name, in the HCP individual area if consent is provided and in the HCP aggregate area if consent is not provided.

## **3.3 Multi-year agreements**

If a ToV consists of several payments and some are not processed in same calendar year, the disclosure will be made across several years.

*Example: An HCP consultant is providing his service in Q4 2025 and travels as well to conduct his study. If the travel but not the service has been paid in 2025 then the ToV will partly be disclosed in the 2025 and 2026 reports.*

## **3.4 Country specificities**

In certain R&D scenarios, GEHC works on research studies with other pharmaceutical companies. In these scenarios, the CRO managing the effort, provides specific breakdowns

of the separate levels of R&D support provided by the separate pharmaceutical companies and GEHC discloses only their share.

GEHC does not have any Collaborative Working Agreements.

### **3.5 Quality Checks**

The Disclosure Report data is reviewed and validated by local Compliance team, prior to the report submission to ABPI. ABPI/PMCPA also offers an opportunity for HCPs and HCOs to review their report data in advance of the public disclosure.

## **4 Data protection legal basis**

### **4.1 Consent collection**

The GEHC report will disclose all ToV individually if consent has been provided by the individual recipient. Where consent has not been provided, or has been revoked throughout the same calendar year, all ToV related to this individual will be published under the aggregate section.

As per the EFPIA/ABPI Disclosure Code guidelines, all ToV relating to R&D will be published under the dedicated R&D aggregate value section.

As the Disclosure Code is a voluntary self-obligation of the pharmaceutical industry, publication of data is dependent on the consent of the HCP concerned. Every individual under the European Data Protection Regulation is entitled to protection of data relating to them.

The basic right covers the recording, processing, and dissemination of any personal information, whereby any of these shall require the specific consent of the person affected.

There are strict requirements for such consent to be valid: it must be informed - the Recipient must receive all the information on the objectives of the EFPIA/ABPI Disclosure Code and the protection status of his/her personal data; it needs to be visually highlighted in any contractual text/clause or similar and must be clearly and transparently worded.

### **4.2 Legitimate interests**

Although the ABPI relies also on Legitimate Interest for disclosure purposes, as set out in its Privacy Statement, GEHC will continue to rely on individual consent being given by an HCP before declaring a ToV.

## 5 Form of disclosure

### 5.1 Date of publication

Annually by the end of March per ABPI reporting requirements. The 2025 data will be disclosed by GEHC to ABPI by 30/03/2026 and made publicly available by ABPI on 30/06/2026.

### 5.2 Disclosure platform

ABPI Disclosure UK portal – [www.disclosureuk.org.uk](http://www.disclosureuk.org.uk)

### 5.3 Disclosure language

English

## 6 Disclosure financial data

### 6.1 Currency

All amounts inside the report are listed with the local currency (which is GBP for the ABPI report) and excluding the VAT or any other applicable taxes. In case payments have been made in a foreign currency, the exchange rate of the payment date has been used.

### 6.2 VAT included or excluded

VAT will be excluded.

### 6.3 Calculation rules

For in-kind transfers of value, such as equipment, GEHC calculates the value based on a daily Fair Market Value multiplied by the number of days the equipment was made available to the recipient.

## 7 Additional Information

The purpose of this methodology is to clarify how the EFPIA/ABPI Disclosure Code requirements have been implemented within the pharmaceutical business of GE HealthCare (GEHC) and its compliance programs. Any deviations from the EFPIA Disclosure Code that have been transposed into the ABPI Disclosure Code have been taken into account.

Additionally, per PMCPA Clause 30 (Annual Disclosure of Contracted Services Provided by the Public, Including Patients and Journalists), pharmaceutical companies must make publicly available, annually, details of the fees for certain contracted services paid to members of the UK public, including patients and journalists. These services include speaking at meetings, assistance with training, writing articles and/or publications, participating in advisory boards, advising on the design, etc. of clinical trials and participating in market research where such participation involves remuneration and/or travel.

If there are any, the disclosure for contracted services provided by members of the public, in accordance with Clause 24, will include:

- the total number of members of the public, including patients and journalists contracted to perform services and the total amount paid per calendar year, and a description of the types of services provided that is sufficiently complete to enable the reader to understand the nature of the services provided without the necessity to divulge confidential information.
- GEHC would provide a breakdown of the total payments to each group of individuals, i.e. the public, patients and journalists without the necessity to divulge confidential information
- fees and expenses would be disclosed separately on the same report

Any of these types of transfers of value will be disclosed separately on the GEHC company website, along with any Patient Organization transfers of value, and using a separate Patient Organization and Members of the Public Disclosure template along with a separate note summarising the methodologies used in preparing the Patient Organization and Members of the Public disclosures and identifying support and services provided.