

Astellas policy and application criteria

Application requests will only be considered if it meets the following criteria:

1. HCP must have his/her primary place of practice in Denmark, Iceland, Estonia, Latvia or Lithuania.
2. Potential to increase HCP's medical/clinical knowledge, and to have a positive impact on the quality of care for patients.
3. HCPs commit to share/communicate the knowledge obtained at scientific meeting to the HCP's own medical community.
4. Provides an opportunity for medical education that might not otherwise be available to the HCP due to cost, travel, or other financial constraints.
5. The reputation and standing of the HCP in his/her scientific or medical community are reasonably related to the level of meeting for which support is sought.
6. The HCP's specialty, expertise, knowledge, experience, and areas of scientific or medical interest are directly related to the purpose, topics and agenda of the meeting.
7. The travel distance for an HCP to the geographical location of the specific meeting for which provision of costs to support individual HCPs is sought is reasonable in light of the topic and agenda of the meeting and other available meeting locations given the HCP's qualifications, training, and interests.
8. HCP must be able to understand the language used etc. (e.g. English or local language).
9. The HCP has not received frequent and/or repeated support from the local Astellas affiliate, in accordance with the local process.

Prior to submitting an application please note the following

If the request does not meet all of the above criteria it will not be considered and will be declined. Please do not submit any requests that do not meet the above criteria.

Out of scope

Requests relating to:

- Corporate Sponsorship of a meeting/event/congress, and not an individual HCP.
- Medical/Educational Grants or Donations.
- Charitable Donations to bona fide and not for profit charitable organisations that are not either a Healthcare Organisation or Patient Organisation.

Application process

Once you have read the above, if you wish to submit an application please do the following steps:

1. Complete sections below.
2. Send via email to Astellas: for Denmark, Iceland, Estonia, Latvia and Lithuania: kontakt.dk@astellas.com.

Astellas Pharma

Solbråveien 47, 1383 Asker, Norway
Tel +47 66 76 46 00
Org. nr: 968 090 364
Bank: Danske Bank
IBAN NO98 8601 5813 530
SWIFT DABANO22

Astellas Pharma

Vaisalantie 2-8
FI-02130 Espoo, Finland
Tel +358 9 8560 6000
VAT code: FI23427082

Astellas Pharma a/s

Kajakvej 2, 2770 Kastrup, Denmark
Tel +45 43430355
Fax +45 43432224
DK10888638
Bank: Danske Bank
IBAN DK26 3000 011 7022 79
SWIFT DABADKKK

Astellas Pharma AB

Box 21046, SE-200 21 Malmö, Sweden
Tel +46 40 650 15 00
Fax +46 40 650 15 01
Org.nr. 556458-7003
Bank: Danske Bank
IBAN SE02 1200 0000 0122 0015 2035
SWIFT DABASESX

Prior to submitting an application please note the following

- You will be required to sign an agreement/contract stating the terms and conditions of the support.
- Any provision of support will be subject to follow-up communications where evidence of support utilisation according to the applicable signed agreement/contract will be requested by Astellas. Any support not utilised according to the signed agreement will be immediately withdrawn by Astellas.
- Any approved support will be publically disclosed according to local and international transfer of value disclosure requirements.
- Astellas shall comply with all data protection and privacy laws and regulations, including without limitation, all applicable legislation, regulations and guidance implemented pursuant to EC Directives 95/46/EC and 2002/58/EC, as amended. In the course of this support application, you may provide Astellas with your personal data (as requested below) and such personal data relating to this activity may be shared with and processed by: (i) Astellas and its affiliated companies; (ii) third parties Astellas engages as service providers who may be located outside of the European Union/European Economic Area; and (iii) any relevant regulatory authority and/or enforcement body.
- Once a request has been declined by Astellas, the decision is final, and the request will not be reconsidered under any circumstances.

Requestor details

First/last name

Medical/Scientific Professional Qualification(s)

Area(s) of Speciality

Current Employer

Job title

Professional address

Professional email address

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Details of request

Funding amount requested (if applicable):

Date of educational meeting/congress dd.mm.yy

Title and description of educational meeting/congress:

Objective of educational meeting/congress:

Draft agenda of educational meeting/congress:

Support requested &
Estimated cost:

(If known, please tick/enter,
as applicable)

Registration Fee:

Est. cost

Travel:

Est. cost

Accommodation:

Est. cost

If any additional support is being requested please provide details, and a cost breakdown here:

Any additional information relating to the request including details of potential to increase HCP's medical/ clinical knowledge and potential positive impact on the quality of care for patients:

Please provide details of any other confirmed or potential partners/supporters in relation to this request:

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