



TECHNICAL SPECIFICATIONS

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A. GENERAL SPECIFICATIONS

- Format file: excel or csv;
- 1 line per HCP/HCO per year;
- 1 line per HCP *even if no consent is given*. Columns B to J then stay empty. Disclosure will however happen in an aggregate way. *betransparent.be* will calculate the number of recipients in aggregate disclosure and the % of this number of recipients in the total number of recipients disclosed.

B. TECHNICAL SPECIFICATIONS

Column	Title from template	Mandatory?	Type	Value	Comment	Example
A	Consent Code	YES	Char	HCPI HCPA HCOI HCOA or RD	<ul style="list-style-type: none"> • "I" means "individual" (consent given -> name published) • "A" means "aggregate" (no consent given -> anonymous publication) • "Char" means a string of characters (0-9, a-z, A-Z) 	HCPI
B	Official name	YES (if HCPI or HCOI)	Char	HCPI: Last name, first name (<u>in that order, separated by a comma and followed by a space</u>) HCOI: full official name	HCP: name <u>as mentioned on the ID-card or in INAMI/RIZIV database</u> . Do not mention the function or qualification (Dr., Prof., etc.). HCO: full name <u>as mentioned in BCE/KBO database</u>	Doe, John
C	Specification HCO	NO	Char	Name department, hospital service, etc.	Only for HCOI	
D	HCPs: City of Principal Practice HCOs: City where registered	YES (if HCPI or HCOI)	integer 4	Zip code	No name of city, only zip code	1780

Column	Title from template	Mandatory?	Type	Value	Comment	Example
E	Country of Principal Practice	YES (if HCPI or HCOI)	ISO2 country	BE	Will always be "BE".	BE
F	Principal Practice Address	NO	Char			
G	HCPs: Profession	YES (if the HCPI does not have a INAMI/RIZIV number)	Char	See list of professions hereunder	Use exactly the <u>same wording as in the list</u> . It is not mandatory to mention the profession if the INAMI/RIZIV number is provided.	Nutritionist
H	HCPs: INAMI / RIZIV	YES (if the HCPI has a INAMI/RIZIV number)	Char 11	0-9 only	No point or dash. If number begins with "0", the "0" has to be visible (use the formula (= "00.....").	00145698712
I	HCPs: National Register Number (on ID-card)	YES (if HCPI does not have a INAMI/RIZIV number)	Char 11	0-9 only	No point or dash	75020904578
J	HCOs: enterprise number (KBO/BCE)	YES (if HCOI)	Char 10	0-9 only	Do not mention the "BE" before the 10 figures. No point or space. The first number is a "0" and the "0" has to be visible.	0123456789
K	Donations and Grants to HCOs	YES (if applicable)	decimal 11,2		<ul style="list-style-type: none"> Only for HCOs "decimal 11,2" means maximum 11 figures before the comma and maximum 2 after the comma 	1000,00 or 1.000,00
L	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage a scientific event	YES (if applicable)	decimal 11,2		Only for HCOs	9000,00 or 9.000,00
M	Registration Fees	YES (if applicable)	decimal 11,2			
N	Travel & Accommodation	YES (if applicable)	decimal 11,2			
O	Fees	YES (if applicable)	decimal 11,2			
P	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract	YES (if applicable)	decimal 11,2			
Q	Transfers of Value re Research & Development	YES (if RD)	decimal 11,2			
R	Total	NO	decimal 11,2	Total K+L+M+N+O+P+Q		

C. LIST OF PROFESSIONS FOR COLUMN G

INAMI/RIZIV number
(no need to mention the profession in the template,
just mention the INAMI/RIZIV number)

No INAMI/RIZIV number
(the profession must be mentioned in the template)

Professions	Professions	Beroepen
Audiologist	Aide-soignant	Apotheker
Biomedical engineer	Assistant pharmaceutico-technique	Arts
Chiropodist	Audiologue	Audioloog
Dentist	Bandagiste	Bandagist
Dietician	Dentiste	Biomedisch ingenieur
Farmer	Diététicien	Dierenarts
Head of laboratory	Directeur d'hôpital	Diëtist
Hospital director	Ergothérapeute	Ergotherapeut
Hospital technician	Exploitant agricole	Farmaceutisch-technisch assistent
Medical imaging technician	Grossiste	Groothandelaar
Medical laboratory technician	Infirmier	Kinesitherapeut
Midwife	Infirmier	Landbouwer
Nurse	Ingénieur biomédical	Logopedist
Nurse	Kinésithérapeute	Medisch laboratoriumtechnoloog
Nursing auxiliary	Logopède	Opticien
Nutritionist	Médecin	Orthesist
Occupational therapist	Nutritionniste	Orthoptist
Optician	Opticien	Podoloog
Orthoptist	Orthésiste	Prothesist
Orthotist	Orthoptiste	Tandarts
Pharmacist	Pharmacien	Technoloog medische beeldvorming
Pharmacist's assistant	Podologue	Verantwoordelijke aankoop (in ziekenhuis)
Physician	Prothésiste	Verantwoordelijke laboratorium
Physiotherapist	Responsable de laboratoire	Verpleegkundige
Prosthesis	Responsable des achats (en hôpital)	Verpleegkundige
Purchasing responsible (hospital)	Sage-femme	Vervoer van patiënten
Speech therapist	Technicien hospitalier	Voedingsdeskundige
Transport of patients	Technologue de laboratoire médical	Vroedvrouw
Truss maker	Technologue en imagerie médicale	Ziekenhuisdirecteur
Veterinary	Transport de patients	Ziekenhuistechnicus
Wholesaler	Vétérinaire	Zorgkundige

D. TEMPLATE: EXAMPLE

(For informational purposes only – a flat template is available on the betransparent.be website)

Consent Code	Official name	Specification HCO (optional)	HCPs : City of Principal Practice HCOs : City where registered	Country of Principal Practice	Principal Practice Address	HCPs : Profession	HCPs : INAMI/RIZIV Number	HCPs : National Register Number (on ID-card)	HCOs : enterprise number (KBO/BCE)	Donations and Grants to HCOs	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage a scientific event	Registration Fees	Travel & Accommodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accommodation relevant to the contract	Transfers of Value re Research & Development	Total
HCPI	Doe, John		1780	BE	Street A5	Physician	00159764351					1500,50		800,00			2.300,50
HCPI	Smith, Joe		1950	BE		Nutritionist		75020975645				900,00		2.000,00	5.000,00		7.900,00
HCOI	Hospital	Department oncology	3000	BE	Avenue C1				0164976153	9.000,00	8.000,00						17.000,00
HCOI	Association		2600	BE					0459615975		6.000,00						
HCPA												1000,00		1500,00			2.500,00
HCPA													2.000,00		1200,00		3.200,00
HCPA														3.500,00			3.500,00
HCPA										5.000,00							5.000,00
RD																50.000,00	50.000,00
	mandatory fields																
	identification HCO (if consent)/HCO																
	transfers of value																