

REPUBLIC OF COLOMBIA



MINISTRY OF HEALTH AND SOCIAL PROTECTION

RESOLUTION NUMBER 2881 OF 2018

(Stamp) July 5, 2018

Whereby the Value Transfers Record between actors in the health sector and the pharmaceutical and health technologies industry is created.

THE MINISTER OF HEALTH AND SOCIAL PROTECTION,

In the exercise of the powers granted to him, in particular those stipulated in Articles 173, numerals 3 and 7 of Law 100 of 1993, 114 of Law 1438 of 2011, 19 of Law 1751 of 2015 and 2 of Decree - Law 4107 of 2011, and

WHEREAS

In accordance with the second paragraph of Article 19 of Law 1751 of 2015, which regulates the fundamental right to health, Health System agents must provide the information required by the Ministry of Health and Social Protection, in the terms and conditions determined by this entity.

Article 114 of Law 1438 of 2011 establishes that Health Promotion Entities (EPS for its acronym in Spanish), health services providers, territorial departments of health, pharmaceutical companies, family compensation funds that administer health programs, occupational risk administrators and any other actors in the system, are under the obligation to provide the information requested in a reliable, timely and clear manner within the terms established in the regulation, with the objective of developing the indicators indicated therein, and for the operation of the monitoring system of information systems in the health sector.

Article 116 of the Law establishes that “those [entities] who are required to report, and do not comply with this obligation in a timely, reliable, sufficient manner, with at least the minimum acceptable quality information necessary to operate the monitoring system of the health sector information systems, or of health benefits (Individual Service Registers), will be reported to the competent authorities, who will determine any penalties that may apply.”

Article 3 of Law 1438 of 2011, which modifies Article 153 of Law 100 of 1993, enshrines the principles of the General Social Security Health System (SGSSS for its acronym in Spanish), among which is the principle of transparency, under which “the conditions for the provision of services, the relationship between the different actors of the General Social Security Health System, and the definition of health policies must be public, clear and visible.”

Article 86 of Law 1438 of 2011 also determines that this Ministry is responsible for the definition of the pharmaceutical policy, and in its implementation, for establishing and developing “mechanisms and strategies aimed at optimizing the use of drugs, supplies and devices, ensuring their quality and avoiding inequities in terms of access, within the framework of the General Social Security Health System.”

The analysis of the information that is provided by Health System actors constitutes a tool for the fulfillment of the Ministry of Health and Social Protection's duties, contributing to the formulation of public policies and to the development of the principle of transparency surrounding all health sector activities.

According to literal a) of article 5 of Law 1712 of 2014, whereby the Law of Transparency and the right of access to national public information is created and other provisions are issued, the Ministry of Health and Social Protection is subject to the aforementioned law. Consequently, and as established in article 3 of said law, all the information in its possession is presumed to be public, and it's its duty to provide it and facilitate its access in the broadest possible terms and through the means and procedures established by law that for said purpose, excluding only that which is subject to constitutional and legal exceptions.

Pursuant to the provisions of article 2 of Law 1581 of 2012, whereby general provisions for data protection are issued, the principles for the administration of personal data contained in said regulation "shall be applicable to personal data registered in any database that makes them susceptible to processing by public or private entities," except for the exceptions established therein.

Literal f) of article 3 of Law 1266 of 2008 establishes that "(...) *data contained in public documents, is public, among others, (...)*" and in this same vein, numeral 20 of Article 3 of Decree 1377 of 2013 states that "*data is considered public when it relates to an individual's marital status, profession or trade and status as a merchant or public servant, among others.*"

On the other hand, as established by article 17 of Law 1751 of 2015 and article 106 of Law 1438 of 2011, modified by article 132 of Law 1474 of 2011, the promotion or granting of any kind of perks or gifts to professionals, health workers, employees from General Social Security Health System entities, and SGSSS independent workers, professionals and employees, is prohibited.

The Directorate of Drugs and Health Technologies of the Ministry of Health and Social Protection considers that value transfers are part of the industry's current health technology commercial activity and cannot be constituted as gifts or perks without the prior classification of the conduct and penalty by means of a national law.

In response to all the above and in order to promote and guarantee self-regulation, access to health technologies, access to information, transparency in the health sector and the financial sustainability of the SGSSS, it is necessary to establish a record of information regarding the relationships between actors in the health sector and the pharmaceutical and health technologies industry.

Therefore,

RESOLVES

Article 1. Purpose and scope of application. The purpose of this resolution is to create the Health Sector Value Transfers Record, in an effort to contribute to transparency in the relationships between health sector actors and to facilitate the formulation of public policies based on the analysis of the reported information. The provisions set forth in this administrative act apply to the parties required to report the information related to the Health Sector Value Transfers Record and to the recipients thereof, indicated in this resolution.

Article 2. Health Sector Value Transfers. For the application of this resolution, Health Sector Value Transfers are understood as the delivery in cash or in kind of goods or services, by the subjects required to report in favor of the recipients, in accordance with the types defined in Article 7 this administrative act.

Article 3. Health Sector Value Transfers Record (RTVSS for its acronym in Spanish). The Health Sector Value Transfers Record, hereinafter RTVSS, is the tool through which the information related to Health Sector Value Transfers will be reported, in accordance with the provisions of Technical Annexes 1 "*Report on information of the Health Sector Value Transfers*" and 2 "*Minimum Information Model, which must contain the prior, express and informed consent for the Health Sector Value Transfers Record*" which are an integral part of this resolution.

Article 4. Subjects required to report to the RTVSS. Any natural or legal, for profit or non-profit entity domiciled on national territory, which is included in the following classification must report to the RTVSS the information regarding the value transfers defined in article 7 of this resolution:

4.1. Health registration holders, manufacturers, importers and distributors of pharmaceutical products, medical devices and in vitro diagnostic reagents.

4.2. Wholesale pharmaceutical establishment owners referred to in article 2.5.3.10.11 of Decree 780 of 2016, Single Regulation for the Health and Social Protection Sector.

4.3. Whoever has a relationship, whether as subordinate or parent of a subsidiary or subsidiary type, or a distribution contract with the subjects addressed in sections 4.1 and 4.2 of this article.

4.4. Importers of drugs, medical devices and vital biomedical equipment not available.

4.5. Trade associations constituted by the persons indicated in points 4.1, 4.2 and 4.4

Paragraph 1. Value transfers made by the parent company domiciled outside the national territory must be reported by the persons referred to in sections 4.3 and 4.4.

Paragraph 2. In order to comply with this obligation, it is necessary to obtain the prior, express and informed consent referred to in article 17.

Article 5. Recipients of Health Sector Value Transfers. Individuals who perform any of the following activities in the national territory are recipients of Health Sector Value Transfers:

5.1. Prescribe services, pharmaceutical products and health technologies.

5.2. Work or provide services in a public or private health institution.

5.3. Act as pharmaceutical products and health technologies purchasing agents.

5.4. Lead or offer courses, programs or professional careers related to topics in the health field, in universities or other types of teaching or research institutions.

5.5 Work in or provide services covering health issues, in any media outlet.

Furthermore, the legal entities constituted as follows are also considered recipients:

5.6. Health professional organizations.

5.7. Societies or scientific, medical or professional associations.

5.8. Health professional associations.

5.9. Educational institutions.

5.10. Patient or caregiver organizations.

5.11. Non-governmental organizations, foundations, associations and corporations that participate, directly or indirectly, in the supply or reception of health services.

5.12. Benefit Plan Administrating Entities (EAPB for its acronym in Spanish) and service providers.

5.13. Media that cover health related issues.

Paragraph. Health Sector Value Transfers must be reported indirectly to the recipients defined herein, through or in favor of third parties, whether natural or legal persons.

Article 6. Amount of Health Sector Value Transfers subject to reporting to the RTVSS. The subjects required to report must report the value transfers when the type or the sum of the amount of the different types defined in article 7 of the present resolution, exceeds one (1) legal monthly minimum wage in force (SMMLV for its acronym in Spanish) and they are delivered to the same recipient, in a reporting period of six (6) months according to article 12 of this resolution.

Paragraph 1. For types 7.1 and 7.9, only the transfers whose unit amount exceeds three (3) legal daily minimum wages in force (SMDLV for its acronym in Spanish) should be taken into account for the reported amount referred to in this article.

Paragraph 2. The subjects required to report who have not made any health sector value transfers during the reporting period or when the sum of the transfers made, does not comply with the provisions of this article, must report a zero (0) in field number 7: “Total number of detail records included in the file” for the type 1 record according to Technical Annex 1.

Article 7. Types of Health Sector Value Transfers. The subjects required to report must classify each value transfer made into any of the types listed below:

- 7.1. Delivery and / or payment of food and drinks.
- 7.2. Travel, including transportation, lodging and travel expenses.
- 7.3. Financing for clinical studies and health research.
- 7.4. Provision of licenses for the use of software and registration to databases.
- 7.5. Financing registration, enrollment or participation in a faculty or educational programs, talks, workshops, meetings, seminars, symposia, congresses, scholarships or other exclusively academic activities or continued medical education activities.
- 7.6. Financing for the organization or execution of conferences, talks, workshops, meetings, seminars, symposia, congresses, events and other exclusively academic activities or continued medical education activities.
- 7.7. Financing of publications or subscriptions to books, brochures, magazines, scientific articles, etc.
- 7.8. Financing of patient programs, including those carried out directly by those required to report.
- 7.9. Delivery of documents or objects that contain printed promotional advertising information.
- 7.10. Delivery of medical samples.
- 7.11. Payment of contract fees for the provision of services.

Paragraph 1. In type 7.10, the quantities of medical samples delivered must be reported according to the Single Drug Identifier (IUM for its acronym in Spanish). In cases in which the identifier is not available, the quantities must be reported using the Single Drug Code (CUM for its acronym in Spanish).

Paragraph 2. The equivalent of the amount of the payment must be reported to the RTVSS in Colombian pesos (COP) with the exception of type 7.10.

Article 8. Actions or operations not considered Health Sector Value Transfers. The following actions or operations are not considered Health Sector Value Transfers and are not subject to reporting of information to the RTVSS:

- 8.1. Those made to the recipients with whom the party required to report has a work relationship.

8.2. Those destined to carry out market studies.

8.3. The provision of software use licenses that are necessary for the operation of biomedical equipment and that are part thereof.

Article 9. Platform for the reporting of information. The Health Sector Value Transfer information must be reported by the subjects required to do so, following the guidelines established in Technical Annex 1 of this resolution, in the Information Exchange Platform (PISIS for its acronym on Spanish) of the Comprehensive Social Protection Information System (SISPRO for its acronym in Spanish).

Article 10. Validation of the reported information. Once the information is reported by the subjects required to report, the PISIS platform will carry out the validation process following the guidelines established in Technical Annex 1.

Article 11. Support and technical assistance. The PISIS platform Help Desk of this Ministry will provide advice and technical assistance to the subjects required to report the information that this resolution addresses in the terms established in Technical Annex 1, which is an integral part of this resolution.

Article 12. Frequency and term to report information. The subjects required to report the information must do so twice a year: the first report will correspond to the months of January to June and the second to the months of July to December. The information for the semester must be reported within the three (3) months following the expiration of the period reported, as provided in Technical Annex 1.

Article 13. Entry of information. The entry of information is the direct responsibility of each of the subjects required to report. In no case will physical reports be accepted or those that are not entered in the Information Exchange Platform (PISIS) of the Ministry of Health and Social Protection's Comprehensive Social Protection Information System (SISPRO).

Article 14. Consultations and requests for correction, updating or deletion of information. The recipients of health sector value transfers may consult the information included in the RTVSS using their identification number.

Recipients, who consider that the report to which they have been subject must be corrected, updated or deleted, may submit the corresponding claim to the subject who reported the respective value transfer in their capacity as a source, with a copy to this Ministry. The provisions stipulated in articles 16 and 17 of Law 1266 of 2008 will be followed for this procedure, in accordance with the provisions stipulated in articles 15 and 16 of Law 1581 of 2012.

Article 15. Documentary support of the reported information. The subjects required to report must keep the necessary documentary information to corroborate the realization of the value transfers reported to the RTVSS, as well as the proof of informed consent with the minimum requirements provided in Annex 2 of this resolution.

Article 16. Publication of data. In order to guarantee the transparency of the relations between actors in the health sector and the pharmaceutical and health technologies industry, this Ministry will publish impersonal and personal data of a public nature and the figures reported. The publication will be made in an open format, in such a way that the data can be processed and reused.

Article 17. Prior, express and informed consent. As part of the obligation to report, the parties required to do so must obtain the prior, express and informed consent of the recipients, in order that this Ministry may publish the information related to the value of the payments or value transfers that are reported under their name, respecting all data that is considered subject to reservation within the legal framework.

For this purpose, an informed consent in which the personal data to be published must be clearly filled out, giving notice that the value transfer will be reported and published, as well as the specific purpose of the publication for which the consent is obtained. A minimum information model that must contain the informed consent is found in Annex 2 of this resolution; however, the subjects required to report may determine the format to be used.

Paragraph. This Ministry may at any time request from the subjects required to report the prior, express and informed consent document granted by the recipient of the health sectors value transfers, in its capacity as the owner of the data, which shall observe the minimum requirements included in Technical Annex 2 "*Minimum*

Information Model, which must contain the prior, express and informed consent for the Health Sector Value Transfers Record”.

Article 18. Treatment of information. The entities that participate in the reporting, flow, consolidation and disclosure of the reported information, in their capacity as sources, managers or operators, shall be subject to the data protection regime and other aspects related to the processing of information, and in particular, to the duties that are applicable to each of them by virtue of Laws 1581 of 2012 and 1712 of 2014, Chapter 25 of Title 2 of Book 2 of Part 2 of Decree 1074 of 2015 Single Regulation of the Trade, Industry and Tourism Sector, and the regulations that modify or replace them.

Article 19. Monitoring and control. The non-observance of the provisions on value transfer reports by those required to report them constitutes a violation of the provisions stipulated in Article 114 of Law 1438 of 2011 and will lead to the penalties described in articles 116 and 132 *ibidem*, by the respective control bodies.

Paragraph. This Ministry will make available to the inspection, surveillance and control entities, the information on the subjects required to report health sector value transfers, when required.

Article 20. Transitory. The first compulsory report to the RTVSS by the parties required to report corresponds to the value transfers made during the second semester of 2019. This report must be made within the first 3 months of 2020. In any case, once the reporting platform is available, the parties required to report may carry out the corresponding reports, in the terms defined in article 12 of this resolution.

Paragraph. Reporting of type 7.10 value transfers will be compulsory, once the platform referred to in Article 9 of this resolution is enabled to report such information, which will be published on the Ministry of Health and Social Protection’s website.

Article 21. Validity. This resolution will enter into effect as of the date of its publication.

IT IS ORDERED TO BE PUBLISHED AND FULFILLED

Given in Bogotá, D. C., on July 5, 2018

(Signature)

ALEJANDRO GAVIRIA URIBE

Minister of Health and Social Protection

b. Content of file.

The Health Sector Value Transfers information file consists of a single control record (Type 1 Record) used to identify the information source entity and several types of detail records numbered from the Type 2 Record that contain the information requested as follows:

Record	Description	Report
Type 1	Control record	Compulsory
Type 2	Detail record of Health Sector Value Transfers	Non-compulsory

Each record is comprised by fields, separated by a pipe (|).

b.1. TYPE 1 RECORD – RECORD CONTROL.

It is compulsory. It is the first record that should appear in the files that are sent.

Table 4. Record Type 1.

No.	Name of field	Max length of field	Type	Allowed values	Requirements
0	Type of record	1	N	1: values means that the record is a control record	YES
1	Type of identification of reporting entity	2	A	NI: TIN	YES
2	ID of reporting entity	12	N	TIN number without verification digit and numbers to the left to complete the spaces Example:860999123	YES
3	Type of ID of entity with which there is a subsidiary or parent company relationship	2	A	NI: TIN of entity with which there is a subsidiary or parent company relationship	NO
4	ID No. of entity with which there is a subsidiary or parent company relationship	12	N	TIN number of entity with which there is a subsidiary or parent company relationship, without verification digit and numbers to the left to complete the spaces. This entity must be registered with the Ministry of Health and Social Protection on the website web.sispro.gov.co Example: 860.999.257	NO
5	Initial date of reported information	10	F	In YYYY-MM-DD format. Corresponds to the initial date of the period for the reported information Example: valid date 2018-07-01	YES
6	Final date of reported information	19	F	In YYYY-MM-DD format. Corresponds to the final date of the period for the reported information, and must match	YES

				the cut-off date for the file name. Last calendar day for the month or period reported. Example: valid date 2018-12-31	
7	Total number of detail records in the file	10	N	Must correspond with the number of health sector value transfers recorded for type 2 records. If no value transfers were made for this period the field must contain a zero (0) and no type 2 records will be included.	YES

b.2. TYPE 2 RECORDS - DETAIL RECORDS OF HEALTH SECTOR VALUE TRANSFER

Through the Type 2 Record, the subjects report the detail of the health sector value transfer information. A value transfer is uniquely identified with fields 2, 3, 5 and 9; therefore these should not be repeated within the file sent by an entity.

No.	Name of field	Max length of field	Type	Allowed values	Requirements
0	Type of record	1	N	2: values means that the record is a detail record	YES
1	Consecutive number of record	10	N	Consecutive number of detail records on file. Starts with 1 for the first detail record and continues in increments of 1 until the end of the file	YES
2	Type of identification document of value transfer recipient	2	A	Type of identification document of value transfer recipient, even if the value transfer is received through an intermediary or a third party. NI: TIN (only for legal persons) CC: Citizenship card CE: Foreign resident card	YES
3	Identification number of value transfer recipient	12	n	Identification number of value transfer recipient, even if the value transfer is received through an intermediary or a third party. The identification number without verification digit and numbers to the left to complete the spaces, according to the aforementioned type of identification. Examples: 899999999,1099555555	
4	Full name or corporate name	300	A	Full name of value transfer recipient, with spaces, if an	

	of value transfer recipient			individual: Example: Juan Camilo Pérez Castro Corporate name of value transfer recipient, with spaces, if a legal person: Example: Primero Salud EPS	
5	Type of value transfer recipient	2	N	Category to which the value transfer recipient belongs. (See reference chart TVtipoReceptor on web.sispro.gov.co for allowed, modified, added or substituted aforementioned values)	YES
6	Type of value transfer	2	N	Category to which the value transfer belongs. (See reference chart TVtipoReceptor on web.sispro.gov.co for allowed, modified, added or substituted aforementioned values)	YES
7	Municipal domicile of value transfer recipient	5	N	DANE's Political and Administrative Division of Colombia (DIVIPOLA). The first two (2) digits correspond to the department and the next three (3) to the municipality (See reference chart for municipalities on web.sispro.gov.co)	YES
8	Scientific society to which the value transfer recipient belongs	12	A	(See TVSociedadCientífica reference chart for the list of published scientific societies on web.sispro.gov.co)	YES
9	Indicator of whether the recipient receives the value transfer directly	1	N	1: if the recipient receives the value transfer directly 0: if the recipient does not receive the value transfer directly, but through an intermediary or third party	YES
10	Type of third party that receives the value transfer			This field is completed if the above field is 0 N: individual J: Legal person (See TRVTipoPersona reference chart for the list of published legal nature codes for third parties receiving value transfers on web.sispro.gov.co)	NO

11	Number of medical samples delivered	10	N	Number of medical samples that a pharmaceutical manufacturer delivers to a prescriber.	NO
12	Type of identification of drugs delivered as medical samples	3	A	Type of identification of drugs delivered as medical samples. IUM: Single Drug Identifier CUM: Single Drug Code	NO
13	ID number of drugs delivered as medical samples	14	A	Completed with the IUM or CUM of the drug according to that reported in field 12 of the Type 2 record. (In the case of CUMs, see reference chat CatalogosCUMS on web.sispro.gov.co)	NO
14	Executed amount of value transfer	14	N	Final executed amount of value transfer in COP without decimals, periods (.) or commas (,). If the value transfer corresponds to delivery of medical samples this field must be completed with a zero "0".	YES
15	Date of value transfer	10	F	In YYYY-MM-DD format. Example: Valid date: 2018-02-15	YES

2. FLAT FILE FEATURES

The files must be text type and comply with the following technical specifications:

- a) In the technical annex of the files, the data type corresponds to the following: A- Alphanumeric N- Numeric O-decimal F-Date T-Text with special characters.
- b) All data must be recorded as text ANSI format flat files, with .txt extension.
- c) The names of files and their data must be recorded in CAPITAL letters, without special characters and without accents.
- d) The field separator must be pipe (|) and must be used exclusively for this purpose. The fields that correspond to descriptions must not include the special pipe (|) character.
- e) When within a data file fields are defined that are not compulsory and that are not reported, this field will not have any value, i.e. it must remain empty and be reported in the file between two pipes, for example, if between the data1 and data3, data2 is empty will be reported like this: data1||data3.
- f) No data in the field should be enclosed in quotation marks (" ") or any other special character.
- g) The numerical fields must be free of any value format or thousands separation. For fields that allow decimal values, you should use the period (.) as decimal separator.
- h) Date fields must be entered in YYYY-MM-DD format including the hyphen character, except for the dates that are part of the file names.
- i) The lengths of fields defined in the control and detail records of this technical annex should be understood as the maximum size of the field, that is, the data may have a length smaller than the maximum size.
- j) The values recorded in the flat files should not be justified; therefore, they should not be completed with zeros or spaces.

- k) Bear in mind that when the codes include ZEROS, they cannot be replaced by the vowel 'O' which is a non-zero character.
- l) Flat files should not include any special end-of-file or end-of-record character. ENTER is used to end record.
- m) The files must be digitally signed.

3. PLATFORM FOR THE SUBMISSION OF FILES

This Ministry will make the Information Exchange Platform (PISIS) of the Comprehensive Social Protection Information System (SISPRO) available for the subjects to report the information from their facilities. If the subject required to report still does not have a user, he / she must request it after registering his / her entity on the SISPRO Website.

Register entity:

<http://web.sispro.gov.co/NVebPublico/Entidades/RegistrarEntidad.aspx>

Request user name:

<http://web.sispro.gov.co/Seguridad/ClienteNVeb/RegistroSolicitudes.aspx>

Data Quality Control.

The PISIS Platform receives the files created according to the structure included in the Technical Annex of this administrative act and performs the validation process, as follows:

First validation: Corresponds to the review of the structure of the data, and the status of the reception is reported to the entity required to report.

Second validation: Once the first validation has been carried out successfully, content quality control is carried out in the missionary application and the entity is informed of the result.

The obligation to complete this report is fulfilled once the second validation is successful.

Help Desk.

With the purpose of providing technical assistance for the reporting of files, data transport and other related matters, the Ministry of Health and Social Protection has set up a help desk. The contact information can be found on the following link:

http://www.sispro.gov.co/recursosapp/Pages/Mesa_Ayuda.aspx

Additionally, documentation for the use of the PISIS platform is available on the following link:

<http://web.sispro.gov.co/WebPublico/Soporte/FAQ/FAQ.aspx>

Processing of Information.

The entities that participate in the flow and consolidation of the information will be responsible for compliance with the data protection regime and other aspects related to the processing of information, which will be applicable within the framework of Statutory Law 1581 of 2012, the Law 1712 of 2014, Decree 1377 of 2013, chapter 25, Title 2, Book 2, Part 2 of Decree 1074 of 2015, and the regulations that modify, regulate, clarify or substitute them, in virtue of which they are made responsible for the privacy, security, confidentiality and veracity of the information

Security of the information

To guarantee the security and veracity of the information reported, the subjects must send the digitally signed files, which protects the files, and guarantees their confidentiality, integrity and non-repudiation. To digitally sign the files, a digital certificate issued by an open certifying entity approved by the competent entity must be used.

4. REPORTING AND TERM PERIOD.

Information should be sent on a semiannual basis, and the information reports must be submitted within the following three (3) months of the reporting date for the corresponding semester.

Cut-off date for reporting information	Term to submit flat file	
Cut-off date	From:	To:
June 30 of the year reported	July 1 of the year reported	Sept 30 of the year reported
Dec 31 of the year reported	Jan 1 of the year following the report	March 31 of the year following the report

Technical Annex 2

”Minimum Information Model, which must contain the prior, express and informed consent for the Health Sector Value Transfers Record”

Date (YYYY-MM-DD)

City:

I, (full name) _____, identified with CC ____ CE ____ No. _____, in my capacity as legal representative of (name or corporate name of the person or institution receiving the value transfer): _____ identified with CC ____ CE ____ TIN____ No. _____ in virtue of articles 90 and 120 of Law 1581 of 2012, hereby permanently authorize the Ministry of Health and Social Protection, to publish the information reported under my name by the Institution (name or corporate name of the person or institution making the value transfer), _____identified with TIN No. _____ , to the Health Sector Value Transfer Record created by the Ministry of Health and Social Protection.

I am aware that the aforementioned publication of information is carried out in order to guarantee the transparency of relations between actors in the health sector and the pharmaceutical and health technologies industry. In addition, I declare that I am aware of my rights in my capacity as Owner of personal data, enshrined in Article 8 of Law 1581 of 2012.

Signature of transfer recipient.