

Astellas policy and application criteria

Application requests will only be considered if:

1. there is a demonstrable benefit to enhancing/maintaining patient care or national health services e.g., through specific educational activities.
2. they relate to medicine or pharmacy.
3. the request is for a prospective activity and has not already taken place.
4. the request relates to support for a single financial year with no commitment for continued funding beyond that year.
5. the request relates to an Astellas therapy area.
6. the request has been submitted from a bona fide Healthcare Organisation (HCO) primarily made up of Healthcare Professionals (HCPs) providing Healthcare services, OR a Patient Organisation (PO) primarily made up of patients and/or caregivers (including HCPs) advancing awareness of a disease state and treatment pathways.

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 for a medical grant or donation and will be declined. Please do not submit any medical grant or donation requests that do not meet the above criteria.

Out of scope

- If the request relates to Corporate Sponsorship of a meeting/event/congress please contact Astellas in your country.
- If the request relates to support for an HCP(s) to attend a meeting/event/congress, please contact your local Astellas representative.
- If the request relates to a charitable donation to a bona fide not for profit charitable organisation that does not meet the definition of a HCO of PO please contact Astellas in your country.

Application process

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

1. Complete the form on next page.
2. Send via email along with a formal request letter including the letterhead of the organisation requesting support. For Sweden: info.se@astellas.com, for Norway: kontakt.no@astellas.com, for Finland: info.fi@astellas.com, for Denmark, Iceland, Estonia, Latvia and Lithuania: kontakt.dk@astellas.com.

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 utilization according to the signed agreement will be requested by Astellas. Any support not utilized according to the signed agreement will be immediately withdrawn.
- Any approved support will be publically disclosed according to local and international transfer of value disclosure requirements.
- Once a request has been declined by Astellas, the decision is final, and the request will not be reconsidered under any circumstances.

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
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Astellas Pharma

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Astellas Pharma a/s

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Astellas Pharma AB

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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

Requestor details

Health Care Organisation Patient Organisation

Requesting organisation name

First/last name

Role at requesting organisation

Address

E-mail address

Website

Description of support requested:

Objective support request:

Specific deliverables (grant request only):

Any additional information relating to the request including details of how support will enhance/maintain patient care or national health services:

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

Details of request

Donation

Funding for a specific purpose but no specific outcomes

Grant

Specific deliverables in relation to funding.

Funding amount requested (if applicable)

Support required by date dd.mm.yy

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