

ANNEX A - Standardised disclosure template: Patient organisations

Year of data: 2025

Full PO name	Address	Country	Unique country identifier	Description of the support or service 1	Financial support or service	Non-financial support 2
<i>A.D.I.PSO. Associazione per la Difesa degli Psoriasici</i>	<i>Via Tacito, 90 - 00193 Roma</i>	<i>Italy</i>	OPTIONAL Optional	<i>SPONSORIZZAZIONE CAMPAGNA DISEASE AWARENESS</i>	2.500	
<i>APIAFCO Associazione Psoriasici Italiani</i>	<i>Via Imola, 10 - 40128 Bologna</i>	<i>Italy</i>	Optional	<i>COLLABORAZIONE PER CAMPAGNA DI DISEASE AWARENESS</i>	8.000	
<i>ANDEA Associazione Nazionale Dermatite Atopica</i>	<i>Via Ser Lapo Mazzei 33 – 59100 Prato</i>	<i>Italy</i>	Optional	<i>COLLABORAZIONE PER CAMPAGNA DI DISEASE AWARENESS</i>	3.000	

1 Add a description of the nature of the support or service sufficient to enable public understanding. Including a defined term is encouraged (e.g. Donations & grants, Sponsorship, Contracted services)

2 Indicate the non-financial support (e.g. employee hours or companies facilities offered to support an activity)

Latest update: 4 March 2026