

Bristol-Myers Squibb

Sunshine Reporting  
Instructions

# Log in to BMS Grants System



Addressing significant  
unmet medical needs



First time user? [Create your password](#)

## Please Log In

\* indicates required field

Please enter your email address and password to log in to the BMS Grants System.

Please enter your email address and password to log in to the BMS Grants System.

\* E-mail Address:

\* Password:

Log In

[Forgot your password?](#)

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

# Account Home Page



Addressing significant unmet medical needs



[Edit Profile](#) | [Logout](#)

Welcome, Sunshine test11

The organization you are currently associated with is [Annenberg Center for Health Sciences at Eisenhower](#)

If you work with multiple organizations, [click here to add a new organization to your account](#)

which must be completed for your proposal

Medical Education request

Charitable request

Welcome Page	Contact Information	Requesting Organization	Organization Details	Project Details	Activity Details	Project Budget	Attachments	Certification
Bristol-Myers Squibb is not currently accepting applications.								
<b>IME - Impact Reports Requiring Action</b>								
Action	Project Title	Report Type	Report Due Date					
Due	Transplantation	BMS CUSTOM Sunshine Portlet	01/17/2016					
<b>IME - Applications Requiring Action</b>								
Action	Project Title	Application Date	Application Amount					
View	test	01/22/2015	\$0.00					
View	Project Title	01/22/2015	\$0.00					
<b>IME - Submitted Applications</b>								
If you need to change the scope of your original application, please <a href="#">click here</a> .								
Display activity for year: 2015 2014								
Action	Project Title	Application Date	Application Amount	Status				
View	Immunotherapy	01/22/2015	\$0.00	Approved				

Welcome Page	Contact Information	Organization Information	Request Information	Program/Project Budget	Financial Information	Mandatory Attachments	Certification
<b>Applications Requiring Action</b>							
Action	Project Title	Application Date	Application Amount				
View Original	Cascade	08/05/2014	\$10,000.00				
Impact Report(s) Due:							
08/05/2015 (with original due date of 08/05/2014)							
Report	BMS CUSTOM Sunshine Portlet (Due 12/20/2015)						
<b>Submitted Applications</b>							
Display activity for year: 2015 2014							
Action	Project Title	Application Date	Application Amount				
View	The North American Reading and Writing Research Summit	07/12/2015	\$15,000.00				
<a href="#">» Start a New Application «</a>							

[Logout](#)[Welcome Page](#)[Request Information](#)[Sunshine Report for BMS](#)

## Request Information

\* indicates required field

Request ID

Project Title

# Sunshine Report - Helpful Links



Addressing significant  
unmet medical needs



[Logout](#)

[Welcome Page](#)

[Request Information](#)

[Sunshine Report for BMS](#)

## Sunshine Report for BMS

\* indicates required field

Please provide information regarding any Payments or Transfers of Value (POTV) your organization made to a US-licensed physician or a CMS Teaching Institution (referred to as "Covered Recipients" in the Sunshine Act) related to this grant request. Information should be reported to Bristol-Myers Squibb within **30 days from the date that the POTV was made to the covered recipient.**

### HELPFUL LINKS

[NPI Provider/Organization Lookup](#) - this link brings you to a NPI Registry Search to help in locating the NPI Number for a Physician or Organization

[Transparency at Bristol-Myers Squibb](#) - link goes to the Transparency page on the Bristol-Myers Squibb website

[BMS Sunshine Report Definitions and Information](#) - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report

### \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

[Save and Proceed](#)

# Any POTV to Report - YES or NO



Addressing significant unmet medical needs



Logout

Welcome Page

Request Information

Sunshine Report for BMS

## Sunshine Report for BMS

\* indicates required field

Please provide information regarding any Payments or Transfers of Value (POTV) your organization made to a US-licensed physician or a CMS Teaching Institution (referred to as "Covered Recipients" in the Sunshine Act) related to this grant request. Information should be reported to Bristol-Myers Squibb within **30 days from the date that the POTV was made to the covered recipient.**

### RELEVANT LINKS

[BMS Sunshine Report Information](#) - What the Sunshine Act is, how BMS handles requests for information, including the BMS Sunshine Act of Physician or Organization Transparency at Bristol-Myers Squibb - 2013 update to the Transparency page on the Bristol-Myers Squibb website

[Transparency at Bristol-Myers Squibb](#) - 2013 update to the Transparency page on the Bristol-Myers Squibb website

[BMS Sunshine Report Information and Information](#) - What the Sunshine Act is, how BMS handles requests for information, including the BMS Sunshine Act of Physician or Organization Transparency

### \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Save and Proceed



# POTV to report - "NO"



Bristol-Myers Squibb

Addressing significant  
unmet medical needs



## Review Your Sunshine Report

Please review your Sunshine Report information below.

- Not ready to submit the report? Click the "Save Only" Button. The Sunshine Report can be accessed for further editing on your Account Welcome page.
- Ready to submit? Click the "Submit" button to send the Sunshine Report immediately to Bristol-Myers Squibb.

**NOTE: Once the report is submitted no further edits can be made.**

## Request Information

Request ID

Project Title

## Sunshine Report for BMS

\* indicates required field

\* Do you have any POTV to report?

No

Submit

Save Only



Bristol-Myers Squibb

Addressing significant  
unmet medical needs

Once you submit this application, you will be unable to make any further changes! Click OK to submit this application, or click Cancel to continue working on this application.

OK

Cancel



### Review Your Sunshine Report

Please review your Sunshine Report information below.

- Not ready to submit the report? Click the "Save Only" Button. The Sunshine Report can be accessed for further editing on your Account Welcome page.
- Ready to submit? Click the "Submit" button to send the Sunshine Report immediately to Bristol-Myers Squibb.

**NOTE: Once the report is submitted no further edits can be made,**

### Request Information

Request ID

Project Title

### Sunshine Report for BMS

\* indicates required field

\* Do you have any POTV to report?

No

Submit

Save Only



# Confirmation of Sunshine Report Submission



Addressing significant  
unmet medical needs



[Logout](#)

## Confirmation of Sunshine Report Submission

Thank you! The Sunshine Report was successfully submitted to Bristol-Myers Squibb. There is no further action required at this time. To print a copy of the completed Sunshine Report go to 'File', then 'Print' on your browser toolbar. Click [here](#) to return to your applicant homepage when you are finished.

### Request Information

Request ID

Project Title

**Sunshine Report for BMS**

\* indicates required field

\* Do you have any POTV to report?

No

# View Submitted Report

Welcome Page

Contact Information

Requesting Organization

Organization Details

Project Details

Activity Details

Project Budget

Attachments

Certification

» Bristol-Myers Squibb is currently not accepting any applications «

## IME - Impact Reports Requiring Action

Action	Project Title	Report Type	Report Due Date
Due		BMS CUSTOM Sunshine Portlet	12/27/2015
Due		BMS CUSTOM Sunshine Portlet	01/10/2016

## IME - Submitted Applications

If you need to change the scope of your original application, please [click here](#).

Display activity for year: 2015 2014

Action	Project Title	Application Date	Application Amount	Status
<a href="#">View</a>		07/03/2014	\$10,000.00	Approved

Submitted Impact Report(s):

- [View](#) IME - BMS Contract (Submitted 10/14/2014)
- [View](#) IME Activity Follow Up (Submitted 12/02/2014)
- [View](#) IME Outcomes (Submitted 02/03/2015)

[View](#) BMS CUSTOM Sunshine Portlet (Submitted 08/27/2015)

# POTV to Report - "YES"

## HELPFUL LINKS

[NPI Provider/Organization Lookup](#) - this link brings you to a NPI Registry Search to help in locating the NPI Number for a Physician or Organization

[Transparency at Bristol-Myers Squibb](#) - link goes to the Transparency page on the Bristol-Myers Squibb website

[BMS Sunshine Report Definitions and Information](#) - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report

### \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Yes ▾

Action	Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1
<a href="#">Edit</a>   <a href="#">Delete</a>	Individual							United States	
<a href="#">Edit</a>   <a href="#">Delete</a>	Individual							United States	

Showing 1 to 2 of 2 entries

[Create New Payment](#) [Export to Excel](#)

### Is this your final POTV report for this request?

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

▾

[Save and Proceed](#)

# Create New Payment Record

## HELPFUL LINKS

[NPI Provider/Organization Lookup](#) - this link brings you to a NPI Registry Search to help in locating the NPI Number for a Physician or Organization

[Transparency at Bristol-Myers Squibb](#) - link goes to the Transparency page on the Bristol-Myers Squibb website

[BMS Sunshine Report Definitions and Information](#) - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report

### \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Yes ▾

Action	Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			Dsdf		adsf		United States	aasdf

Showing 1 to 1 of 1 entries

[Create New Payment](#) [Export to Excel](#)

### Is this your final POTV report for this request?

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

▾

[Save and Proceed](#)

# New Payment Record Screen

## BMS SUNSHINE ACT REPORTING

\* indicates required field

Click [BMS Sunshine Report Definitions and Information](#) for additional information on each field below

\* Recipient Type

\* Country

\* Address 1

Address 2 ex. PO Box, Floor and Room Number, etc.

\* City

State

\* Zip/Postal Code

\* NPI or License Number

Provide NPI Number for the Individual or Organization being reported. In the event an NPI number does not exist for an Individual, please provide the Individual's License Number and provide the State in which the Individual is licensed to practice in the next question. [NPI Provider/Organization Lookup](#)

License State Enter in the two (2) letter code of the State in which the Individual is licensed to practice. If the recipient is an Organization, type in "NA". The two letter State code can be found in the **BMS Sunshine Report Definitions**. The link is located at the top of this page.

\* Payment Type NOTE: For payments where the Recipient Type is Organization the Payment Types "Travel and Lodging - Individual" and "Food and Beverage" are not applicable.

\* Currency Type for Expense

\* Payment Amount Enter Payment Amount in the Currency that payment was issued. Ex. If payment was made in Canadian Dollar, enter Amount in Canadian Dollars.

\* Payment Date Enter Payment Date according to the criteria in the **BMS Sunshine Report Definitions**. The link is located at the top of this page.

(MM/DD/YYYY)

Event Country

Recipient Type = Organization  
NPI number is required  
License State – N/A

Recipient Type = Individual  
NPI is the PREFERRED value for this field  
and License State = N/A

If the Individual does not have an NPI – enter in the  
License Number and License State (2 letter State code)

\* NPI or License Number

Provide NPI Number for the Individual or Organization being reported. In the event an NPI number does not exist for an Individual, please provide the Individual's License Number and provide the State in which the Individual is licensed to practice in the next question. [NPI Provider/Organization Lookup](#)

**License State** Enter in the two (2) letter code of the State in which the Individual is licensed to practice. If the recipient is an Organization, type in "NA". The two letter State code can be found in the [BMS Sunshine Report Definitions](#). The link is located at the top of this page.

\* Currency Type for Expense

\* Payment Amount Enter Payment Amount in the Currency that payment was issued. Ex. If payment was made in Canadian Dollar, enter Amount in Canadian Dollars.

\* Payment Date Enter Payment Date according to the criteria in the [BMS Sunshine Report Definitions](#). The link is located at the top of this page.

(MM/DD/YYYY)

Event Country



Payment Type – the following values are not applicable for Recipient Type = Organization

1. Food and Beverage
2. Travel and Lodging

\* **Payment Type** NOTE: For payments where the Recipient Type is Organization the Payment Types "Travel and Lodging - Individual" and "Food and Beverage" are

\* **Currency Type for Expense**

\* **Payment Amount**

\* **Payment Date**

	▼
Compensation for speaker/faculty CME-accredited	
Compensation for speaker/faculty CME-non accredited	
Consulting Fee	
Entertainment	
Food and Beverage	
Grant	
Travel and Lodging - *Individuals only*	

\* **Payment Type** NOTE: For payments where the Recipient Type is Organization the Payment Types "Travel and Lodging - Individual" and "Food and Beverage" are not applicable.

Travel and Lodging - \*Individuals only\*

\* **Currency Type for Expense** USD - US Dollar

\* **Payment Amount** Enter Payment Amount in the Currency that payment was issued in

\* **Payment Date** Enter Payment Date according to the criteria in the BMS Sun

(MM/DD/YYYY)

\* **City of Travel**

\* **State of Travel**

\* **Country of Travel**

**Recipient Type = Individual  
Payment Type = Travel and Lodging**

**Additional fields will appear at bottom of screen:**

**City of Travel  
State of Travel  
Country of Travel**

**These fields are required and must have a value for the payment to be saved**

# Save Payment Record

Address 1	adf
Address 2	ex. PO Box, Floor and Room Num [ ]
City	adsf
State	Alaska
Zip/Postal Code	986968
NPI or License Number	Provide NPI Number for the Individ Number and provide the State in [ ] 56356
License State	Enter in the two (2) letter code of found in the <b>BMS Sunshine Rep</b> [ ] bdv
Payment Type	NOTE: For payments where the R [ ] Travel and Lodging - *Individuals
Currency Type for Expense	USD - US Dollar
Payment Amount	Enter Payment Amount in the Cu [ ] 345.00
Payment Date	Enter Payment Date according to [ ] 02/02/2014 (MM/DD/YYYY)
City of Travel	fg
State of Travel	Georgia
Country of Travel	Austria
Event Country	Australia
Event Province	sfdg

Save

Done

# Other Payment Options

## Options:

1. If you do not have any additional payments to enter or edit – click DONE
2. If you have another payment to enter – click ADD NEW
3. If you want to make an exact copy of the payment on your screen – click COPY PAYMENT(S)
4. If you want to delete the payment on your screen – click DELETE

Address 1	adf
Address 2	ex. PO Box, F
City	adsf
State	Alaska
Zip/Postal Code	986968
NPI or License Number	Provide NPI N Number and I 56356
License State	Enter in the t found in the I bdv
Payment Type	NOTE: For pa Travel and L
Currency Type for Expense	USD - US D
Payment Amount	Enter Paymer 345.00
Payment Date	Enter Paymer 02/02/2014 (MM/DD/YYYY)
City of Travel	fg
State of Travel	Georgia
Country of Travel	Austria
Event Country	Australia

Save

Add New

Copy Payment(s)

Delete

Done

# Payment - Export to Excel

## \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Yes ▼

Search:

Action	Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			Dsdf		adsf		United States	aasdf
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			dfa		adf		United States	adf

Showing 1 to 2 of 2 entries

[Create New](#) [Export to Excel](#)

## Is this your final POTV report for this request?

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

▼

Save and Proceed

# View of Payment(s) in Excel

B	C	D	E	F	G	H	I	J	K	L	M	N
Organization Name	Tax ID or VAT Number	HCP First Name	HCP Middle Name	HCP Last Name	Physician Suffix	NPI/License	NPI #	License #	Expense Type	Expense Amount	Expense Date	Currency Type
Organization Test1	Tax ID or VAT_Test1	First Name_Test1	Middle Name_Test1	Last Name_Test1	Suffix_Test1	Yes	11111		Grant	1000	04/01/2015	USD
Organization Test2	Tax ID or VAT_Test2	First Name_Test2	Middle Name_Test2	Last Name_Test2	Suffix_Test2	Yes	11111		Travel and Lodging	5000	04/01/2015	USD



# Payment - Record Editing

## \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown.

Yes ▾

Search here

Search:

Action	Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1
Edit   Delete	1 - Individual			Dsdf		asdf		United States	aasdf
Edit   Delete	1 - Individual			dfa		adf		United States	adf

Showing 1 to 2 of 2 entries

Scroll Bar

Create New

Export to Excel

## Is this your final POTV report for this request?

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

▾

Save and Proceed

# Payment Record - Deletion

## \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Yes ▼

Search:

Action	Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			Dsdf		adsf		United States	aasdf
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			dfa		adf		United States	adf

Showing 1 to 2 of 2 entries

Create New

Export to Excel

## Is this your final POTV report for this request?

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

▼

Save and Proceed

# Payment Deletion

Please provide information regarding any Payment Deletion for any Covered Recipient Institution (referred to as "Covered Recipient Institution") reported to Bristol-Myers Squibb within **30 days from the date that**

## HELPFUL LINKS

[NPI Provider/Organization Lookup](#) - this link

[Transparency at Bristol-Myers Squibb](#) - link goes to the Transparency page on the Bristol-Myers Squibb website

[BMS Sunshine Report Definitions and Information](#) - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report

### \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Yes ▾

Action	Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			Dscf		asdf		United States	aasdf
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			dfa		adf		United States	adf

Showing 1 to 2 of 2 entries

[Create New](#) [Export to Excel](#)

### Is this your final POTV report for this request?

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

▾

[Save and Proceed](#)

# Submitting Payment(s)

**\* Do you have any POTV to report?**

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Yes ▾

Search:

Action	Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			Dsdf		asdf		United States	aasdf
<a href="#">Edit</a>   <a href="#">Delete</a>	1 - Individual			dfa		adf		United States	adf

Showing 1 to 2 of 2 entries

[Create New](#) [Export to Excel](#)

**Is this your final POTV report for this request?**

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

▾

[Save and Proceed](#)

# Final POTV Report - "NO"



Addressing significant unmet medical needs



## Review Your Sunshine Report

Please review your Sunshine Report information below.

- Not ready to submit the report? Click the "Save Only" Button. The Sunshine Report can be accessed for further editing on your Account Welcome page.
- Ready to submit? Click the "Submit" button to send the Sunshine Report immediately to Bristol-Myers Squibb.

**NOTE: Once the report is submitted no further edits can be made.**

## Request Information

Request ID [REDACTED]

Project Title [REDACTED]

## Sunshine Report for BMS

\* indicates required field

### \* Do you have any POTV to report?

Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1	Address 2	City	State	Province	Zip/Postal Code	NPI or License Number	License State	Payment Type	Currency Type for Expense	Payment Amount	Payment Date	* City of Travel
1 - Individual			dfa		adf		United States	adf		adsf	AK		986968	56356	bdv	Travel and Lodging - *Individu...	USD	345	02/02/2014	fg
1 - Individual			Dsdf		adsf		United States	aasdf		adsf	AA		089898	898089	nj	Compensation for speaker/facul...	USD	90	01/20/2015	

Export to Excel

Is this your final POTV report for this request?

No

Submit

Save Only

# Final POTV - "YES"

## Sunshine Report for BMS

\* indicates required field

Please provide information regarding any Payments or Transfers of Value (POTV) your organization made to a US-licensed physician or a CMS Teaching Institution (referred to as "Covered Recipients" in the Sunshine Act) related to this grant request. Information should be reported to Bristol-Myers Squibb within **30 days from the date that the POTV was made to the covered recipient.**

### HELPFUL LINKS

[NPI Provider/Organization Lookup](#) - this link brings you to a NPI Registry Search to help in locating the NPI Number for a Physician or Organization

[Transparency at Bristol-Myers Squibb](#) - link goes to the Transparency page on the Bristol-Myers Squibb website

[BMS Sunshine Report Definitions and Information](#) - this link opens a document with definitions and information on the fields to be completed in the Sunshine Report

### \* Do you have any POTV to report?

If there is no POTV to submit either now or in the future associated with THIS REQUEST, please select "NO" from the dropdown

Yes ▾

Action	Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1
Edit   Delete	1 - Individual			dfjk;		kjl;k		United States	klj

Showing 1 to 1 of 1 entries

Create New Export to Excel

### Is this your final POTV report for this request?

If all POTV has been entered and no additional information will be submitted in the future for THIS REQUEST, select "YES" from the dropdown.

Yes ▾

Save and Proceed



# Review Your Sunshine Report



Addressing significant unmet medical needs



## Review Your Sunshine Report

Please review your Sunshine Report information below.

- Not ready to submit the report? Click the "Save Only" Button. The Sunshine Report can be accessed for further editing on your Account Welcome page.
- Ready to submit? Click the "Submit" button to send the Sunshine Report immediately to Bristol-Myers Squibb.

**NOTE: Once the report is submitted no further edits can be made.**

### Request Information

Request ID [REDACTED]

Project Title [REDACTED]

### Sunshine Report for BMS

\* indicates required field

\* Do you have any POTV to report?

Yes

Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1	Address 2	City	State	Province	Zip/Postal Code	NPI or License Number	License State	Payment Type
1 - Individual			dfjk;		kjl;k		United States	kj		kj;	AZ		90909	888	nj	Compensation for speaker/facul...

[Export to Excel](#)

Is this your final POTV report for this request?

Yes

[Submit](#)

[Save Only](#)



Once you submit this application, you will be unable to make any further changes! Click OK to submit this application, or click Cancel to continue working on this application.

OK Cancel

Please review your Sunshine Report i

- Not ready to submit the report? ... your Account Welcome page.
- Ready to submit? Click the "Su

... can be accessed for further editing on ... to Bristol-Myers Squibb.

**NOTE: Once the report is submitted no further edits can be made.**

### Request Information

Request ID [redacted]

Project Title [redacted]

### Sunshine Report for BMS

\* indicates required field

\* Do you have any POTV to report?

Yes

Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	* Middle Name	* Last Name	Suffix	Country	Address 1	Address 2	City	State	Province	Zip/Postal Code	NPI or License Number	License State	Payment Type
1 - Individual			dfjk;		kjl;k		United States	klj		kj;	AZ		90909	888	nj	Compensation for speaker/facul...

Export to Excel

Is this your final POTV report for this request?

Yes

Submit Save Only

# Confirmation of Sunshine Report Submission



[Logout](#)

## Confirmation of Sunshine Report Submission

Thank you! The Sunshine Report was successfully submitted to Bristol-Myers Squibb. There is no further action required at this time. To print a copy of the completed Sunshine Report go to 'File', then 'Print' on your browser toolbar. [Click here to return to your applicant homepage](#) when you are finished.

### Request Information

Request ID

Project Title

### Sunshine Report for BMS

\* indicates required field

#### \* Do you have any POTV to report?

Yes

Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1	Address 2	City	State	Province	Zip/Postal Code	NPI or License Number	License State	Payment Type	Currency Type for Expense
1 - Individual			dfjk;		kjl;k		United States	klj		kj;	AZ		90909	888	nj	Compensation for speaker/facul...	USD

[Export to Excel](#)

#### Is this your final POTV report for this request?

Yes

# View Submitted Sunshine Report

Welcome Page | Contact Information | Requesting Organization | Organization Details | Project Details | Activity Details | Project Budget | Attachments | Certification

» Bristol-Myers Squibb is currently not accepting any applications «

### IME - Submitted Applications

If you need to change the scope of your original application, please [click here](#).

Display activity for year: 2015 2014

Action	Project Title	Application Date	Application Amount	Status
<a href="#">View</a>	Updates in Rheumatology			Approved

Submitted Impact Report(s):

[View](#) BMS CUSTOM Sunshine Portlet (Submitted 08/30/2015)

# Submitted Sunshine Report



Addressing significant unmet medical needs



## Submitted Sunshine Report

Submitted Sunshine Report(s) appear below. Click here to [return to the applicant homepage](#).

### Request Information

Request ID [REDACTED]

Project Title [REDACTED]

### Sunshine Report for BMS

\* indicates required field

#### \* Do you have any POTV to report?

Yes

Recipient Type	* Organization Name	* Tax ID/VAT	* First Name	Middle Name	* Last Name	Suffix	Country	Address 1	Address 2	City	State	Province	Zip/Postal Code	NPI or License Number	License State	Payment Type	Currency Type for Expense	Payment Amount
1 - Individual			dfa		adf		United States	adf		asdf	AK		986968	56356	bdv	Travel and Lodging - *Individu...	USD	345
1 - Individual			Dsdf		asdf		United States	aasdf		asdf	AA		089898	898089	nj	Compensation for speaker/facul...	USD	90

[Export to Excel](#)

Is this your final POTV report for this request?

No

# Useful Links

# NPI Provider Lookup

Registry Search - Google Chrome  
https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do?subAction=reset&searchType=ind

**NPPES**  
National Plan & Provider Enumeration System

[Home](#) | [Help](#)

## NPI Registry Search

Please enter data for at least one of the following fields. If searching on Practice Address State, you must enter data for at least one other field. To perform a wild card search, at least two characters must be entered before the "\*". For example, to search for data beginning with "Ch", enter "Ch\*". Wild card searches are only available on the Provider First Name, Provider Last Name and Practice Address City fields.  
Information in the NPI Registry is updated daily.

NPI

Provider First Name

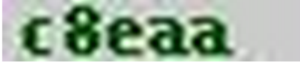
Provider Last Name

Practice Address City

Practice Address State

Practice Address Zip

The following security image contains an obscured sequence of characters that is detectable only by human users:



\* Enter the characters from the security image (letters are case sensitive):



# NPI Organization Lookup



National Plan & Provider Enumeration System

[Home](#) | [Help](#)

## NPI Registry Search

Please enter data for at least one of the following fields. If searching on Practice Address State, you must enter data for at least one other field. To perform a wild card search, at least two characters must be entered before the "\*". For example, to search for data beginning with "Ch", enter "Ch\*". Wild card searches are only available on the Provider First Name, Provider Last Name and Practice Address City fields.

Information in the NPI Registry is updated daily.

NPI	<input type="text"/>
Provider First Name	<input type="text"/>
Provider Last Name	<input type="text"/>
Practice Address City	<input type="text"/>
Practice Address State	<input type="text"/>
Practice Address Zip	<input type="text"/>

The following security image contains an obscured sequence of characters that is detectable only by human users:



\* Enter the characters from the security image (letters are case sensitive):

# Transparency at Bristol-Myers Squibb

The screenshot shows the Bristol-Myers Squibb website's Transparency page. At the top, there is a navigation bar with links for INDEX, CONTACT US, and WORLDWIDE, along with a search bar. Below the navigation is a banner image of a woman with the text "Enhancing health outcomes around the world". A secondary navigation bar contains links for Our Company, R&D, Products, News, Investors, Partnering, Responsibility (highlighted), and Careers. The main content area features a breadcrumb trail: BMS.com Home » Responsibility » Transparency. The main heading is "Transparency at Bristol-Myers Squibb". The introductory text states: "We believe in providing an open environment to help build a foundation of trust and respect among our colleagues, health care professionals, patients, stockholders and the public. We operate our business with high standards of business integrity and ethics; complying with the letter and spirit of current laws and regulations. We strongly believe in the importance of making information about our medicines available as we continue to seek a better understanding of the needs of our patients and customers. We are committed to disclosing information about our business in the following areas:". Below this text are three columns of content, each with an image and a title: 1. "Clinical Trials" with an image of pills and text: "As a company, we are dedicated to educating our patients, medical/research communities, the media, policy makers and the general public. We believe in the integrity of the information we collect and are committed to communicating our data." 2. "Grants & Giving" with an image of children and text: "We address areas of community and unmet medical need through a variety of grant-making programs, each with its own focus. We are committed to making information about our giving and grant-making available to the public." 3. "Interactions with Health Care Professionals" with an image of a doctor and a patient, and text: "We support the Physician Payments Sunshine Act as an extension of our own efforts to increase public awareness of the positive role that physician-industry collaboration plays in helping patients prevail over serious diseases." To the right of the main text is a "View Sustainability 2010 Highlights" button with an image of a sustainability report cover. At the bottom right is a "What We Support" button with an image of a hand holding a stack of papers.

**Bristol-Myers Squibb** INDEX | CONTACT US | WORLDWIDE  SEARCH

Enhancing health outcomes around the world

**Our Company** | **R&D** | **Products** | **News** | **Investors** | **Partnering** | **Responsibility** | **Careers**

**Responsibility**  
Responsibility  
Message from CEO  
Bristol-Myers Squibb Foundation  
Sustainability  
Help Paying For Your Medicine  
Building Our Communities  
Grants & Giving  
Position on Key Issues

**Transparency**  
Clinical Trials  
Combating Counterfeit Drugs  
Disaster Relief & Product Donations  
Achievements  
Access to Medicines

BMS.com Home » Responsibility » Transparency

## Transparency at Bristol-Myers Squibb

We believe in providing an open environment to help build a foundation of trust and respect among our colleagues, health care professionals, patients, stockholders and the public. We operate our business with high standards of business integrity and ethics; complying with the letter and spirit of current laws and regulations. We strongly believe in the importance of making information about our medicines available as we continue to seek a better understanding of the needs of our patients and customers. We are committed to disclosing information about our business in the following areas:

**Clinical Trials**  
As a company, we are dedicated to educating our patients, medical/research communities, the media, policy makers and the general public. We believe in the integrity of the information we collect and are committed to communicating our data.

**Grants & Giving**  
We address areas of community and unmet medical need through a variety of grant-making programs, each with its own focus. We are committed to making information about our giving and grant-making available to the public.

**Interactions with Health Care Professionals**  
We support the Physician Payments Sunshine Act as an extension of our own efforts to increase public awareness of the positive role that physician-industry collaboration plays in helping patients prevail over serious diseases.

**View Sustainability 2010 Highlights**

**What We Support**

# Questions?



If you have any questions or a report was submitted in error you can contact BMS via:

▶ Email address

- ▶ Include the Request ID number and Project Title in your email
- ▶ Medical education - [mededadministration@bms.com](mailto:mededadministration@bms.com)
- ▶ Charitable - [CorporateGivingAdministration@bms.com](mailto:CorporateGivingAdministration@bms.com)

▶ Phone

- ▶ 1-800-831-9008
- ▶ 8:00 am to 4:00 pm EST