



Patient Access & Independent Education

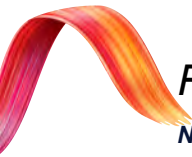
CLOSING HEALTHCARE GAPS THROUGH ASSISTANCE, EDUCATION, AND DONATION

AbbVie Grant Management System


Requester Training Guide

Effective Nov 2023





RMS Request Workflow and Other Functionalities

Note: Click on titles below to advance to any section. The Home Icon  will bring you back to this page at any time in this training guide

Request Workflow

[Registration](#)

[Request Submission Process](#)

- [Education and Fellowship Requests](#)
- [Education Requests with Inkind Product / Model](#)
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[Additional Information Needed and Amendments](#)

[Letter of Agreement](#)

[Reconciliation](#)

Other Functionalities

[Requestor's Inbox](#)

- [View/Print Agreement](#)
- [Update User Profile](#)
- [Change Password](#)

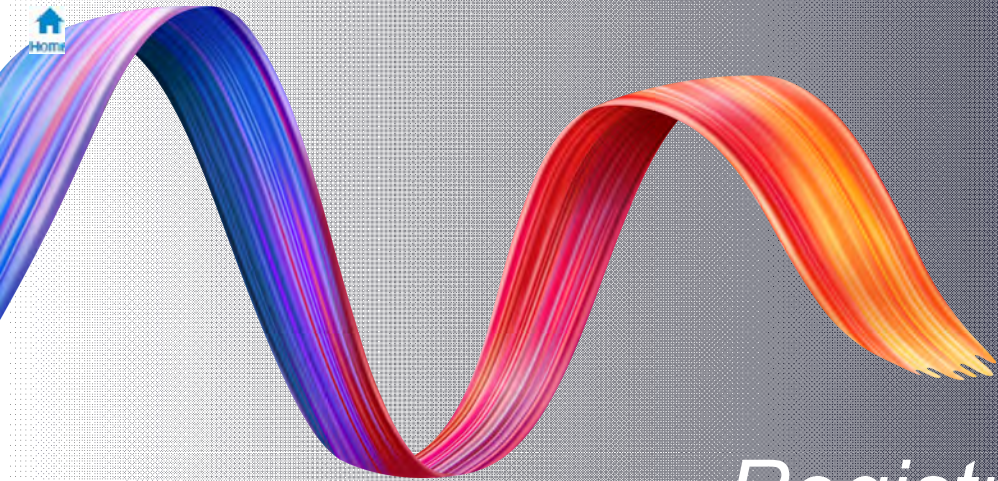


Throughout the application, hover over help bubble for additional information for that field.

Please access the grants portal using one of the following web browsers: Google Chrome, Microsoft Edge, Internet Explorer & Safari.



Home



Registration



How do I register in the system?

STEP 1. Navigate to the Grant Management System and click “Register”.

Help FAQ Privacy Policy

Email Address Password

Forgot your password? Sign In Register

This site is for AbbVie Independent Education Requests.

All new users must register to create an account in the system. Please go to www.abbvie.com/grants for step-by-step instructions to register.

To reset your password, click "Forgot your password" link at the top of this page. You will receive an email with a link to reset your password and set up security questions.

Password requirements include: 8-12 characters including upper case, lower case, special character, AND number.

AbbVie Independent Education Grants

AbbVie is committed to supporting independent, high-quality evidence-based education with the most up-to-date information on current, new, and emerging therapies. This helps to expand knowledge, competence, and performance to improve quality of care for patients and support the elimination of health care disparities in underserved patient populations.

In addition to grant funding requests received and reviewed throughout the year, we may periodically announce a Call for Grants that will align to specific needs and identified educational gaps.

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How do I register in the system?

STEP 2. The system will require you to first search for your Organization. Enter in the Country, Identifier Type, Identifier Value and/or Organization Legal Name and Click Search.

The screenshot shows the AbbVie registration interface. At the top left is the AbbVie logo and a home icon. Below this is a block of text explaining the registration process, including instructions to provide personal data, complete registration in a single session, and upload supporting documents like tax and firewall documentation. A note specifies that documents should be submitted electronically to abbviegrants@abbvie.com. Below the text are tabs for 'Organization Information', 'Organization Address', 'User Information', and 'Compliance Commitment'. The 'Organization Information' tab is active, showing a search form with the following fields: 'Country' (dropdown menu), 'Identifier Type' (dropdown menu), 'Identifier Value' (text input), and 'Organization Legal Name' (text input). A red box highlights the 'Search' button. At the bottom left of the form is a 'Cancel' button.

Identifier Types:

US Organizations submitting Grants and Donations should use TIN (Tax Identification Number) located on the W9 tax form.

OUS Organizations submitting Grants and Donations should use TIN (Tax Identification Number) located on the W8 BEN-E tax form or a Unique Country Identifier which would include VAT Registration, SIREN, or Foreign Tax ID Number located on your Countries Tax or Charity Documentation.

Identifier Values:

The number or letter number sequence provided to the Organization on your Countries Tax or Charity Documentation (ie: Tax ID Number, VAT Registration, SIREN, Foreign Tax ID Number, Unique Country Identifier, etc.)



How do I register in the system?

STEP 3. If your organization does not come up in the Results section, click “Add a New Organization”. You will be required to enter the proper information and upload documentation to register the organization. If your Organization is listed in the results section. Select them to review. After reviewing organization information answer question “Is this your Organization?” at the bottom of the page and click Proceed.

Users must register in the system before they can submit a request. This site will allow you to establish a personalized account to perform activities. To create a personalized account, you must provide some personal data, including your organization information, as well as your name and email address.

Note: Registration must be completed in a single session. You cannot save and continue later.

On this page, please identify yourself with an existing organization, if it has already been set up in the Abbvie Grant Management System or add your organization information if it does not display in the search results.

Supporting documents, such as Tax Documentation and Firewall Documentation (if applicable), are required to process your registration and must be submitted electronically. If you have trouble uploading documents to the site, please contact the Abbvie Global Grants and Charitable Donations Department at 1-877-228-7177 or via email at abbviegrants@abbvie.com.

Documents of the following types may be uploaded (.doc, gif, pdf, ppt, txt, xls).

Please complete all required fields. An asterisk * indicates a required field.

Organization Information Organization Address User Information Compliance Commitment

Instructions:
Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us.

* Country: United States

Identifier Type: TIN

Identifier Value: _____

Organization Legal Name: _____

Organization not found. Please click the 'Add a New Organization' button and complete all required fields.

Organization Legal Name

Results

Organization Legal Name	Identifier Value	Organization Address	Address Line 1	Country	State	City	Postal/Zip Code	Select
SR 1 10 0 US Org.	44-5551100	123 Sample Street	suite-399	United States	New York	NY	10023	<input checked="" type="radio"/>
NYC	55-5551100	43 cccc street.		United States	Newark	NJ	07111	<input type="radio"/>
DEV EVT ORG	98-2700000	address1		United States	AL	CITY	12345	<input type="radio"/>
National Alliance on Mental Illness of New York City, Inc.	13-3077692	505 Eighth Avenue		United States	New York	NY	10018	<input type="radio"/>
International Society for Pharmacoeconomics and Outcomes Research (ISPOR)	22-3369741	505 Lawrence Square	Boulevard South	United States	Lantern	NJ	08648-2675	<input type="radio"/>

* Identifier Information
Please enter either your Organization's Tax ID or Organization Legal Name or both to see if your organization already has a profile saved with us.

Country: United States Identifier Type: TIN State: United States Identifier Value: 44-5551100

* Country: United States

* Organization Legal Name: SR 1 10 0 US Org.
Legal Name must match as stated on 5010c3

* Are you part of a larger parent organization?: No

* Organization Type: Medical Education Company
Please select organization type from the dropdown.

* Tax Status: Not for profit: 501(c)(3)

* Organization Description: test

* Organization's Mission Statement: [View Unloaded Organization's Mission Statement](#)

* Tax Documentation: [View Unloaded Tax Documentation](#)

* IRS Letter of Determination: [View Unloaded IRS Determination Letter](#)

* Is this your organization?: Yes No

Note: If your Organization is listed under Results. But the address is not correct. You still need to select that account in order to create a new account and add new address information.

If you answer NO to the question, you will be asked to go back to the previous page to Add a New Organization to the grant system.

An Organization's Tax ID Number can only be registered once in the grant system. But can have multiple accounts and addresses under the Tax ID Number.

How do I register in the system?

STEP 4. To create a new account with a different address. You will need to answer the question “Is your address correct?”. If yes, select Yes and click Proceed. If no, select No. The page will open for you to enter your new information. Once completed, then click Proceed.

If you are registering using a pre-existing organization, please verify the organization address below. If the address listed below is incorrect and you select “No” to the question below, or you are registering a new organization, please provide your address information before proceeding to the next page of the registration process. Please complete all required fields. An asterisk * indicates a required field.

Organization Information	Organization Address	User Information	Compliance Commitment
* Organization Legal Name	SR 1.10.0 US Org.		
* Site Name <small>The Site Name may be a chapter, location, etc.</small>	test		
* Address Line 1 <small>Organizations with multiple departments or locations - Address should reflect your specific department/location. PO Boxes not accepted.</small>	123 Sample Street suite 399		
Address Line 2			
* City	New York		
* State	NY		
* Postal Code	10023		
Website URL			
* What portion of your organization's ANNUAL funding comes from or is anticipated to come from AbbVie?	2.00 %		
How many years has your organization been in business?			
* Is your organization a certified accreditor?	No		
* Does your organization have a separate CME department?	No		
* Is the listed address correct? <small>Organizations with multiple departments or locations - address information should only be changed to reflect updates for your own department/location. If applying on behalf of a department/organization with a different address, use the Back button below and select Add a New Organization on the previous page.</small>	<input type="radio"/> Yes <input type="radio"/> No		

If you are registering using a pre-existing organization, please verify the organization address below. If the address listed below is incorrect and you select “No” to the question below, or you are registering a new organization, please provide your address information before proceeding to the next page of the registration process. Please complete all required fields. An asterisk * indicates a required field.

Organization Information	Organization Address	User Information	Compliance Commitment
* Organization Legal Name	SR 1.10.0 US Org.		
* Site Name <small>The Site Name may be a chapter, location, etc.</small>	<input type="text"/>		
* Address Line 1 <small>Organizations with multiple departments or locations - Address should reflect your specific department/location. PO Boxes not accepted.</small>	<input type="text"/>		
Address Line 2	<input type="text"/>		
* City	<input type="text"/>		
* State	<input type="text"/>		
* Postal Code	<input type="text"/>		
Website URL	<input type="text"/>		
* What portion of your organization's ANNUAL funding comes from or is anticipated to come from AbbVie?	<input type="text"/> %		
How many years has your organization been in business?	<input type="text"/>		
* Is your organization a certified accreditor?	<input type="radio"/> Yes <input type="radio"/> No		
* Does your organization have a separate CME department?	<input type="radio"/> Yes <input type="radio"/> No		
* Is the listed address correct? <small>Organizations with multiple departments or locations - address information should only be changed to reflect updates for your own department/location. If applying on behalf of a department/organization with a different address, use the Back button below and select Add a New Organization on the previous page.</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No		

How do I register in the system?

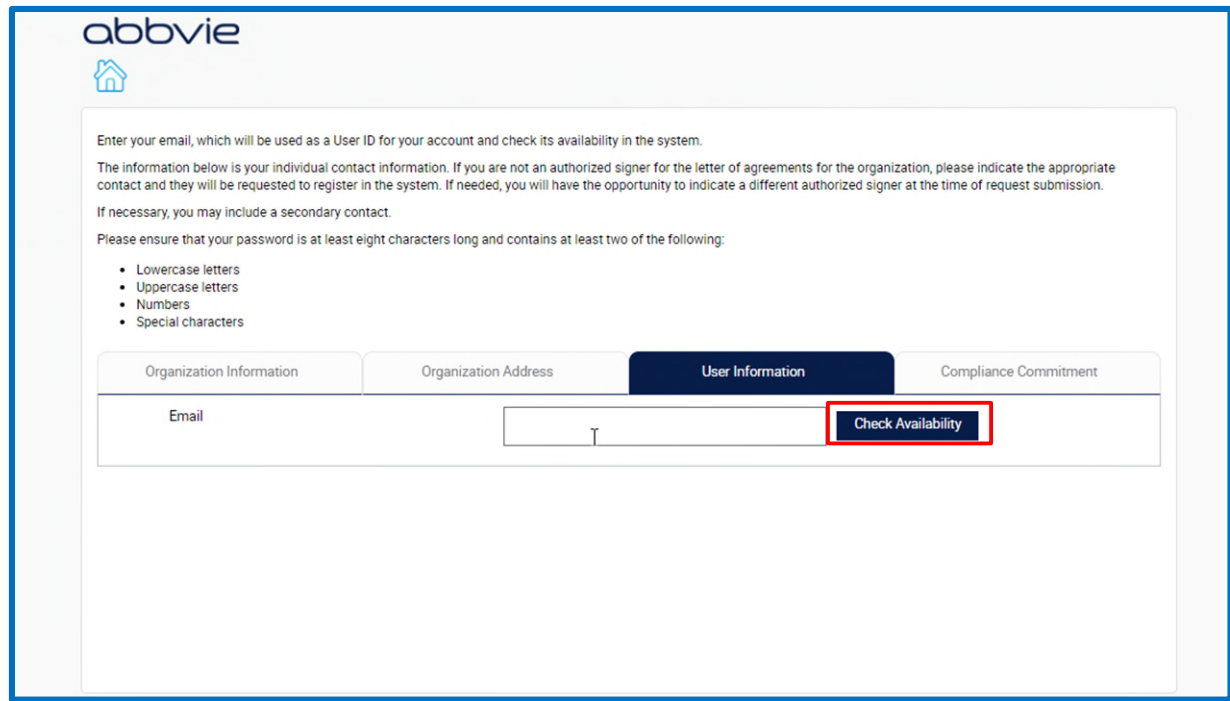
STEP 5. Enter New Organization Information and upload required documentation. Then click **PROCEED**.

Required Registration Documentation:

- W8/ W9 Tax form
- Tax Documentation (IRS Letter of Determination or equivalent)
- Mission Statement of the Organization
- Accreditation Certificates (If accredited and all applicable)

How do I register in the system?

STEP 6. Enter an email in the User Information Tab. The system will check to make sure the email address is not already in use. **If the email address is already in use. You will need to go back to the homepage and click forgot password for the email address already in use. New registration is not needed. Or create a new account with a new email address.*



The screenshot shows the AbbVie registration interface. At the top left is the AbbVie logo and a home icon. Below this is a text area with instructions: "Enter your email, which will be used as a User ID for your account and check its availability in the system." It also provides information about individual contact details and password requirements (at least eight characters, including lowercase letters, uppercase letters, numbers, and special characters). Below the text is a navigation bar with four tabs: "Organization Information", "Organization Address", "User Information" (which is selected and highlighted in dark blue), and "Compliance Commitment". Under the "User Information" tab, there is a form with a label "Email" on the left, an input field in the center, and a "Check Availability" button on the right. The "Check Availability" button is highlighted with a red rectangular border.

How do I register in the system?

STEP 7. If email address is available, enter User Information.

* If you do not have legal authority to sign on behalf of your organization. Answer NO, to the question “ Do you have legal authority to sign on behalf of your organization?” and list the first, last name and email address of the person that is the authorized signer. They will receive an email requesting them to register and confirm they are the authorized signer for the Organization. You will also list this person in the grant request on the payee and authorized signer section.

The screenshot shows a registration form with the following sections and fields:

- Organization Information** (tabbed)
- Organization Address** (tabbed)
- User Information** (active tab):
 - Email: boomcme@mailinator.com (with a green checkmark and "Check Availability" button)
 - * Re-enter email: [text input]
 - * Password: [text input] (with a help icon)
 - * Confirm Password: [text input]
 - * Security Question: [dropdown menu]
 - * Security Answer: [text input]
 - Title: [dropdown menu]
 - * First Name: [text input]
 - * Last Name: [text input]
 - * Business Role: [text input]
 - * Primary Phone: [text input] [dropdown menu]
 - Secondary Phone: [text input] [dropdown menu]
 - Fax: [text input]
 - Secondary Contact Title: [dropdown menu]
 - Secondary Contact Name: [text input]
 - Secondary Contact Phone: [text input] [dropdown menu]
 - Secondary Contact Email: [text input]
 - * If the funding request submitted requires a Letter of Agreement, do you have the legal authority to sign on behalf of your organization? Yes No
- Compliance Commitment** (tabbed)

At the bottom, there are three buttons: "Back", "Cancel", and "Proceed" (highlighted with a red box).

How do I register in the system?

STEP 8. Review and Agree to the Compliance Commitment by selecting I Agree and click “Complete Registration” to submit your registration.

Please read these terms and conditions carefully. You must agree to all of the following terms and conditions before you proceed.

Compliance Commitment

AbbVie is committed to complying with all applicable laws and regulations as well as the applicable principles and guidelines of organizations including the Food and Drug Administration (FDA), Office of Inspector General (OIG) and, where applicable, the Accreditation Council for Continuing Education (ACCME) Guidelines.

Your acceptance of this document represents your commitment to act in accordance with all applicable laws, regulations and guidelines including those listed above as well as those applicable in the jurisdiction(s) governing the grant or sponsored activity in the event that AbbVie decides to support your request. By accepting these terms and conditions, you also agree that this compliance commitment does not constitute or represent a funding commitment by AbbVie; rather, such funding remains subject to internal approval which may be granted or denied at the sole and absolute discretion of AbbVie. If approved, actual provision to you of funds will constitute the sole funding commitment of AbbVie for the activity requested.

If the application is for an independent education request grant request, your acceptance of this document is an indication that neither you nor your organization is involved with any AbbVie promotional activities; provided, however, if AbbVie is permitted to market its product, the terms of that marketing opportunity shall be described in the letter of agreement for Educational Requests.

By accepting, you also certify that neither you nor your organization is on the United States Department of the Treasury Office of Foreign Assets Control List (OFAC), the United States Department of Health and Human Services Office of Inspector General (OIG), Food and Drug Administration (FDA), or Accreditation Council for Continuing Education (ACCME) prohibition, debarment or exclusion lists or any other exclusion lists that would affect the receipt of funds. Entities appearing on the exclusion list of any governmental agency are disqualified from receiving education or research grants, costs, AbbVie.

I certify that I am fully authorized to submit this application and provide the information in this application on behalf of the requesting organization(s) and I affirm that all responses and information provided in this application are truthful, accurate and complete.

I agree that any support I may receive from AbbVie is not in any way connected to, or conditioned upon, any past, present or future product manufactured or marketed by AbbVie, affirm that my application is not so connected or conditioned.

With respect to requests for support for speech programs and activities, I affirm that this application is for a program or activity that I or a program or activity that I have already taken place.

I acknowledge that AbbVie will generally process applications in the order in which completed applications are received, and I understand I commit to process any request submitted less than 60 days before the date of the event/program start.

I acknowledge that the submission of my application does not mean that the request will be funded by AbbVie.

I understand that in certain instances where AbbVie decides to approve my request, it may choose to award funds in installments and original request.

I acknowledge that the funds cannot be used to produce or support any giveaways (branded or unbranded) or activities prohibited by codes or guidelines.

Note: You will receive an email confirmation from the grant portal confirming your registration was submitted successfully.

If requested by AbbVie, I acknowledge that I will electronically sign the applicable Letter of Agreement before AbbVie will disburse any funds to me. I acknowledge that in the Letter of Agreement, I must agree to:

- (a) To use the funds for actual and reasonable expenses of the activity;
- (b) To use the funds only for the purposes set out in my request application and the Letter of Agreement;
- (c) For educational grants, to furnish AbbVie, within 60 days of the end date of the program, with an acknowledgement/confirmation letter.

I acknowledge that all decisions are final.

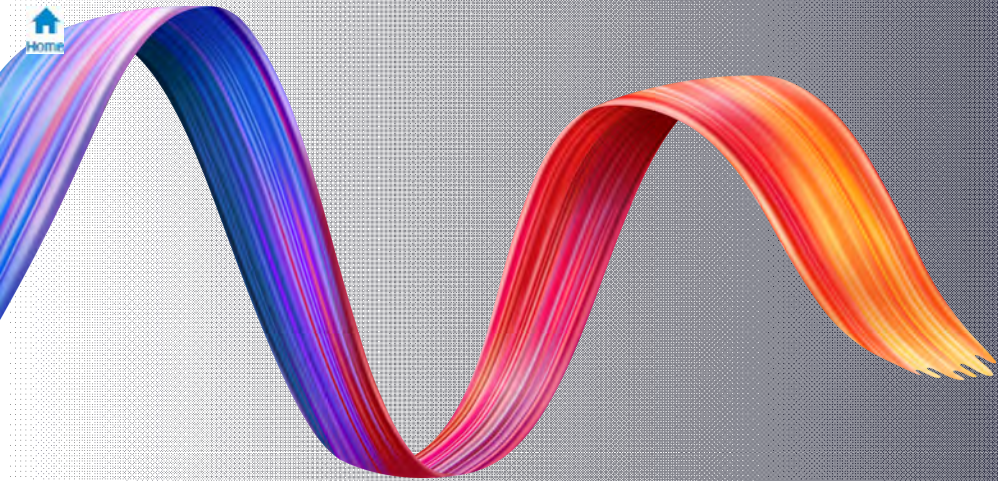
I acknowledge that AbbVie may be required to report the dollar amount of value obligated to you to government authorities, and such information may be made public depending on applicable federal and/or state law.

I acknowledge that AbbVie reserves the right to correct any administrative or technology-based errors which may occur during the application submission or review process.

I agree that AbbVie may contact me in the future by phone, fax, mail or email for the limited purpose of evaluating my experience and satisfaction with this website and process.

I Agree Disagree

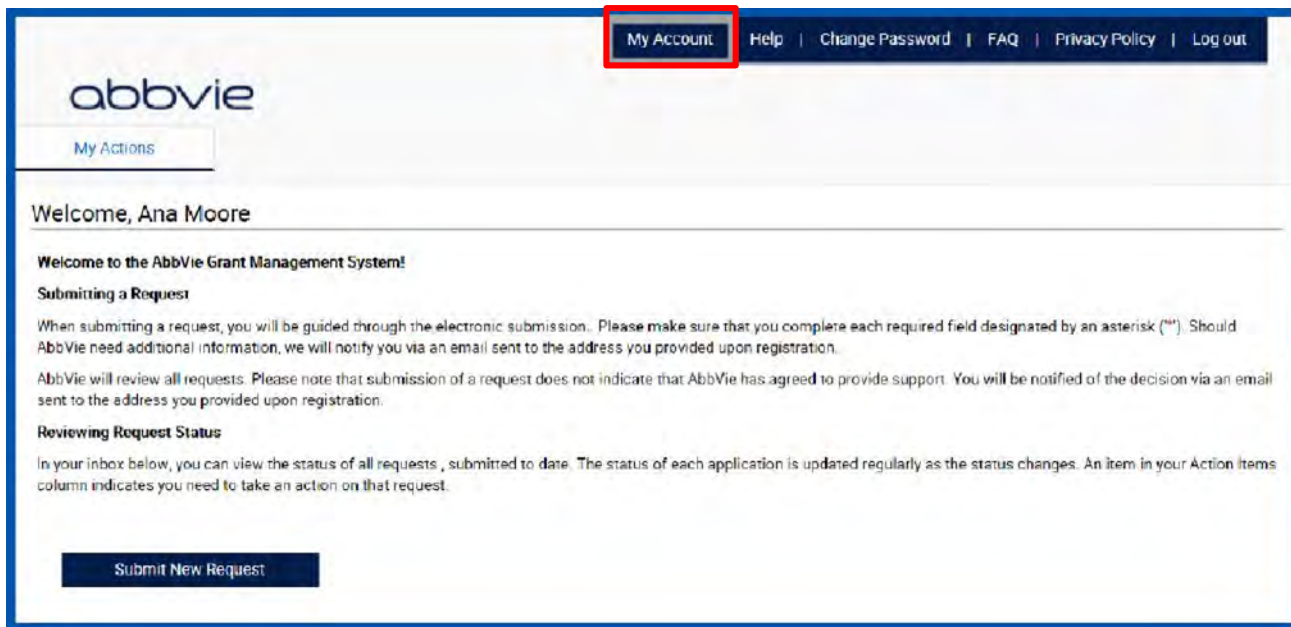
Back Cancel Complete Registration



Update Profile & Password Reset

How do I update my profile?

STEP 1. Within your inbox, locate “My Account” on the top header.



The screenshot shows the user interface of the AbbVie Grant Management System. At the top right, there is a navigation bar with several links: "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The "My Account" link is highlighted with a red rectangular box. Below the navigation bar, the AbbVie logo is displayed on the left. Underneath the logo, there is a "My Actions" button. The main content area begins with a personalized greeting: "Welcome, Ana Moore". Below this, there is a section titled "Welcome to the AbbVie Grant Management System!". Underneath, there is a sub-section titled "Submitting a Request" with a paragraph of text explaining the submission process. This is followed by another paragraph about request review. Below that is a sub-section titled "Reviewing Request Status" with a paragraph explaining how to view request status. At the bottom of the main content area, there is a dark blue button labeled "Submit New Request".



How do I update my profile?

STEP 2. Fields that are editable by the requestor will be open within these 3 tabs.

**Changes to the Name of the Organization or Tax ID Number require a request submitted via email to AbbVie Independent Education with documentation.*

Organization information Organization Address User Information

*** Identifier Information**
Please enter your organization's Tax Identification information. Any personal identifiers will not appear in the system at any time.

Country: United States Identifier Type: TIN State: [Dropdown]

Add Additional Identifier

*** Organization Legal Name**
Please enter your organization's legal name as registered with Internal Revenue Service (IRS) or Canada Revenue Agency.

Country: United States AbbVie Demo Org

*** Are you part of a larger parent organization?** Yes No

*** Organization Type**
Healthcare Organization

*** Tax Status**
Not for profit: 501(c)(3)

*** Organization Description**
Please describe the main function of your organization. In your organization has a specific expertise, please list it here. (500 character limit)

Demo Training

*** Organization's Mission Statement**
[Text area] [View Uploaded Organization's Mission Statement](#)

*** Tax Documentation**
[Text area]

*** IRS Letter of Determination**
[Text area] [\(View Uploaded IRS Determination Letter\)](#)

Organization information Organization Address User Information

Organization Legal Name
AbbVie Demo Org

*** Site Name**
The following is for display purposes only.
Site Name: [Text area]

*** Address Line 1**
PO Box or street address
Address Line 1: 300 George Street

*** Address Line 2**
Address Line 2: [Text area]

*** City**
New Brunswick

*** State**
NJ

*** Postal Code**
12124

Website URL
[Text area]

*** What portion of your organization's ANNUAL Taxing income (profit or is anticipated to come from AbbVie)?**
[Text area] 10.00 %

*** How many years has your organization been in business?**
[Text area]

*** Is your organization a certified accredited?** Yes No

*** If yes, please select according bodies**

Accrediting body	Upload Certificate
<input checked="" type="checkbox"/> AMP	<input type="button" value="Browse"/> <input type="button" value="Cancel"/>
<input type="checkbox"/> ANIP	<input type="button" value="Browse"/> <input type="button" value="Cancel"/>
<input type="checkbox"/> ANTA	<input type="button" value="Browse"/> <input type="button" value="Cancel"/>
<input type="checkbox"/> ACCMTC	<input type="button" value="Browse"/> <input type="button" value="Cancel"/>

*** Does your organization have a separate CME program?** Yes No

*** Contact Name**
Mary White

*** Contact Phone Number**
[Text area] 233232 3333 [Text area] 333 [Text area] Home

Organization information Organization Address User Information

*** Email**
requestor@gmail.com

*** Review email**
requestor@gmail.com

*** Security Question**
An answer to a security question allows you to reset your account and recover your information if you forget your password. Please enter a security question that you can answer. (500 character limit)

What is the name of your favorite childhood friend? [Dropdown]

*** Security Answer**
123456

*** First Name**
Ava

*** Last Name**
Moore

*** Title**
[Dropdown]

*** Business Role**
Marketing Director

*** Primary Phone**
[Text area] 555 555 5555 [Text area] 555 [Text area] Home

*** Secondary Phone**
[Text area]

*** Fax**
[Text area]

*** Secondary Contact Name**
[Text area]

*** Secondary Contact Title**
[Dropdown]

*** Secondary Contact Phone**
[Text area]

*** SECURITY CONTACT EMAIL**
[Text area]

*** If the funding request submitted requires a Letter of Agreement, do you have the legal authority to sign on behalf of your organization?** Yes No

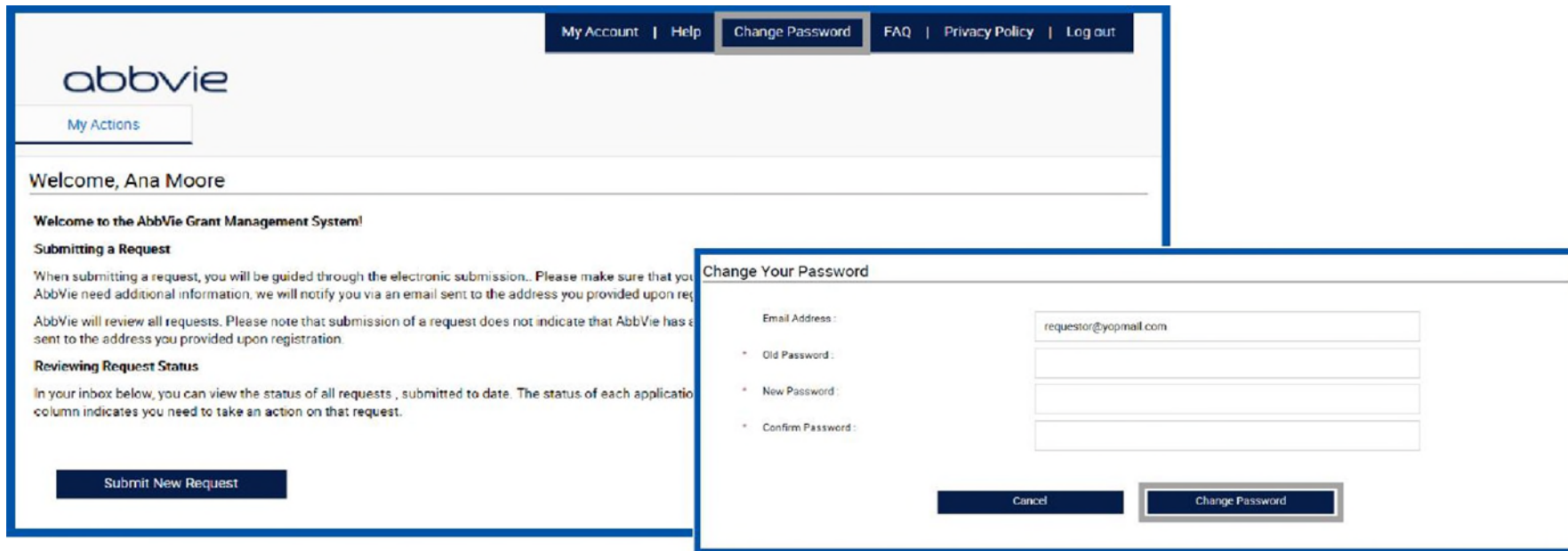


How do I change my password?

STEP 1. Within your inbox, locate “Change Password” on the top header.

STEP 2. Reset your password by providing your current and new passwords, click “Change Password”.

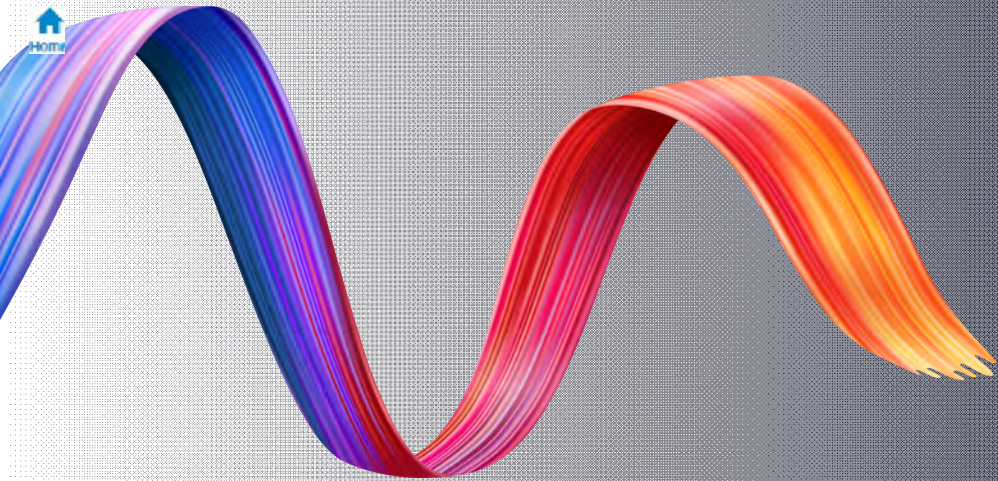
** If you are unable to change your password. Please contact AbbVie Independent Education for assistance.*



The screenshot displays the AbbVie Grant Management System user interface. At the top, a navigation bar includes links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The "Change Password" link is highlighted. Below the navigation bar, the user is logged in as "Ana Moore". The main content area is titled "Welcome to the AbbVie Grant Management System!" and contains sections for "Submitting a Request" and "Reviewing Request Status". A "Submit New Request" button is visible at the bottom left. An inset window titled "Change Your Password" is overlaid on the right side of the screen. This window contains a form with the following fields: "Email Address" (pre-filled with "requestor@yopmail.com"), "Old Password", "New Password", and "Confirm Password". At the bottom of the inset window, there are "Cancel" and "Change Password" buttons, with the "Change Password" button highlighted.



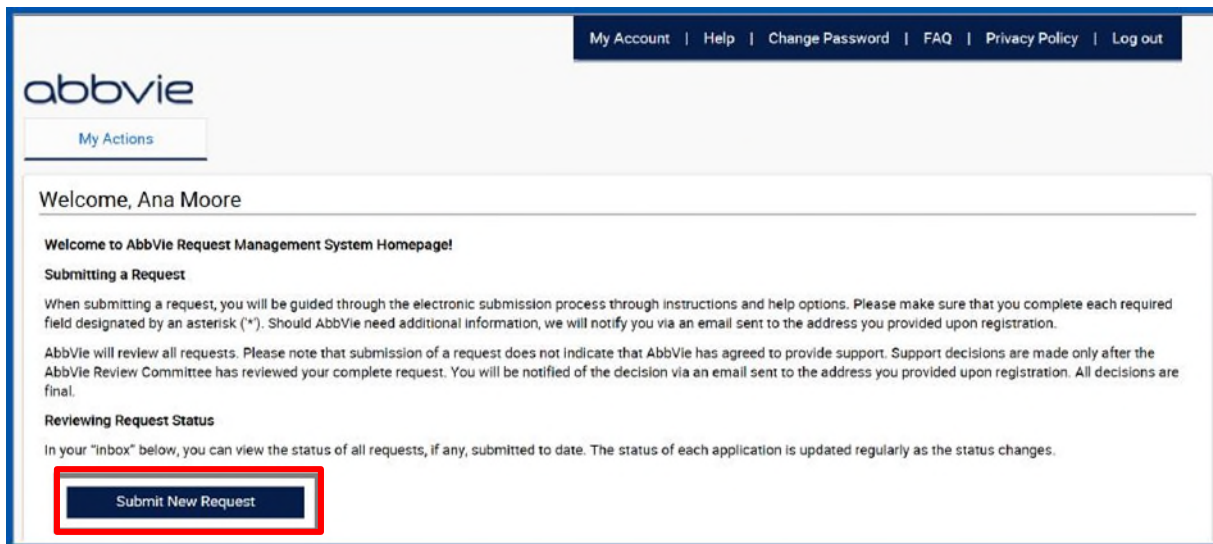
Home



Request Submission Process

How do I submit an Education or Fellowship request?

STEP 1. Select “Submit New Request” to start the submission process.



The screenshot shows the AbbVie Request Management System homepage. At the top right, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The AbbVie logo is on the left, with a "My Actions" button below it. The main content area is titled "Welcome, Ana Moore" and includes a "Welcome to AbbVie Request Management System Homepage!" message. Under the heading "Submitting a Request", there is a paragraph explaining the electronic submission process and a note that support decisions are made only after the AbbVie Review Committee has reviewed the request. Below this, under "Reviewing Request Status", there is a paragraph about viewing the status of requests. A red box highlights a dark blue button labeled "Submit New Request" at the bottom of the page.

How do I submit an Education or Fellowship request?

STEP 2. Select the Education Requests or Fellowships button to start the process. Read the descriptions for each request type to the right-hand side. Then choose what best fits your program.

Request Type Selection

Please select the type of request you would like to submit. Before selecting a specific request type, please read the descriptions to ensure the proper request is submitted.

<input checked="" type="radio"/> Education Requests	<p>Independent Medical Education (IME): Funding to an independent third-party to support the development or implementation of clearly defined medical education programs or activities for healthcare providers that foster increased understanding/knowledge of scientific, clinical or healthcare issues that contribute to the enhancement of patient care.</p> <p>Independent Patient Education (IPE): Programs designed primarily to advance disease state or treatment education to the patient/consumer and/or caregiver.</p>
<input type="radio"/> Fellowships	<p>Fellowships (FEL): Financial assistance provided to a university, medical school or non-profit organization for fellowship programs to support educational or research activities of HCPs in training. AbbVie may not participate in the selection of the recipient.</p>

How do I submit an Education or Fellowship request?

STEP 3. Read the Request Completion Instructions for the request type selected and click “Proceed” to enter the request.

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue. Select “OK” and immediately click anywhere within the request system to remain active. If you do not select “OK” or if you do not click anywhere within the request system within 1 minute, any unsaved information that you have entered will be lost.

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

Budget

In the Budget section of your request, you will be asked to provide details regarding the income (e.g., registration fees) and expenses related to the activity for which your request is being submitted.

- Fill in only those fields that apply to your request.
- Items that do not fall into a specifically listed category in the budget section should be included in the “other” section of the budget, and a description should be entered in the “comments” field. A detailed budget is required to be uploaded in the “Supporting Documents” section of the request.

Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit the documentation to items relevant to the activity addressed in your request.

REQUIRED DOCUMENT	DESCRIPTION
Letter of Request	Signed letter on organization’s letterhead with summary of program, including full program dates, requested amount and payment address
Agenda	Topics covered and time allotted per topic
Learning Objectives	List of learning objectives for program
Needs Assessment	Describe the learning gaps the program will address
Detailed Program Budget	Provide number of units and cost per unit details for program

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of the AbbVie Request Management System.

Agreements

If your request is approved, you will be notified via email. An authorized representative for all parties will be required to accept the letter of agreement. **Please ensure the authorized signer’s information is up to date.** The Letter of Agreement must be signed prior to the start of the program.

Reconciliation

Recipients of grants must indicate to whether or not the activity took place as planned.

Records and Audit Rights for Educational Grants

Recipients of educational grants must maintain all records relating to the educational activity for a period of ten years after the end date of the activity. Upon request, the recipient must also allow auditors access to all records, including expense records, related to the educational activity at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. A representative will contact you if an audit is necessary.

Back
Proceed

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue. Select “OK” and immediately click anywhere within the request system to remain active. If you do not select “OK” or if you do not click anywhere within the request system within 1 minute, any unsaved information that you have entered will be lost.

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

Budget

In the Budget section of your request, you will be asked to provide details regarding the income (e.g., registration fees) and expenses related to the activity for which your request is being submitted.

- Fill in only those fields that apply to your request.
- Items that do not fall into a specifically listed category in the budget section should be included in the “other” section of the budget, and a description should be entered in the “comments” field. If necessary, a more detailed budget may be uploaded in the “Supporting Documents” section of the request.

Supporting Documents

You may submit additional documentation you think would be helpful in making a decision on your request. Please limit the documentation to items relevant to the activity addressed in your request.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of the AbbVie Grant Management System.

Agreements

If your request is approved, a Letter of Agreement will be sent to you via email and an authorized representative for all parties will be required to sign. The Letter of Agreement must be signed prior to the start of the program or event.

Reconciliation

Recipients of grants must indicate to whether or not the activity took place as planned.

Records and Audit Rights

Recipients of educational grants must maintain all records relating to the educational activity for a period of ten years after the end date of the activity. Upon request, the recipient must also allow auditors access to all records, including expense records, related to the educational activity at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. A representative will contact you if an audit is necessary.

Back
Proceed

Cancel

How do I submit an Education or Fellowship request ?

STEP 4. Enter Request Information on the General Information Tab. (This includes requests with Inkind Product /Model)

Request Detail
Request ID MED-52686

Please choose the therapeutic area that closest matches your intended topic. This section is used to enter the overall details for the program. You will be asked for details for each individual delivery format in following sections.

Please complete all required fields. An asterisk "*" indicates a required field.

General Information | Request Information | Delivery Format | Planned Outcomes | Budget | Document Uploads | Accreditation Details

Authorized Signer/Payee

- * Activity Sub-Type
(Select selection on the target audience)
- * Therapeutic Area
Please choose the therapeutic area that relates to your program
- * Program Title
This will be referred to in contractual agreements.
- * Program/Activity Description
Please briefly describe the event. Please do not enter "IAC" or "IAC attached"
- * Decision Requested by Date
Must be a minimum of 60 days from today
- * Program Start Date
Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here
- * Program End Date
Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here
- * Support Type
If all are requesting product only, please select Monetary and/or Product Support Type and then indicate \$0 in the Requested Amount Field
- * Currency
USD
- * Requested Amount
- * Estimated Program Budget
- * Is other financial support being sought for this program?
 Yes No
- * Is the payee on the CMS Teaching Hospital list or a subsidiary of a listed organization?
Please verify the answer to this question using this list: [CMS Teaching Hospital List](#)
 Yes No

Save and Back | Save and Continue Later | Save and Proceed to Next Step

Cancel

Tips:

- Any text in **BLUE** is instructional and will not prevent you from moving to the next step. All **Red Asterisk** areas are required as part of the grant submission.
- Your 60-day submission time **STARTS** on the day you start the submission. The dates available are based on what Month is showing in the calendar at the time you **START** the submission. If your program dates are no longer available. You are not within the 60-day submission window. **Please STOP and call the AbbVie Independent Education Team.**
- The decision needed by date should be at least 2 weeks up to 3 months prior to start date. Not the same as start date.
- The Start and End date listed on this page will need to be entered again on the Delivery Format Tab.

How do I submit an Education request with Inkind Product /Model?

STEP 4-A : Select Activity Sub-Type from the drop down. *Note: Product / Models can only be requested thru the Independent Medical Education Activity Sub-Type.*

Request Detail
Request ID MED-47812

Please choose the therapeutic area that closest matches your intended topic. This section is used to enter the overall details for the program. You will be asked for details for each individual delivery format in following sections.

Please complete all required fields. An asterisk "*" indicates a required field.

General Information | Request Information | Delivery Format | Planned Outcomes | Budget | Document Uploads | Accreditation Details

Authorized Signer/Payer

* **Activity Sub-Type**
(Base selection on the target audience)

* **Therapeutic Area**
Please choose the therapeutic area that relates to your program

* **Program Title**
This will be referred to in contractual agreements

* **Program/Activity Description**
Please briefly describe the event. Please do not enter "TBD" or "See attached"

* **Decision Requested by Date**
Must be a minimum of 90 days from today.

* **Program Start Date**
Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here

* **Program End Date**
Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here

* **Support Type**
If you are requesting product only, please select Monetary and/or Product Support Type and then indicate \$0 in the Requested Amount Field.

* **Currency**
USD

Independent Medical Education
Independent Patient Education
Independent Screening Programs and Health Fairs
Independent Educational Research
3rd Party Professional Meetings/Scientific Mtg

Monetary

The following Therapeutic areas can request In-Kind Product/Models:

- Aesthetics - Non-Surgical Facial
- EyeCare
- Neuroscience - Spasticity / Movement Disorders
- Neuroscience - Chronic Migraine



How do I submit an Education with Inkind Product /Model?

STEP 4-B : For Monetary and/ or Product select the Monetary and/ or Product radio button.

Note: For Product only select Monetary and/ or Product and enter in \$0.00 in Requested Amount. (No Budget is required)

Monetary
 Monetary and/or Product

Currency: USD

Requested Amount:

Estimated Program Budget:

Is other financial support being sought for this program? Yes No

Product Request Type: Product Donation

* Product Requested	Units Per Pkg & Patient Limit	Definition of Unit	* Units Requested	* Physi
<input type="text"/> Please select at least one Product			<input type="text" value="0"/> Please enter the quantity of the Product selected.	

Add Another Row

Enter \$0 in the requested amount if only product is requested.



How do I submit an Education with Inkind Product /Model?

STEP 4-C : Select products in the Product Requested Drop down and enter the amount requested for each product. (Products will only be present for certain Therapeutic areas, see Slide 18)

* Product Request Type
Please hover over the question bubble for product request help.

Product Donation

* Product Requested	Units Per Pkg & Patient Limit	Definition of Unit	* Units Requested	* Physi
<input type="text"/>			0	

Please select at least one Product

Is other financial support being sought for this program? Yes No

* Product Request Type
Please hover over the question bubble for product request help.

Product Donation

* Product Requested	Units Per Pkg & Patient Limit	Definition of Unit	* Units Requested	* Physi
<input type="text"/>			0	

Please enter the quantity of the Product selected

Yes No

- 5ML SYRINGES (100/PK)
- ALCOHOL PREP PADS (200/PK)
- CANNULA 23G X 7/8 (10/PK)
- CASTROVIEJO CALIPER (1=1 Unit)
- GONIO LENS (10/PK)
- GRASPING FORCEPS (1=1 Unit)
- High-Temperature Super-Soft Silicone Rubber Sheet 12x12 (1=1 Unit)
- IMPLANTS (NON-STERILE) 200/PK (4 containers of 50 each)
- INJECTORS (NON-STERILE) (2/PK)
- JEWELERS FORCEPS (1=1 UNIT)
- KRATZ-BARR HVY WIRE SPECULUM
- K-SPONGE II SPEARS (5/PK)
- Phaco Knife 1.8MM Angled
- Phake-i® Face Form, with drainage system FOR XEN
- SIDEPORT KNIFE 1MM ANGLED (BX/5)
- STANDARD PRACTICE EYE (4 EYES PER UNIT)
- VERA HOOK (1=1 UNIT)



How do I submit an Education with Inkind Product /Model?

STEP 4-D : Enter information for each product requested.

- Product Requested (drop down)
- Units Per Pkg & Patient Limit (read only)
- Definition of Unit (read only)

Input fields: (Use Scroll Bar to access)

- Units Requested
- Physician Name
- Physician License State (drop down)
- Physician License #
- Ship to Address
- Ship to City
- Ship to State
- Ship to Zip
- Expected Delivery Date

* Product Request Type ● Product Donation
Please hover over the question bubble for product request help.

* Product Requested	* Ship To City	* Ship To State	* Ship To ZIP	* Expected Delivery Date
Phake-i® Face Form, with drainage sys ▼ <small>Please select at least one Product</small>	Rosemont	IL ▼	60616	04/29/2021
Phake-i® Face Form, with drainage sys ▼ <small>Please select at least one Product</small>	Des Plaines	IL ▼	60632	04/08/2021

Duplicate Products

The same product can be requested on more than one row to accommodate for different ship locations and dates.

Scrolling Bar

Use this to see the other fields that need to be filled out.

Add Another Row

Add Another Row

Click here to add another product to request



How do I submit an Education or Fellowship request?

STEP 5. Enter the Needs Assessment and Learning Objectives on the Request Information Tab.

Note: Click on the BLUE circle with checkmark under "Action" icon to save each learning objective.

General Information **Request information** Delivery Format Planned Outcomes Budget Document Uploads Accreditation Details

Authorized Signer/Payee

* Needs Assessment Summary
Please provide a brief description of the need for funding.

* Is this request associated with a medical meeting?
(i.e. ASCO, ACR, DDW, ASH) Yes No

* Learning Objectives
Please add one objective per box and click the check box icon to add an objective.
Use an objective in language that indicates measurable/learner-oriented outcome(s), (e.g. After participating in the activity, the learner will be able to...)

Objective	Edit	Action
<input type="text"/>		<input checked="" type="checkbox"/>
<input type="text"/>		<input checked="" type="checkbox"/>

Add Objective

Save and Back Save and Continue Later Save and Proceed to Next Step

Cancel



How do I submit an Education or Fellowship request?

STEP 6. Enter Request Information on the Delivery Format Tab. Select Delivery Format Type from the drop down and next fill out the information. *Note: Click Save Activity to add Multiple Activities. Otherwise, you can Click Save and Proceed to Next Step after adding 1 Delivery Format. *If the program has multiple dates and locations. You will need to add 1 delivery format for each location.*

Enduring Activities	0	Enduring Learners	0
Live Activities	0	Live Learners	0
Web Activities	0	Web Learners	0

* Delivery Format Type:

* Delivery Format:

* Activity Start Date:

* Activity End Date:

* Venue Name:

* Is the venue Actual or Proposed? Actual Proposed

* Venue Country:

* Venue City:

* Postal Code:

* What percentage of expected learners are US based?:

* # of Speakers/Faculty Members:

* # of Paid Speakers/Faculty Members:

* Audience Group	* Specialty	* If this program is accredited, please choose Category of Credit	* CE/CME Credit Hours for Category	* # of Invitations Expected to be Distributed	* # of Expected Learners	* # of Learners Expected to Receive Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Audience Group **Save Activity**

Total # Of Activities	0	Total # of Learners	0
Enduring Activities	0	Enduring Learners	0
Live Activities	0	Live Learners	0
Web Activities	0	Web Learners	0

Save and Back **Save and Continue Later** **Save and Proceed to Next Step**

Enduring Activities	0	Enduring Learners	0
Live Activities	1	Live Learners	500
Web Activities	0	Web Learners	0

Delivery Format	Live	# of Speakers/Faculty Members	1	# of Paid Speakers/Faculty Members	1
Venue Country	United States	State	CA	Venue City	Santa Clara
Venue Name	test	Postal Code	95050	What percentage of expected learners are US based?	100
Activity Start Date	06/01/2022	Activity End Date	06/03/2022	Is the venue Actual or Proposed?	Actual

Audience Group	Specialty	If this program is accredited, please choose Category of Credit	CE/CME Credit Hours for Category	# of Invitations Expected to be Distributed	# of Expected Learners	# of Learners Expected to Receive Credit
MD/DO	Other	ACCOM	1	1000	500	500

* Delivery Format Type:

* Audience Group	* Specialty	* If this program is accredited, please choose Category of Credit	* CE/CME Credit Hours for Category	* # of Invitations Expected to be Distributed	* # of Expected Learners	* # of Learners Expected to Receive Credit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Audience Group **Save Activity**

Total # Of Activities	1	Total # of Learners	500
Enduring Activities	0	Enduring Learners	0
Live Activities	1	Live Learners	500
Web Activities	0	Web Learners	0

Save and Back **Save and Continue Later** **Save and Proceed to Next Step**

How do I submit an Education or Fellowship request?

STEP 7. Enter Request Information on the Planned Outcomes Tab.

Note: Accreditation Details Tab will not appear for Fellowship request.



The screenshot shows a multi-step form interface. The top navigation bar includes tabs for 'General Information', 'Request Information', 'Delivery Format', 'Planned Outcomes' (which is the active tab and highlighted in dark blue), 'Budget', 'Document Uploads', and 'Accreditation Details'. Below the navigation bar is a section for 'Authorized Signer/Payee'. The main content area contains a required question: '* Are you submitting a Medical Education or Patient Education request?' with radio button options for 'Yes' and 'No'. At the bottom of the form, there are four buttons: 'Save and Back', 'Save and Continue Later', 'Save and Proceed to Next Step', and 'Cancel'.

How do I submit an Education or Fellowship request?

STEP 8. Enter Request Information on the Budget Tab. * Every individual budget line-item entry must equal Total Program Amount in order to proceed to the next step.

General Information Request Information Delivery Format Planned Outcomes **Budget** Document Uploads Accreditation Details

Authorized Signer/Payee

The totals of your Requested Amount and Estimated Program Budget must be equal to the amounts originally entered within the General Information tab.

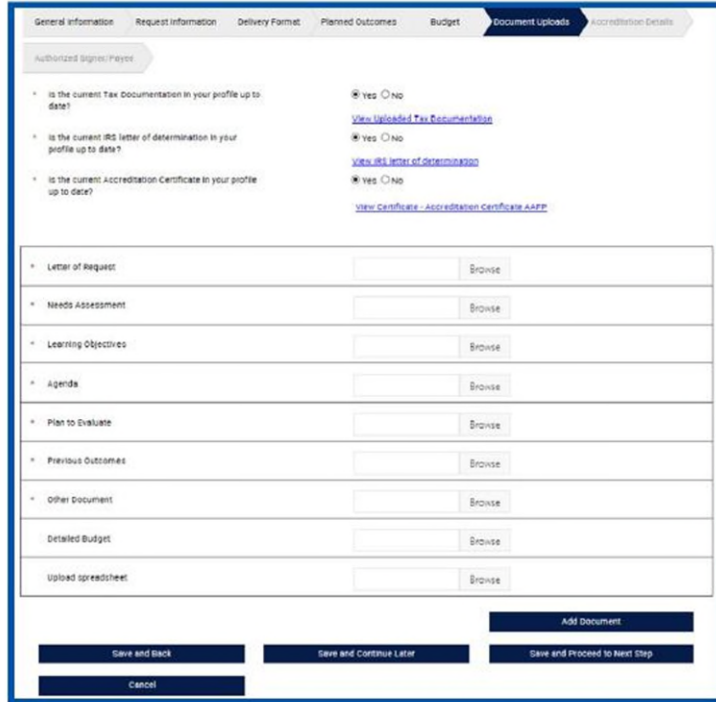
Currency: USD			
	General Information	Detailed Budget	Difference
Estimated Program Budget	40,000.00	0.00	40,000.00
Requested Amount	40,000.00		

Live

Management Fees:	Unit Cost	Content Development:		
Account and Activity Management Costs associated with the overall administration, budget, and monitoring of the program(s).	<input type="text"/>	Editorial Fees Writing, editing, layout design, and proofreading fees associated with program content.	<input type="text"/>	<input type="text"/>
Activity Marketing Costs associated with the promotion and advertising of the program (s) other than meeting materials, invitations, and audience generation.	<input type="text"/>	Medical Writing and Scientific Review Costs associated with medical/scientific expertise utilized in the development of educational content including but not limited to: medical and scientific review, scientific validation, copy writing, copy editing, periodic updates and re-writing/assessing formers and permissions.	<input type="text"/>	<input type="text"/>
		Creative Development and Production Costs associated with program concept development, design and execution.	<input type="text"/>	<input type="text"/>
		Audience Generation Design, development and implementation of multiple audience generation tactics. E.g. electronic/print invitations, purchase of distribution lists, electronic/social re-writing.	<input type="text"/>	<input type="text"/>
		Program Effectiveness Measurement Costs associated with measuring the effectiveness of the program (s) and final report for development.	<input type="text"/>	<input type="text"/>
Total			USD 0.00	

How do I submit an Education or Fellowship request?

STEP 9. Enter Request Information on the Document Uploads Tab.



General information Request Information Delivery Format Planned Outcomes Budget **Document Uploads** Accreditation Details

Authorized Signer/Payer

- * Is the current Tax Documentation in your profile up to date? Yes No [View Uploaded Tax Documentation](#)
- * Is the current IRS letter of determination in your profile up to date? Yes No [View IRS letter of determination](#)
- * Is the current Accreditation Certificate in your profile up to date? Yes No [View Certificate - Accreditation Certificate AAFP](#)

* Letter of Request	<input type="text"/>	Browse
* Needs Assessment	<input type="text"/>	Browse
* Learning Objectives	<input type="text"/>	Browse
* Agendas	<input type="text"/>	Browse
* Plan to Evaluate	<input type="text"/>	Browse
* Previous Outcomes	<input type="text"/>	Browse
* Other Document	<input type="text"/>	Browse
Detailed Budget	<input type="text"/>	Browse
Upload spreadsheet	<input type="text"/>	Browse

Add Document

Save and Back **Save and Continue Later** **Save and Proceed to Next Step**

Cancel



How do I submit an Education or Fellowship request?

STEP 10. Enter Request Information on the Accreditation Details Tab.

Note: Accreditation Details Tab will not appear for Fellowship request.

General Information Request Information Delivery Format Planned Outcomes Budget Document Uploads **Accreditation Details**

Authorized Signer/Payee

- * Is the program accredited? Yes No/Unknown
- * Are you on probation by any accrediting body? Yes No
- * Will you be working with a Third Party for outcomes, evaluations, logistics, or an educational partner for this program? Yes No

Save and Back Save and Continue Later Save and Proceed to Next Step

Cancel

How do I submit an Education or Fellowship request?

STEP 11. Enter Request Information on the Authorized Signer/Payee Tab. (If applicable) .

Note: If Payment address is different from what is listed. Select Other and enter new address for Requesting Organization.

General Information
Request Information
Delivery Format
Planned Outcomes
Budget
Document Uploads
Accreditation Details

Authorized Signer/Payee

Authorized Signer

* Is the Authorized Signer listed below correct?
This is an individual within the requesting organization who has the authority to sign the Letter of Agreement.

Yes No

Authorized Signer First Name: Ana

Authorized Signer Last Name: Moore

Authorized Signer Email Address: requestor@yopmail.com

Payee Information

* Who will be receiving the payment?
Please indicate who should receive the funds from AbbVie, if your request is approved.

Requesting Organization
 Other

* Attention:

Address 1	Country	City	State/Province/Region	Postal Code
319 George Street	United States	New Brunswick	NJ	12123

Save and Back

Save and Continue Later

Save and Proceed to Next Step

Cancel



How do I submit an Education or Fellowship request?

STEP 12. Review Request before submitting. Use the Pencil Icon to go back and make edits to specific tabs, if needed.

STEP 13. Check the checkbox within the Agreement section to continue to submission. Click “Proceed” to submit the request.

Request Review

Request ID IME-328 Print

General Information ✎

Request ID	IME-328
Activity Sub-Type	Independent Medical Education
Therapeutic Area	Anesthesiology
Program Title	Education Request
Program/Activity Description	Demo
Decision Requested by Date	28 May 2019
Program Start Date	29 May 2019
Program End Date	30 May 2019
Support Type	Monetary
Currency	USD
Requested Amount	40,000.00
Estimated Program Budget	40,000.00
Is other financial support being sought for this program?	No
Is the payee on the CMS Teaching Hospital list or a subsidiary of a listed organization?	No

Agreement

I agree to the Compliance Commitment and I certify that the information contained in this grant application is complete and accurate.

Cancel Back Proceed

How do I submit an Education or Fellowship request?

STEP 14. Confirmation of submission page will display. Select Proceed to move to your inbox.

Note: You will receive an email confirmation from the grant's portal confirming your grant application was submitted successfully. AbbVie Independent Education will contact you if there are questions once the review process starts.

Thank You!

Request ID: IME-328

Activity Title: Education Request

Thank you for submitting this educational grant request. You may track your request through the status column located on your homepage of the (Client Name) Healthcare Compliance Request Management System.

You will receive a confirmation email notifying you that your request has been submitted successfully.

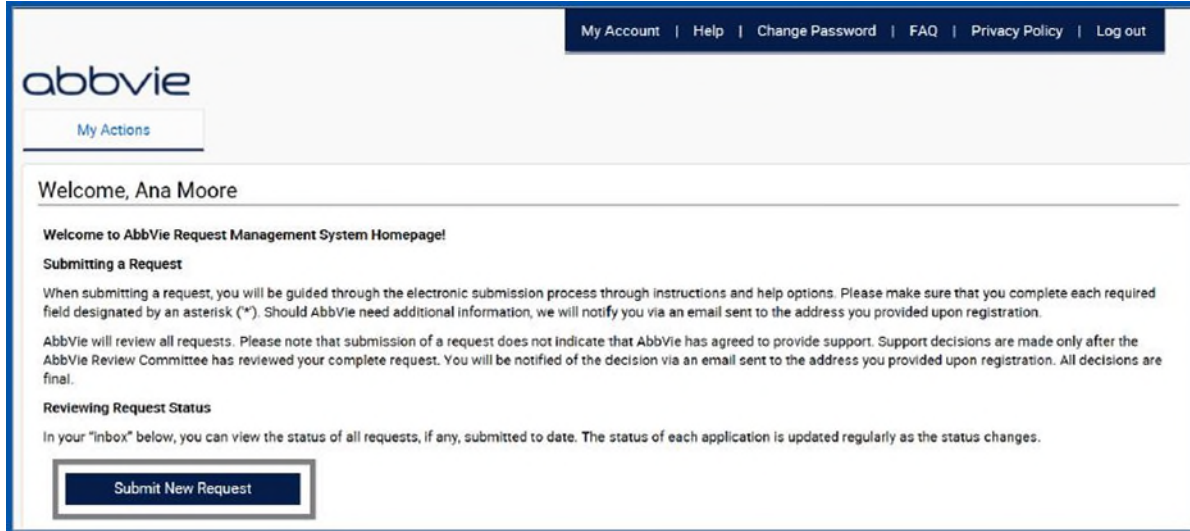
We will notify you when the (Client Name) Review Committee has made a decision on your request. As we evaluate your request, we may ask for additional information from you. Should we require additional information, you will receive an email notification indicating the information required, and further processing of the request will be on hold until the requested information is received.

If you do not receive an email from us or if you have any questions, please contact the (Client Name) RMS mailbox at <Client email address>.

[Proceed](#)

How do I submit a Charitable Donations request?

STEP 1. Select “Submit New Request” to start the submission process.



The screenshot shows the AbbVie Request Management System homepage. At the top right, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The main header features the "abbvie" logo and a "My Actions" button. Below the header, the user is greeted with "Welcome, Ana Moore". The main content area includes a "Welcome to AbbVie Request Management System Homepage!" message, a "Submitting a Request" section with instructions, and a "Reviewing Request Status" section. A prominent "Submit New Request" button is highlighted with a double border at the bottom of the content area.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Welcome, Ana Moore

Welcome to AbbVie Request Management System Homepage!

Submitting a Request

When submitting a request, you will be guided through the electronic submission process through instructions and help options. Please make sure that you complete each required field designated by an asterisk (*). Should AbbVie need additional information, we will notify you via an email sent to the address you provided upon registration.

AbbVie will review all requests. Please note that submission of a request does not indicate that AbbVie has agreed to provide support. Support decisions are made only after the AbbVie Review Committee has reviewed your complete request. You will be notified of the decision via an email sent to the address you provided upon registration. All decisions are final.


Reviewing Request Status

In your "Inbox" below, you can view the status of all requests, if any, submitted to date. The status of each application is updated regularly as the status changes.

Submit New Request

How do I submit a Charitable Donations request?

STEP 2. Select Charitable Donations button to start the process.



Charitable Donations

Funding made to a qualified third-party organization to support their charitable mission or activities, without getting or expecting to get anything of substantial or equal value in return.



How do I submit a Charitable Donations request?

STEP 3. Read the Request Completion Instructions and click “Proceed” to enter the request form.

Request Completion Instructions

Please keep in mind as you complete your request, the system will automatically timeout after 45 minutes of inactivity. A reminder message will appear a short time before the automatic timeout occurs. You will be asked if you would like to continue. Select “OK” and immediately click anywhere within the request system to remain active. If you do not select “OK” or if you do not click anywhere within the request system within 1 minute, any unsaved information that you have entered will be lost.

General Information

You will begin by entering basic information related to the request. Fields designated by an asterisk (*) must be completed in order to continue to the next screen.

Submit

In the last step of the request process, you will have the opportunity to review your request before submitting it. You will also be required to acknowledge and agree to the terms and conditions of the AbbVie Grant Management System.

Agreement

If your request is approved, a Letter of Agreement will be sent to you via email and an authorized representative for all parties will be required to sign. The Letter of Agreement must be signed prior to the start of the program or event.

Records and Audit Rights

Recipients of educational grants must maintain all records relating to the educational activity for a period of ten years after the end date of the activity. Upon request, the recipient must also allow auditors access to all records, including expense records, related to the educational activity at a mutually acceptable time and location, for a period of at least two years after the end date of the activity. A representative will contact you if an audit is necessary.

[Back](#) [Proceed](#)

[Cancel](#)

How do I submit a Charitable Donations request?

STEP 4. Enter Request Information on the Overview Tab.

The screenshot shows the 'Request Detail' section of the AbbVie portal. It includes a 'Request ID' field, a 'Save' button, and a 'Request ID CHR-0000'. Below this, there are several sections with dropdown menus and text input fields:

- Activity/Sub-Type:** A dropdown menu with a blue arrow icon.
- Therapeutic Area:** A dropdown menu with a blue arrow icon.
- Organizational Mission Statement:** A text input field with a blue arrow icon.
- Support Type:** A dropdown menu with a blue arrow icon.
- Request Period:** A section with 'Start Date' and 'End Date' dropdowns, a 'Request Period' text input, and a 'Request Period' dropdown.
- Decision Requested by Date:** A dropdown menu with a blue arrow icon.

At the bottom of the form, there are three buttons: 'Save and Back', 'Save and Continue Later', and 'Save and Proceed to Next Step'. A 'Cancel' button is also present.

Note:

- Any text in **BLUE** is instructional and will not prevent you from moving to the next step. All **Red Asterisk** areas are required as part of the grant submission.
- Your 60-day submission time **STARTS** on the day you start the submission. The dates available are based on what Month is showing in the calendar at the time you **START** the submission. If your program dates are no longer available. You are not within the 60-day submission window. **Please STOP and call AbbVie Independent Education Team.**
- The decision needed by date should be at least 2 weeks up to 3 months prior to start date. Not the same as start date.
- The Start and End date listed on this page will need to be entered again on the Delivery Format Tab.



Home

How do I submit a Charitable Donations request?

STEP 5. Enter Request Information on the Delivery Format Tab.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Request Detail

Request ID CHR-40009

Please choose the therapeutic area that closest matches your intended topic. This section is used to enter the overall details for the program and you will be asked for details for each individual delivery format in following sections.

For questions about the therapeutic areas we are currently accepting requests go to: www.abbvie.com/grants.

Please complete all required fields. An asterisk * indicates a required field.

Overview **Delivery Format** Authorized Signer/Payee

Total # of Activities	0	Total # of Learners	0
-----------------------	---	---------------------	---

* Delivery Format

Save and Back Save and Continue Later Save and Proceed to Next Step

Cancel



How do I submit a Charitable Donations request?

STEP 6. Enter Request Information on the Authorized Signer/Payee Tab.

Note: If Payment address is different from what is listed. Select Other and enter new address for requesting Organization.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Request Detail

Request ID: CHR-40009

Please choose the therapeutic area that closest matches your intended topic. This section is used to enter the overall details for the program and you will be asked for details for each individual delivery format in following sections.

For questions about the therapeutic areas we are currently accepting requests go to: www.abbvie.com/grants.

Please complete all required fields. An asterisk * indicates a required field.

Overview | Delivery Format | **Authorized Signer/Payee**

Authorized Signer

* Is the Authorized Signer listed below correct? Yes No

Authorized Signer First Name: **Laure**

Authorized Signer Last Name: **Wingate**

Authorized Signer Email Address: **lwingate@yopmail.com**

Payee Information

* Who will be receiving the payment? Requesting Organization Other

* Attention:

Address 1	Country	City	State/Province/Region	Postal Code
733 Third Avenue, Suite 310	United States	New York	NY	10017



How do I submit a Charitable Donations request?

STEP 7. Review Request before submitting. Use the Pencil Icon to go back and make edits to specific tabs, if needed. Review and Check the box next to the Agreement Statement. Then click Proceed.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Request Review
Request ID: CHR-40009

Overview

Request ID	CHR-40009
Activity Sub-Type	Charitable Donations Mission Support
Therapeutic Area	Discovery and Development Solonox
Organization's Mission Statement	
Support Type	Monetary
Currency	USD
Organization's Annual Operating Budget	1.00
Program Title	dfoafg
Brief description of request or program	gotg
Decision Requested by Date	30 Sep 2019
Program Start Date	02/30/2019
Program End Date	09/30/2019
Requested Amount	1.00
Request/Proposal	Mary's Test.docx
Other Documentation	
Is the current Tax Documentation in your profile up to date?	Yes View Uploaded Tax Documentation
Is the current IRS letter of determination in your profile up to date?	Yes View IRS Letter of determination
Is other financial support being sought for this program?	No

Delivery Format

Total # of Activities	0	Total # of Learners	0
Delivery Format:	Charitable Mission Support		

Authorized Signer and Payee

Is the Authorized Signer listed below correct? Yes

Authorized Signer First Name: Laura
Authorized Signer Last Name: Wingate
Authorized Signer Email Address: lwingate@yepmail.com

Payee Information

Who will be receiving the payment? Requesting Organization
Attention: Customer Serv

Address 1	Country	City	State/Province/Region	Postal Code
738 Third Avenue Suite 210	United States	New York	NY	10017

Agreement

I agree to the Compliance Commitment and I certify that the information contained in this grant application is complete and accurate.

Cancel Back Proceed



How do I submit a Charitable Donations request?

STEP 8. Check the checkbox within the agreement section to continue to submission. Click “Proceed” to submit the request.

Agreement

I agree to the Compliance Commitment and I certify that the information contained in this grant application is complete and accurate.

[Cancel](#) [Back](#) [Proceed](#)



Home

How do I submit a Charitable Donations request?

STEP 9. Confirmation of submission page will display.

Note: You will receive an email confirmation from the grant portal confirming your grant application was submitted successfully. AbbVie Independent Education will contact you if there are questions once the review process starts.

The screenshot shows the AbbVie Grant Management System interface. At the top right, there is a navigation bar with links for 'My Account', 'Help', 'Change Password', 'FAQ', 'Privacy Policy', and 'Log out'. The main content area features the AbbVie logo and a 'My Actions' button. Below this, a 'Thank You' message is displayed, providing details for Request ID: CHR-40009 and Program Title: dfbafg. The message includes instructions for the requestor, such as tracking the request status and providing additional information if needed. A 'Proceed' button is located at the bottom right of the message area.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Thank You

Request ID: CHR-40009
Program Title: dfbafg

Dear Requestor,

Thank you for submitting a request for a grant or charitable donation. You can always track the status of your request through your inbox on the AbbVie Grant Management System.

During the review of your request, additional information or clarification may be requested.

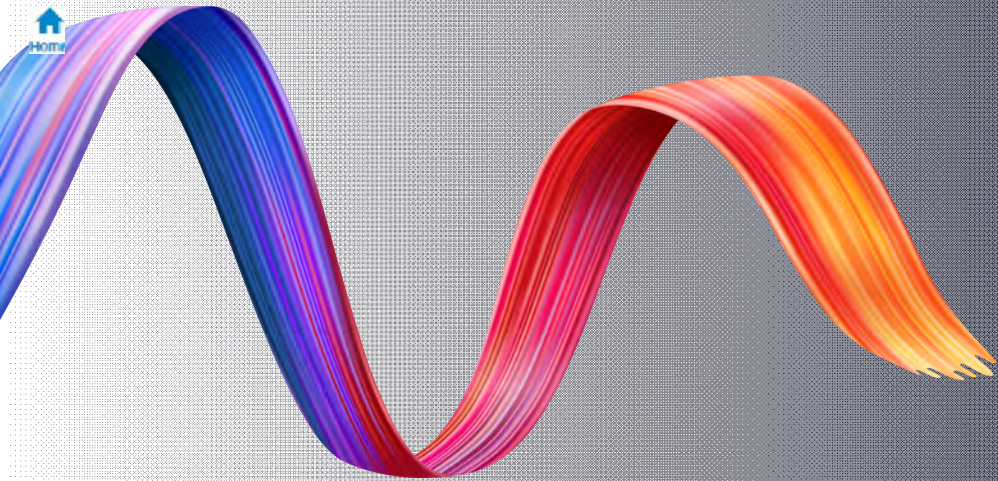
In this event, the grant coordinator will notify you, both through an email and by flagging your request in your AbbVie Grant Management System inbox. It is important to understand that once a request for additional information is made, a request cannot proceed until the questions have been addressed completely.

To complete a request for action on your request or Contractual Agreement please log into your account at www.abbviegrants.com and click on the link in the "Action Required" field of the inbox page for the request in consideration.

Proceed



Home



Additional Information Needed & Amendments



How do I provide additional information when AbbVie requests it?

STEP 1. Locate the request in your inbox that has an Action Required of “Please Submit Additional Information”. Click the link.

The screenshot shows the AbbVie Grant Management System interface. At the top right, there are navigation links: My Account, Help, Change Password, FAQ, Privacy Policy, and Log out. The main header displays the AbbVie logo and a 'My Actions' button. Below this, a welcome message is addressed to 'Ana Moore'. The page is divided into sections: 'Submitting a Request' with instructions on how to submit and what happens if more information is needed; 'Reviewing Request Status' with a 'Submit New Request' button; and 'Education Inbox'. The 'Education Inbox' contains a table with the following data:

Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-140	Pending Additional Information		Education Request	29 May 2019	Please Submit Additional Information	

Below the table, there are navigation controls including a page number '1', a 'Page size: 10' dropdown, and a footer indicating '1 items in 1 pages'.



How do I provide additional information when AbbVie requests it?

STEP 2. The system will navigate you back through the request form from the beginning. Only the fields that AbbVie has requested additional information will be available for the user to edit (will be in blue). The rest of the fields will be in a read-only format. Click Save and Proceed to Next Step through the submission form until the end where you will re-submit.

The screenshot displays a web form with a navigation bar at the top containing the following tabs: General Information, Request Information, Delivery Format, Planned Outcomes, Budget, Document Uploads, and Accreditation Details. The 'General Information' tab is currently selected and highlighted in dark blue.

Below the navigation bar, there is a sub-section titled 'Authorized Signer/Payee' which is currently empty. The main form area contains several fields, each with a red asterisk indicating a required field:

- Activity Sub-Type:** (Base selection on the target audience). The dropdown menu is set to 'Independent Medical Educ'.
- Therapeutic Area:** (Please choose the therapeutic area that relates to your program). The dropdown menu is set to 'Anesthesiology'.
- Program Title:** (This will be referred to in contractual agreements). The text input field contains 'Education Request'.
- Program/Activity Description:** (Please briefly describe the event. Please do not enter 'TBD' or 'See attached'). The text input field contains 'Demo'.
- Decision Requested by Date:** (Must be a minimum of 0 days from today). The date picker shows '28 May 2019'.
- Program Start Date:** (Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here). The date picker shows '29 May 2019'.
- Program End Date:** (Individual Delivery Format activity dates will need to fall within the Program Start Date and End Dates provided here). The date picker shows '30 May 2019'.
- Support Type:** The radio button is selected for 'Monetary'.
- Currency:** The dropdown menu is set to 'USD'.
- Requested Amount:** The text input field contains '40,000.00'.
- Estimated Program Budget:** The text input field contains '40,000.00'.

Fields for 'Program Title', 'Program/Activity Description', 'Program Start Date', 'Program End Date', 'Support Type', 'Currency', 'Requested Amount', and 'Estimated Program Budget' are highlighted in light blue, indicating they are currently editable. The other fields are in a read-only format.

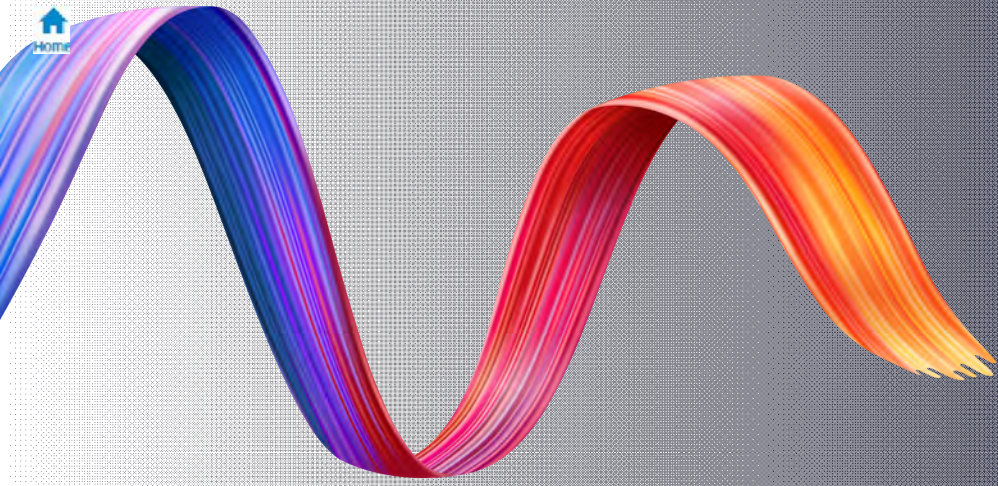


How do I submit an amendment request?

STEP 1. An Amendment can be submitted after approval of the original request. To do this, please send an email to AbbVie Independent Education at abbviegrants@abbvie.com to request the scope change request form. Fill out the scope change request form and submit to AbbVie Independent Education for review.



Home



Letter of Agreement



How do I view and sign the Letter of Agreement?

STEP 1. Navigate to your inbox and locate the request waiting for your approval. Click “Please Submit Letter of Agreement”.

**Please note: Only authorized signers will have access to the letter of agreement in their inbox.*

The screenshot shows the AbbVie Grant Management System interface. At the top, there is a navigation bar with links for 'My Account', 'Help', 'Change Password', 'FAQ', 'Privacy Policy', and 'Log out'. Below this is the 'My Actions' section, which includes a 'Welcome, Ana Moore' message and instructions on submitting and reviewing requests. A 'Submit New Request' button is visible. The 'Education Inbox' section contains a table with the following data:

Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-140	Under Review		Education Request	17 Jun 2019	Please Submit Letter of Agreement	

Below the table, there are pagination controls showing 'Page size: 10' and '1 items in 1 pages'.

How do I view and sign the Letter of Agreement?

STEP 2. Read the Letter of Agreement. Click on:

- “Approve” to accept the Letter of Agreement.
- Selecting “Decline” will prompt you to provide a reason for your denial which will be sent to AbbVie for review.

Note: During review, If there are questions regarding the letter of agreement. Please stop and call the AbbVie Independent Education Department.

Execute Agreement

This Agreement is made between:
with a business address of:
and Accreditor (if applicable): Same as above or
with a business address of:

(hereinafter “Provider(s)”) and:

AbbVie Inc.
with a business address of:
1 N Waukegan Road, Bldg AP34-1, Dept ZZ02
North Chicago, IL 60064

(hereinafter “AbbVie”)

The parties agree that AbbVie shall contribute funds to the Provider for independent medical education activities on the following terms and conditions:

1. The Program

1.1 The Provider(s) shall use the funds provided by AbbVie hereunder solely to support the costs of the following accredited educational program (“Program”):

Name of Program:
Event:

Type Of Activity	
Dates:	
Location:	

Date(s):
Is Program Accredited:
Name of Educational Partner:

8. Data Protection

8.1 In connection with the Program, the Provider may provide or submit certain information to AbbVie (e.g., taxpayer identification number (“TIN”), employer identification number (“EIN”), or Form W9 information). The Provider hereby consents to the transfer of such data to AbbVie, its related companies, or other companies hired by AbbVie to collect, process or store data in connection with this Agreement. The Provider understands that this information may be transferred to other countries, including the United States, where data protection laws may be different from those in the country where the Provider resides. AbbVie will abide by all applicable data protection and privacy laws with respect to the Provider’s information.

9. Assignment

9.1 The Provider shall not assign this Agreement or any of its obligations or liabilities hereunder without the prior written consent of AbbVie. AbbVie may assign this Agreement without the consent of the Provider. For purposes of this Agreement, any material change in the ownership or control of the Provider or its business shall be deemed to be an assignment for which AbbVie’s prior consent is required. This Agreement will be binding upon and inure to the benefit of the successors and permitted assigns.

10. Ethics and Compliance Officer Review

10.1 Prior to execution by AbbVie and to the extent required by the appropriate AbbVie divisional Ethics and Compliance Department, all independent medical education grants must be reviewed and approved by the Ethics and Compliance Officer (or delegate). Any additional stipulations to this Agreement require approval of the Ethics and Compliance Officer (or delegate). The Ethics and Compliance Officer (or delegate) shall indicate approval to the extent required by their electronic signature with this agreement.

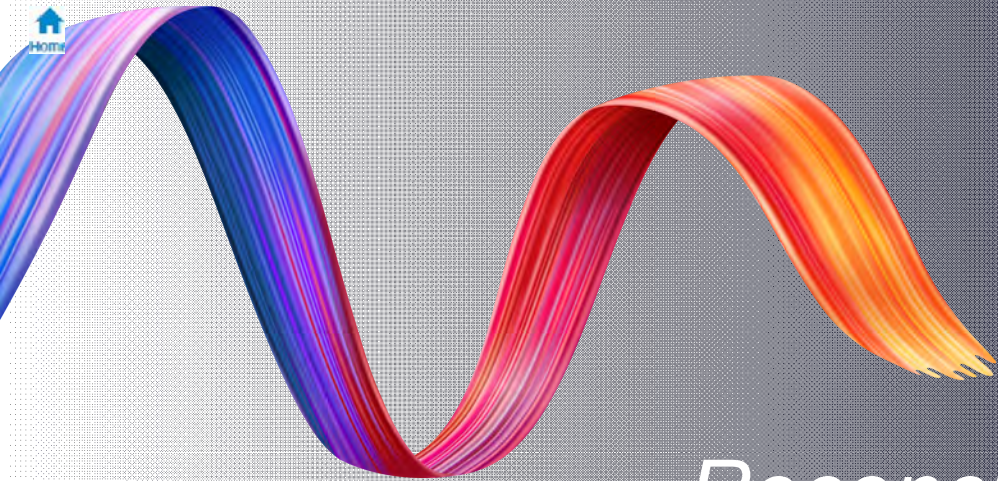
BUDGET

The total amount of support funded by AbbVie for these designated activities is: The detailed budget is

Back **Decline** **Approve**



Home



Reconciliation

How do I submit reconciliation for an Education or Fellowship request?

STEP 1. Click the “Please Reconcile Budget and Attendance” action link in your inbox.

My Account | Help | Change Password | FAQ | Privacy Policy | Log out

abbvie

My Actions

Welcome, Ana Moore

Welcome to the AbbVie Grant Management System!

Submitting a Request

When submitting a request, you will be guided through the electronic submission. Please make sure that you complete each required field designated by an asterisk (*). Should AbbVie need additional information, we will notify you via an email sent to the address you provided upon registration.

AbbVie will review all requests. Please note that submission of a request does not indicate that AbbVie has agreed to provide support. You will be notified of the decision via an email sent to the address you provided upon registration.

Reviewing Request Status

In your inbox below, you can view the status of all requests, submitted to date. The status of each application is updated regularly as the status changes. An item in your Action Items column indicates you need to take an action on that request.

Submit New Request

Education Inbox

Request ID	Status	Amendment	Program Title	Start Date	Action Required	View/Print Agreement
IME-140	Pending Reconciliation		Education Request	17 Jun 2019	Please Reconcile Budget and Attendance	View/Print Agreement

Page size: 10 | 1 items in 1 pages

Note: The reconciliation portion of the portal has been enhanced to allow the requester to enter and save the reconciliation information in the grant, after the start date of every delivery format /activity within the grant. You do not have to reconcile once you receive notification. You can wait until after the end date of the program to enter the information. You cannot submit the reconciliation until 1 day after the end date of the program.

You will continue to receive email notifications regarding the reconciliation until it has been submitted.

The required information for reconciliations is as follows:

- Audience Outcomes
- Indirect Spend Information(if applicable)
- Program Outcome documentation



How do I submit reconciliation for an Education or Fellowship request?

STEP 2. Locate your delivery format and select the pencil icon to update the attendee information.

Reconcile Speakers and Attendees

Please complete all required fields. An asterisk "*" indicates a required field.

You must enter in the Actual # of Attendees for all saved activities before being able to proceed.

Total # Of Activities	2	Total # of Learners	24
Enduring Activities	0	Enduring Learners	0
Live Activities	1	Live Learners	12
Web Activities	1	Web Learners	12

Delivery Format	Live	# of Speakers/Faculty Members	12	# of Paid Speakers/Faculty Members	12	
Venue Country	United States	State	MA	Venue City	City	
Venue Name	Demo	Criteria for Faculty Selection		What percentage of expected learners are US based?	12	
Activity Start Date	29 May 2019	Activity End Date	29 May 2019	Is the venue Actual or Proposed?	Actual	



How do I submit reconciliation for an Education or Fellowship request?

STEP 3. Enter in all required fields for the delivery format.

* Delivery Format Type: Live

* Delivery Format: Audio Program

* # of Speakers/Faculty Members:

* # of Paid Speakers/Faculty Members:

Criteria for Faculty Selection:

* Activity Start Date: 20 May 2010
This date must be at least 0 days from today's date.

* Activity End Date: 20 May 2019

* Venue Name: Demo

* Is the venue Actual or Proposed?
 Actual
 Proposed

* Venue Country: United States

* State: MA

* Venue City: City

* Postal Code: 11213

* What percentage of expected learners are US based?

* Audience Group	* Speciality	* If this program is accredited, please choose Category of Credit	* CE/CME Credit Hours for Category	* # of Actual Invitations Distributed	* # of Actual Learners	* # of Actual Learners to Receive Credit
Dietitians	Pediatricians	AAFP	19	<input type="text"/>	<input type="text"/>	<input type="text"/>



How do I submit reconciliation for an Education or Fellowship request?

STEP 4. After entering the attendees, select the pencil and notepad icon to save the delivery format. This process will need to be done for each of the delivery formats that were submitted with the request. You will not be able to proceed to the next page until all mandatory fields are filled out and the pencil and notepad icon has been selected to close the opened delivery formats. The Save Activity button does not work.

Delivery Format	Live	# of Speakers/Faculty Members	12	# of Paid Speakers/Faculty Members	12
Venue Country	United States	State	MA	Venue City	City
Venue Name	Demo	Criteria for Faculty Selection		What percentage of expected learners are US based?	12
Activity Start Date	29 May 2019	Activity End Date	29 May 2019	Is the venue Actual or Proposed?	Actual

Audience Group	Specialty	If this program is accredited, please choose Category of Credit	CE/CME Credit Hours for Category	# of Invitations Expected to be Distributed	# of Expected Learners	# of Learners Expected to Receive Credit
Dieticians	Pediatricians	AAFP	19	12	12	12



How do I submit reconciliation for an Education or Fellowship request?

STEP 5. Budget section of the reconciliation form will display in read only format.

Budget Information

Please indicate the Total Program Budget for all activities for this program.

Currency: USD			
Estimated Program Budget	2,000.00	Approved Amount	2,000.00

Print Materials

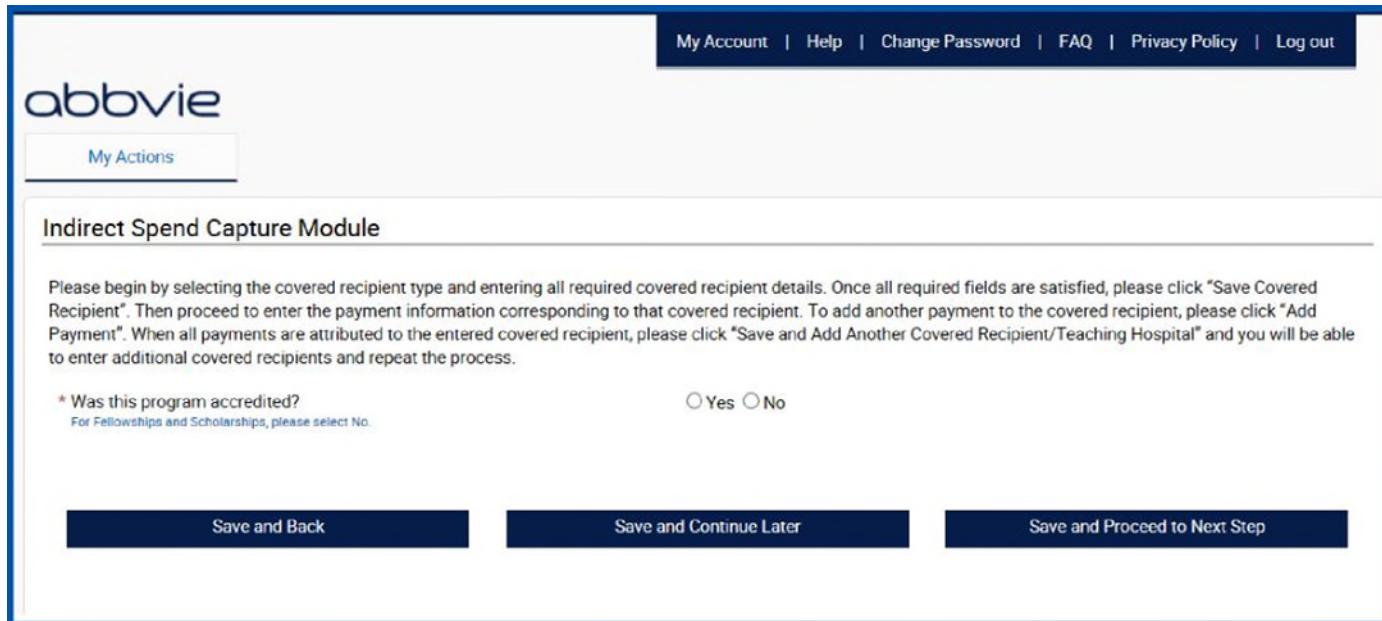
	Unit Cost	Hours/Unit	Estimated Program Budget	Comments
Account and Activity Management Costs associated with the overall administration, budget and monitoring of the program (s.)	200.00	10	2,000.00	Demo
Activity Marketing Costs associated with the promotion and advertising of the program (s) other than meeting materials, invitations, and audience generation.				
Editorial Fees Writing, editing, layout design, and proofreading fees associated with program content.				
Medical Writing and Scientific Review Costs associated with medical/scientific expertise utilized in the development of educational content including but not limited to: medical and scientific review, scientific validation, copy editing, copy editing, periodic updates and requesting/securing licenses and permissions.				
Creative Development and Production Costs associated with program concept development, design and execution other than marketing and advertising.				

Audience Generation Design, development and implementation of multiple audience generation tactics. E.g. electronic/print invitations, purchase of distribution lists, electronic/social networking.			
Program Effectiveness Costs associated with measuring the effectiveness of the program (s). E.g. survey development, completion costs and final report development.			
Mailing Lists/Labels Costs associated with compiling mailing lists and labels other than the cost associated with audience generation.			
Shipping and Postage Shipping and postage fees associated with the program (s).			
Accreditation Fees Accredited provider expenses for managing program (s) in accordance with the applicable accrediting body.			
Certificate Fees Costs associated with preparation and distribution of CME/CE certificates.			
Association Fees Medical/Professional association fees charged specifically for the program (s).			
Other (Please explain) If using this field, a complete description must be added to the "Comments" section of the this line item.			
Total			USD 2,000.00
Save and Back		Save and Continue Later	
Cancel		Save and Proceed to Next Step	

How do I submit reconciliation for an Education or Fellowship request?

STEP 6. If any HCO(s) and HCP(s) are associated with the program, they can be added thru Indirect Spend Module.

Note: If the program is not accredited covered recipients are reportable and must be added during reconciliation.



The screenshot shows the AbbVie user interface for the Indirect Spend Capture Module. At the top right, there is a navigation bar with links for "My Account", "Help", "Change Password", "FAQ", "Privacy Policy", and "Log out". The main header area features the "abbvie" logo and a "My Actions" button. The central section is titled "Indirect Spend Capture Module" and contains a detailed instruction: "Please begin by selecting the covered recipient type and entering all required covered recipient details. Once all required fields are satisfied, please click 'Save Covered Recipient'. Then proceed to enter the payment information corresponding to that covered recipient. To add another payment to the covered recipient, please click 'Add Payment'. When all payments are attributed to the entered covered recipient, please click 'Save and Add Another Covered Recipient/Teaching Hospital' and you will be able to enter additional covered recipients and repeat the process." Below this text is a required field: "* Was this program accredited?" with radio buttons for "Yes" and "No". A note specifies: "For Fellowships and Scholarships, please select No." At the bottom of the form, there are three dark blue buttons: "Save and Back", "Save and Continue Later", and "Save and Proceed to Next Step".

How do I add covered recipient in indirect spend module of reconciliation for my request?

STEP 7. Select No to “Was this program accredited?”.

STEP 8: Indicate that an indirect payment or transfer of value (TOV) was made to a covered recipient or teaching hospital.

Indirect Spend Capture Module

Please begin by selecting the covered recipient type and entering all required covered recipient details. Once all required fields are satisfied, please click “Save Covered Recipient”. Then proceed to enter the payment information corresponding to that covered recipient. To add another payment to the covered recipient, please click “Add Payment”. When all payments are attributed to the entered covered recipient, please click “Save and Add Another Covered Recipient/Teaching Hospital” and you will be able to enter additional covered recipients and repeat the process.

* Was this program accredited? Yes No
For Fellowships and Scholarships, please select No.

* Was an indirect payment or transfer of value (TOV) made to a covered recipient or teaching hospital? Yes No

Enter Covered Recipient Information

* Covered Recipient Type Physician Teaching Hospital

Save and Back **Save and Continue Later** **Save and Proceed to Next Step**

How do I add covered recipient (physician) in indirect spend module of reconciliation for my request?

STEP 9. Select a covered recipient type “Physician”. Enter physician’s information and click on Save Covered Recipient button. *Note: Both NPI and State License will be required to move forward.*

Enter Covered Recipient Information

* Covered Recipient Type Physician Teaching Hospital

* Identifier Information
Both NPI and State License will be required to move forward.

Country	Identifier Type	State	Identifier Value	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

[Add Additional Identifier](#)

* Physician First Name Email Address

Physician Middle Name * Physician Primary Type

* Physician Last Name * Physician Speciality

Physician Suffix * Physician Employment Type

* Address Line 1 * Institution of Employment

Address Line 2

* City

* Country * Does the physician hold ownership or investment interest in the applicable manufacturer? Yes No

* Province/Region

* Postal Code

How do I add covered recipient (physician) in indirect spend module of reconciliation for my request?

STEP 10. Once covered recipient is added, provide payment information details and click Save Payment button. STEP 11. The covered recipient must be re-entered for each payment (transfer of value).

Saved Covered Recipient / Teaching Hospital Information

Covered Recipient Type	First Name	Last Name	Address Line 1	City	State/Province/Region	Country	Delete	Edit
Physician	Mark	Thomson	318 George Street	New Brunswick	NE	United States		

Payment Information

* Entity Making Indirect Payment:

* Amount of Payment:

* Date of Payment:

* Number of Payments Included in the Payment Amount:

* Form of Payment or Transfer of Value (TOV):

* Nature of Payment or Transfer of Value (TOV):

* Country of Travel:

* City of Travel:

* State of Travel:

* Third Party Payment Recipient Indicator:

* Currency:

The currency shown is informational only. The system will not convert the amounts into the new chosen currency. Please continue with reconciliation in the currency of the request.

* Purpose of Spend:

* Travel Type:

* Venue Type:

* Expense Date:

Compensation for Services A:
Serving as faculty or as a speaker at a venue other than a continuing education program. Does not include consulting.

Compensation for Services B:
Serving as faculty or as a speaker for a nonaccredited and noncertified continuing education program.

Compensation for Services C:
Serving as faculty or as a speaker for an accredited or certified continuing education program.



How do I add covered recipient (teaching hospital) in indirect spend module of reconciliation for my request?

STEP 12. Select a covered recipient type “Teaching Hospital”. Search for teaching hospital by entering any search criteria in search section, click Search. Select a teaching hospital form the list, enter any missing information and then click on Save Covered Recipient button.

Enter Covered Recipient Information

* Covered Recipient Type Physician Teaching Hospital

Teaching Hospital Name: Abbott Country: United States

City: Identifier Type: License State: -Select-

State/Province: -Select- Identifier Value:

If you cannot find the hospital that you are trying to add, that means it is not on the current CMC Teaching Hospital List for this calendar year, and does not need to be captured in this section of Reconciliation.

Search

Organization Level Name	Address Line 1	City	State/Province/Region	Postal Code	Select
ABBOTT NORTHWESTERN HOSPITAL	800 EAST 28TH STREET	MINNEAPOLIS	MN	55407	1

* Identifier Information
Both NPI and State License will be required to move forward.

Country: United States Identifier Type: TIN State: Identifier Value: 36-3251413

Add Additional Identifier

* US Teaching Hospital Name: ABBOTT NORTHWESTERN HOSPITAL Email Address:

* Address Line 1: 800 EAST 28TH STREET * NPI Number:

Address Line 2: * Business Entity Type: -Select-

* Country: United States * City: MINNEAPOLIS

* State: MN * Postal Code: 55407

Save Covered Recipient

Cancel



How do I add covered recipient (teaching hospital) in indirect spend module of reconciliation for my request?

STEP 13. Once covered recipient is added, provide payment information details and click Save Payment button. **STEP 14.** The covered recipient must be re-entered for each payment (transfer of value).

Saved Covered Recipient / Teaching Hospital Information

Covered Recipient Type	First Name	Last Name	Address Line 1	City	State/Province/Region	Country	Delete	Edit
Physician	Mark	Thomson	318 George Street	New Brunswick	NE	United States		

Payment Information

* Entity Making Indirect Payment:

* Amount of Payment:

* Date of Payment:

* Number of Payments Included in the Payment Amount:

* Form of Payment or Transfer of Value (TOV):

* Nature of Payment or Transfer of Value (TOV):

* Country of Travel:

* City of Travel:

* State of Travel:

* Third Party Payment Recipient Indicator:

* Currency: USD

The currency shown is informational only. The system will not convert the amounts into the new chosen currency. Please continue with reconciliation in the currency of the request.

* Purpose of Spend:

* Travel Type:

* Venue Type:

* Expense Date:

Compensation for Services A:
Serving as faculty or as a speaker at a venue other than a continuing education program. Does not include consulting.

Compensation for Services B:
Serving as faculty or as a speaker for a nonaccredited and noncertified continuing education program.

Compensation for Services C:
Serving as faculty or as a speaker for an accredited or certified continuing education program.



How do I submit reconciliation for an Education or Fellowship request?

STEP 15. Enter the Reconciliation Details for the request and certify that you used the funds properly. You may add supporting documents to this part of the reconciliation. Click browse to locate the document(s) on your computer and name each document uploaded. Then Click Save and Proceed to Next step to save the uploaded documents.

Note: If the program was cancelled. Add a check to the box next to the Statement: "By selecting this acknowledgment, I affirm that my program was cancelled or only a portion of the funds provided by AbbVie for this program were used for the purposes outlined in the executed Letter of Agreement, and the unused/remaining funds will be returned. A refund amount will be calculated and entered in the refund amount section. A Refund check should be mailed to GGCD with 30 days of receiving email notification or a request for AbbVie Bank information for ACH wire.

Reconciliation Details

Please complete all required fields. Asterisk "*" indicates required field.

<p>* I certify that the funds recieved were used only for the activity(ies) detailed?in my original request or approved change of scope. in my original request or approved change of scope.</p> <p>* Estimated Program Budget</p> <p>Approved Amount</p> <p>* Actual Total Program Budget</p> <p>* Total amount of AbbVie funding used</p> <p>Refund Amount</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>USD 2,000.00</p> <p>USD 2,000.00</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="500.00"/></p> <p>USD 1500.00</p>
--	---

By selecting this acknowledgement, I affirm that my program was cancelled or only a portion of the funds provided by AbbVie for this program were used for the purposes outlines in the executed Letter of Agreement, and the unused/remaining funds are being returned.

Save and Back

Save and Continue Later

Add Document

Save and Proceed to Next Step

How do I submit reconciliation for an Education request with In-Kind/Model?

STEP 15-A. Enter the Reconciliation Details for the request and certify that you used the funds properly. (If request has In-Kind Product/ Models there will be an additional question in this section to be completed see below) You may add supporting documents to this part of the reconciliation. Click browse to locate the document(s) on your computer and name each document uploaded. Then Click Save and Proceed to Next step to save the uploaded documents.

Reconciliation Details

Please complete all required fields. Asterisk "*" indicates required field.

- * I certify that the funds received were used only for the activity(ies) detailed?in my original request or approved change of scope. In my original request or approved change of scope. Yes No
- * Estimated Program Budget USD 2,000.00
- Approved Amount USD 2,000.00
- * Actual Total Program Budget
- * Total amount of AbbVie funding used
- Refund Amount USD 1500.00

By selecting this acknowledgement, I affirm that my program was cancelled or only a portion of the funds provided by AbbVie for this program were used for the purposes outlines in the executed Letter of Agreement, and the unused/remaining funds are being returned.

Save and Back

Save and Continue Later

Add Document

Save and Proceed to Next Step

* Any Product(s) Returned? Yes No
Please select if any product(s) were returned

Product Released	Units Per Pkg & Patient Limit	Definition of Unit	Units Shipped	* Units Returned	Physician Name	Physician Li
BOTOX COSMETIC 100 UNITS/VIAL	1 vial/box; 1 vial/pt	vial	5	<input type="text"/>	Dr. Jones	IL
KYBELLA 4 X 2mL	4 vials/box; 5 vials/pt	vial	8	<input type="text"/>	Dr. Jones	IL
BOTOX COSMETIC 100 UNITS/VIAL	1 vial/box; 1 vial/pt	vial	2	<input type="text"/>	Dr. Jones	AL

Product Comments

- If product is requested, "Any Product(s) Returned?" must be answered yes or no during reconciliation.
- If yes, a new table will appear with a new column "Units Returned"
- At least one row of product must have a positive value input and indicated as a return.



How do I submit reconciliation for an Education or Fellowship request?

STEP 16. Review the reconciliation information that was entered and make any edits that are needed. Select "Submit" when completed.

Reconcile Speakers and Attendees

Please complete all required fields. An asterisk * indicates a required field.
You must enter in the actual # of attendees for all delivery formats before being able to proceed.

Total # of Activities

Enduring Activities

Live Activities

Web Activities

Delivery Format: EQUITY MATERIAL # M M

Release Date: 17 Jun 2019 E

Audience Group: Dieticians Endocrinologists

Specialty: Endocrinologists

Total # of Activities

Enduring Activities

Live Activities

Web Activities

Budget Information

Please indicate the Total Program Budget for all activities for this program.

Currency: USD

Estimated Program Budget: 2,000.00 **Approved Amount:**

Print Materials

	Unit Cost	Hours/Unit	C
ACCOUNT and Activity Management Costs associated with the overall administration, budget and monitoring of the program(s).	200.00	10	
ACTIVITY MARKETING Costs associated with the promotion and advertising of the program(s), other than meeting materials, registrations and audience generation.			
Editorial Fees Writing, editing, layout design and proofreading fees associated with program content.			
MEDICAL WRITING AND SCIENTIFIC REVIEW Costs associated with medical/scientific expertise utilized in the development of educational content including but not limited to: medical and scientific review, scientific reflection, copy writing, copy editing, content updates and requesting/revising licenses and permissions.			
Creative Development and Production Costs associated with program content development, design and production other than marketing and advertising.			
Audience Generation Design, development and implementation of multiple audience generation tactics. E.g. educational program website, purchase of email distribution lists, electronic social networking.			

Indirect Spend Capture Module

Was this program accredited? No

Was an indirect payment or transfer of value (TOV) made to a covered recipient or US teaching hospital?

Covered Recipient Information

Identifier Information

Country	Identifier Type
United States	NPI
United States	State License

Covered Recipient Type: Physician

Physician First Name: Mark

Physician Middle Name:

Physician Last Name: Thomson

Physician Suffix:

Address Line 1: 318 George Street

Address Line 2:

City: New Brunswick

Country: United States

State: NJ

Postal Code: 12132

Reconciliation Details

Please complete all required fields. An asterisk * indicates required field.

I certify that the funds received were used only for the activities detailed in my original request or approved change of scope. Yes No

- Estimated Program Budget: USD 2,000.00
- Approved Amount: USD 2,000.00
- Actual Total Program Budget:
- Total amount of above funding used:
- Refund amount: USD 1,500.00

By selecting this acknowledgement, I affirm that my program was cancelled or only a portion of the funds provided by Abbvie for this program were used for the purposes outlined in the executed Letter of Agreement, and the unused remaining funds are being returned.



How do I submit reconciliation for a Charitable Donation request?

STEP 1. Click the “Upload Charitable Acknowledgement Form” action link in your inbox.

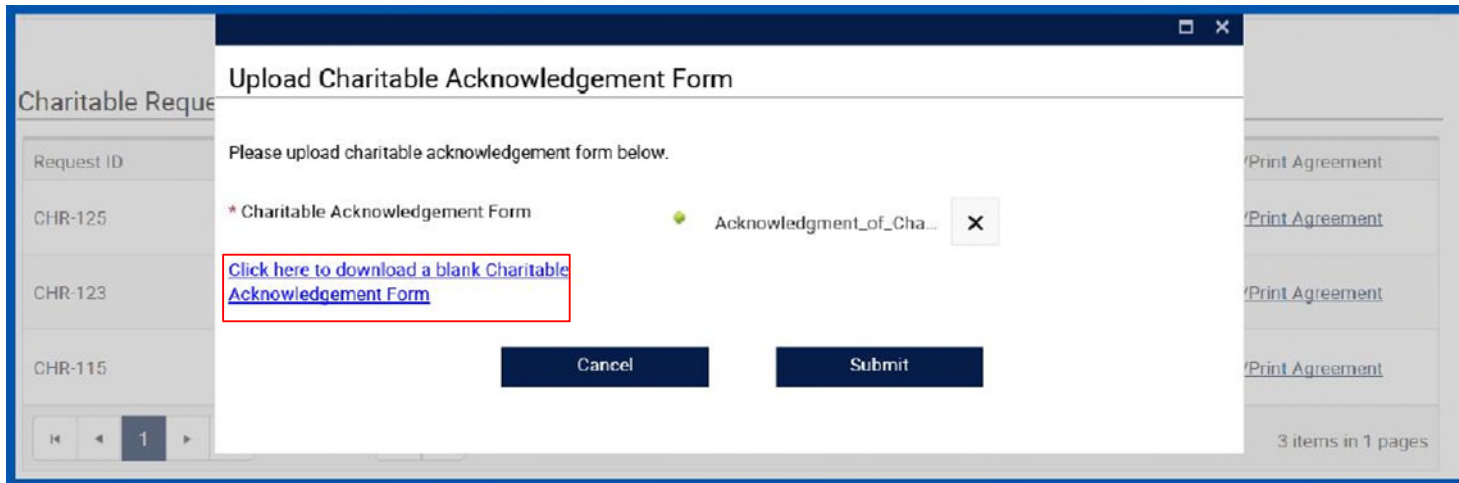
NOTE: This is due within 30 days of payment receipt.

Charitable Requests Inbox					
Request ID	Status	Program Title	Start Date	Action Required	View/Print Agreement
CHR-125	Pending Reconciliation	Charitable Donations	19 Jun 2019	Upload Charitable Acknowledgement Form	View/Print Agreement
CHR-123	Pending Reconciliation	Charitable Reconciliation	18 Jun 2019	Upload Charitable Acknowledgement Form	View/Print Agreement
CHR-115	Pending Reconciliation	Charitable	17 Jun 2019	Upload Charitable Acknowledgement Form	View/Print Agreement

Page size:
3 items in 1 pages

How do I submit reconciliation for a Charitable Donation request?

STEP 2. Download “Charitable Acknowledgement Form”, complete the form, then upload it.





How do I submit reconciliation for a Charitable Donation request?

STEP 3. Click "Submit" button to submit the reconciliation.

Charitable Request

Request ID

CHR-125

CHR-123

CHR-115

1

3 items in 1 pages

Print Agreement

Print Agreement

Print Agreement

Print Agreement

Upload Charitable Acknowledgement Form

Please upload charitable acknowledgement form below.

* Charitable Acknowledgement Form

Acknowledgment_of_Cha... X

[Click here to download a blank Charitable Acknowledgement Form](#)

Cancel Submit



How do I view/print the Letter of Agreement?

STEP 1. After the agreement has been accepted by AbbVie, it is available within the inbox to be viewed and printed as needed. Click “View/Print Agreement” link.

Please Note: Only the Authorized signer will have access to the signed letter of agreement. If a copy needs to be requested. Contact the AbbVie Independent Education Dept and request a copy.

The screenshot shows the user interface of the AbbVie Grant Management System. At the top, there is a navigation bar with links for 'My Account', 'Help', 'Change Password', 'FAQ', 'Privacy Policy', and 'Log out'. Below this is the 'abbvie' logo and a 'My Actions' button. The main content area is titled 'Welcome, Ana Moore' and 'Welcome to the AbbVie Grant Management System!'. It contains sections for 'Submitting a Request' and 'Reviewing Request Status'. A 'Submit New Request' button is visible. Below the text is the 'Education Inbox' section, which contains a table with the following data:

Request ID	Status	Amendment	Program Title	Start Date	Action Required
IME-140	Under Review		Education Request	17 Jun 2019	View/Print Agreement View/Print Agreement

At the bottom of the table, there are navigation controls including a page number '1', a 'Page size: 10' dropdown, and a '1 items in 1 pages' indicator.



How do I view/print the Letter of Agreement?

STEP 2. A pop up will display with the Letter of Agreement that was signed. The print button is available in the top left corner.



abbvie

 Patient Access & Independent Education
CLOSING HEALTHCARE GAPS THROUGH ASSISTANCE, EDUCATION, AND DONATION