

**CONFLICT-OF-INTEREST DISCLOSURE STATEMENT (interim form)**

**Name in full:**

(First, middle initial, last): **YOLA MORIDE**

**Current occupation**, if employed; or, “retired”: **UNIVERSITY PROFESSOR; PRESIDENT**

**If currently employed:**

Name of primary employing entity: **UNIVERSITÉ DE MONTRÉAL, CANADA**

Name of secondary employing entity, if applicable: .....

**Whether currently employed or not:**

Primary professional affiliation taking up most of your volunteer time: **INTERNATIONAL SOCIETY OF PHARMACOVIGILANCE (ISoP); PRESIDENT AT YOLARX CONSULTANTS**

Secondary such affiliation, if applicable: **ADVISORY PANELS AT HEALTH CANADA, EUROPEAN NETWORK OF CENTRES OF PHARMACOEPIDEMOLOGY AND PHARMACOVIGILANCE (ENCePP) AT THE EUROPEAN MEDICINES AGENCY (EMA)**

**OVER THE PAST FIVE YEARS, OR OVER THE LAST FIVE YEARS OF EMPLOYMENT IF NOW RETIRED:**

Primary professional employment focus: **FULL PROFESSOR AT UNIVERSITÉ DE MONTRÉAL, CANADA**

Secondary professional employment focus, if applicable: **VISITING PROFESSOR AT THE UNIVERSITY OF BORDEAUX, FRANCE; PRESIDENT OF YOLARX CONSULTANTS, A PRIVATE CONSULTING AND RESEARCH ORGANIZATION FOR THE PHARMACEUTICAL INDUSTRY AND REGULATORY AGENCIES IN THE USA, EU, AUSTRALIA, AND CANADA**

Tertiary professional employment focus, if applicable: .....

I represent the following organization on the IJPC-SE (acronym, or “none”): **ISPE**

as the Primary (1), Secondary (2), Tertiary (3) or Quaternary (4), or not applicable [N/A] **PRIMARY** representative; or, as an invited guest/interested party/expert advisor: .....

Please include below, and elaborate where needed, all actual conflicting interests, including financial, consultant, institutional and other relationships that might lead or has led to bias or a conflict-of-interest, or that reasonably might create a perception of bias or a conflict-of-interest by your peers or the public. If there are none, please state “None” alongside each item “a” through “e” below. *If in doubt, rather err on the side of providing more information as this will minimize the need for follow-up.*

With the above **definitions** in mind relating to my employer and/or volunteer entities, those entities from which I have accepted grants/contracts, salaries/stipends/honoraria/royalties, both monetarily and in-kind, and anything else like personal relationships that could actually introduce, or be perceived to introduce bias into my decision-making, I disclose the following information covering the 5-year period since January 1, 2010:

a) **Financial relationships: I HAVE SERVED AS A PAID CONSULTANT FOR PHARMA INDUSTRY AND REGULATORY AUTHORITIES**

b) **Consultant relationships: N/A**

**c) Institutional relationships: FULL PROFESSOR AT UNIVERSITÉ DE MONTRÉAL, CANADA; VISITING PROFESSOR AT THE UNIVERSITY OF BORDEAUX, FRANCE**

**d) Other relationships: VICE-PRESIDENT OF THE ISoP; MEMBER OF ADVISORY PANELS AT HEALTH CANADA; MEMBER OF THE STEERING GROUP OF THE EUROPEAN NETWORK OF CENTRES OF PHARMACOEPIDEMIOLOGY AND PHARMACOVIGILANCE (ENCePP) AT THE EUROPEAN MEDICINES AGENCY (EMA)**

**e) Any additional information: NONE**

**If in my service to the IJPC-SE I should ever find myself in a conflict-of-interest, actual or perceived, I will declare it and offer to recuse myself from all circumstances that could in any way influence Board deliberations as per the Founding Bylaws (Article V, Section 2).**

**Please type your signature here: YOLA MORIDE**

**Enter Today's date (month/day/year) here: 03/25/2015**