

Declaration of Interest and Declaration of Confidentiality of ISoP Advisory Board members

This form consists of two parts, your personal details with biography, and the Public Declaration of Interests. It applies to the Executive Committee (EC) and Advisory Board members of the International Society of Pharmacovigilance.

Both parts of the form should be fully completed, signed, dated and return electronically to administration@isoponline.org with a short biography.

The Declaration of Interest and the biography will be published on isoponline.

1 Personal Details (please enclose your biography)

First Name	Haggar Hilda
Surname	Ampadu
Organisation	WHO Collaborating Centre for Advocacy & Training in Pharmacovigilance
Country	Ghana

I enclose my biography

I, Haggar Hilda Ampadu, do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in the pharmaceutical industry are those listed below:

2 Public Declaration of Interests

If you have interests to declare, please do so under the relevant questions. If you have no interests to declare, please indicate that the appropriate field is non-applicable. Please specify the interests that you currently have or have had in the past 5 years.

Title/Function	Period of activity (within past 5 years)	Company* or organisation**	Description of the activity
1. Employment with a pharmaceutical company or an organisation			
Data Operations Leader	2011-2012	PAREXEL International	Managing Clinical Trial Data Operations
2. Consultancy, advice or services with a pharmaceutical company or an organisation (including training)			

3. Strategic advisory role, member of professional societies, affiliation or equivalent structure			
4. Grant / research funding including sponsorships, fellowships, non-monetary support			
5. Financial interests, direct shares of a pharmaceutical company, compensation, fees, honoraria (excluded investment trust without direct influence on shares)			
6. Patents			
7. Investigator (in a pharmaceutical industry instigated/sponsored clinical trial)			
8. Family member interest			
9. Any other interests or facts			

** Pharmaceutical company (includes supply or service companies which contribute to the research, development production and maintenance of a medicinal product)*

*** An organisation includes governmental, international or non-profit organisations (outside ISoP)*

Should there be any change to the information provided above due to the fact that I acquire additional interests, I shall promptly notify ISoP and complete a new Declaration of Interests detailing the changes.

I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the ISoP website.

Signature:



Date: 09/NOV2016