

Food and Drug Administration Advisory Committee Member Acknowledgment of Financial Interests

Name of Advisory Committee Temporary Member's Name: Dr. James Hildreth, M.D. Ph.D.

Committee: Vaccines and Related Products Advisory Committee (VRBPAC)

Meeting Date: October 22, 2020

I acknowledge that contingent upon public disclosure of the following financial interest(s) related to the meeting topic: VRBPAC will meet in open session to discuss the development and licensure of vaccines to prevent COVID-19, I may be considered for participation in the advisory committee meeting described above.

Type of Interest	Nature	Magnitude
I. Personal/Immediate Family		
Clinical Trial Participation	Affected Firm	\$0 - \$5,000
II. Other Imputed Interests		
Vaccine Test Site; Meharry Medical College	(b) (4) and NIH/NIAID, Affected Firms	\$500,000 - 800,000

I hereby request that FDA make this information publicly available on my behalf if the agency grants a waiver allowing me to participate in the meeting described above. I understand that without public disclosure of these interests, I will not participate in the advisory committee meeting described above.

____/S/_____ Signature __October 7, 2020_____ Date

James Hildreth, M.D. Ph.D.

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