

Food and Drug Administration Advisory Committee Member
Acknowledgment of Financial Interests

Name of Advisory Committee Member:
Michael G. Ison, M.D., M.S., Temporary Non-Voting Member

Committee: Microbiology Devices Panel of the Medical Devices Advisory Committee

Meeting Date: November 9 – 10, 2016; waiver is requested November 9 session only.

I acknowledge that contingent upon public disclosure of the following financial interest(s) related to the agenda item: Discuss and make recommendations regarding the reclassification of quantitative Cytomegalovirus (CMV) viral load devices from Class III (premarket approval) to Class II (510(k)), I may be considered for participation in the advisory committee meeting described above.

| <u>Type of Interest</u> | <u>Nature</u> | <u>Magnitude</u> |
|------------------------------|--|-------------------------|
| I. Personal/Immediate Family | | |
| None | | |
| II. Other Imputed Interests | | |
| Employer's Grant | SGE's (b)(4) is in (b)(4) with an affected firm to study its related product | \$0 - \$50,000 Estimate |

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 15, 2016
Date