



**Food and Drug Administration Advisory Committee Member
Acknowledgment of Financial Interests**

Name of Advisory Committee Member: **Barbara Gripshover, M.D.**

Committee: **Antimicrobial Drugs Advisory Committee**

Meeting Date: **August 7, 2019**

I acknowledge that contingent upon public disclosure of the following financial interest(s) related to the agenda item: supplemental new drug application (sNDA) 208215, supplement 12, DESCOVY (emtricitabine 200 mg and tenofovir alafenamide 25 mg tablets), submitted by Gilead Sciences, Inc., proposed for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection among individuals who are HIV-negative and at risk for HIV, 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		
Contract/grant	A related study on competing/affected product	Between \$300,000 - \$400,000 annually
Contract/grant	A related study on competing/affected product	\$50,001 - \$100,000 annually
Contract/grant	A related study on competing/affected product	\$0 - \$50,000 annually
Contract/grant	A related study on competing/affected product	\$50,001 - \$100,000 annually

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

_____/7/16/19_____
Date