



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

Name of Advisory Committee Member: Shelby Reed, Ph.D., RPh

Committee: Patient Engagement Advisory Committee

Meeting Date: October 6, 2021

I acknowledge that contingent upon public disclosure of the following financial interest(s) related to the agenda item: On October 6, 2021, the Committee will discuss and make recommendations on the topic “Medical Device Recalls.” Once a medical device is available in the U.S. marketplace and in widespread use, unforeseen problems can sometimes lead to a recall. When a device is defective or potentially harmful, recalling that product—removing it from the market or correcting the problem—is the most effective means for protecting the public. 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		
Stockholdings/Investment	Affected firms (six)	Combined value between \$50,000 and \$70,000
II. Other Imputed Interests		
None		

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/

9/7/2021

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Signature

\_\_\_\_\_  
Date