



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

Name of Advisory Committee Temporary Member’s Name: Dr. James Hildreth

Committee: Vaccines and Related Products Advisory Committee (VRBPAC)

Meeting Date: October 14-15, 2021

I acknowledge that contingent upon public disclosure of the following financial interest(s) related to the meeting topic: The Committee will meet in open session to discuss the use of booster doses of the Moderna COVID-19 Vaccine and the Janssen COVID-19 Vaccine in individuals 18 years of age and older, 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		
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	\$1,500,000 - \$2,000,000
Vaccine Test Site; Meharry Medical College	(b) (4) Affected Firm	\$400,000 - \$600,000

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

__10/6/2021____
Date

James Hildreth, M.D., Ph.D.