



**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: June 10, 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, in general, data needed to support authorization and/or licensure of COVID-19 vaccines for use in pediatric populations, 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	\$2,500,000 - \$3,000,000

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

_____May 21, 2021_____
Date

James Hildreth, M.D. Ph.D.