



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

Name of Advisory Committee Member: Omer Liran, M.D.

Committee: Patient Engagement Advisory Committee

Meeting Dates: July 12-13, 2022

I acknowledge that contingent upon public disclosure of the following financial interest(s) related to the agenda item: to discuss and make recommendations on the on the topic of “Augmented Reality (AR) and Virtual Reality (VR) Medical Devices, 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		
Personal	VR Software Application — owned by employer.	\$0
II. Other Imputed Interests		
Employer’s Software	VR Software Application	\$0

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

June 21, 2022
Date