## Truth in Testimony Disclosure Form

In accordance with Rule XI, clause  $2(g)(5)^*$ , of the Rules of the House of Representatives, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Science	ce, Space, and T	echnology				- Elittonii danakeinina
Subcommittee:						
Hearing Date: Nove	ember 20, 2019					
Hearing Subject:						•
Influenza vaccine	es					
Witness Name: Rob	oin A. Robinson, Pl	h.D.	-			
Position/Title: Vice F			re, Inc. and form	er Director of B	ARDA/HHS and	DAS at ASPR/HHS
Witness Type: O	Governmental •	Non-governme	ental	•		
Are you representin		-		O Organ	ization	
If you are represent	ing an organizatio	n, please list w	hat entity or e	ntities you a	re representin	g:
If you are a non-gor (including subgrant organization(s) you calendar years. Incl necessary, attach addi	ts or subcontracts) represent at this h lude the source and	related to the earing receive I amount of ea	hearing's sub d in the curre ch grant, coo	ject matter t nt calendar	hat you or the year and previ	ious two
None		and the second s				
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If you are a <u>non-gov</u> government and rel this hearing receive country of origin of	lated to the hearing d in the current ye	g's subject ma ear and previo	tter that you us two calend	or the organ ar years. Inc	ization(s) you :lude the amo	represent at unt and
None						