

## Financial Relationships Disclosures Planners, Faculty, and Other

To be completed by education staff.

Name of Individual:

**Baha Sibai**

Title of Continuing Education:

**Dept. of Ob/Gyn Grand Rounds Lecture**

Date and location of Education:

**/ DHLRI Rm 170 & via Microsoft Teams**

Individual's prospective role(s) in education

Identify the prospective role(s) that this person may have in the planning and delivery of this education (*choose all that apply*)

<input type="checkbox"/>	Planner <i>Examples: planning committee, staff involved in choosing topics, faculty, or content</i>
<input checked="" type="checkbox"/>	Teacher, Instructor, Faculty
<input type="checkbox"/>	Author, Writer
<input type="checkbox"/>	Reviewer
<input type="checkbox"/>	Other _____

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to Brian Ehrlich/ CCME by 12/17/2021.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at [brian.ehrlich@osumc.edu](mailto:brian.ehrlich@osumc.edu).

**To be Completed by Planner, Faculty, or Others Who May Control Educational Content**

Please disclose all financial relationships that you have had in the **past 24 months** with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

**Enter the Name of Ineligible Company**

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

For specific examples of ineligible companies, visit [www.accme.org/standards](http://www.accme.org/standards).

**Enter the Nature of Financial Relationship**

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

**Has the Relationship Ended?**

If the financial relationship existed during the **last 24 months**, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

Enter the Name of Ineligible Company	Enter the Nature of Financial Relationship	Has the Relationship Ended?
Example: ABC Company	Consultant	x

In the **past 24 months**, I have not had **any** financial relationships with any ineligible companies.

**I attest that the above information is correct as of this date of submission.**

Speaker Guidelines - Your signature attests to the accuracy of the information you have provided above; as well as agreeing to the following statements:

- Your presentation is your original work or a sourced work from a peer, not a prepared presentation from a commercial interest.
- If you discuss a commercial product or device, you must give a balanced view of other therapeutic options.
- The content of your presentation does not promote the proprietary interests of any commercial interests.
- You have read the objectives and have formulated your presentation to best achieve the desired changes in competency, and/or performance improvements and/or patient outcomes.
- Your presentation is in compliance with ACCME's content validity value statements.
- Commercial logos must be removed.
- When a commercial product or device is named, the use of the scientific name rather than the commercial name is preferred. It is ultimately up to the presenter to use the terminology that best gets across the message but least appears as an endorsement.

Having an interest or affiliation with a corporate organization does not necessarily prevent you from participating in this CME activity. However, CCME policies describe procedures for resolving conflicts of interest that may require reviewing a speaker's presentation material or limiting the role and input of any person judged to have a conflict.

signature

2/20/2023

Date

**CONSENT FORM**  
**THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER**

The following information is needed for The Ohio State University Obstetrics & Gynecology Grand Rounds.

**Speaker:** Baha Sibai  
**Title:** Professor

**University/Institute:** The University of Texas Health Science Center

**Address:** 6431 Fannin St. Ste. 3.286  
Houston, TX 77030

**Presentation Title:** Diagnosis and Management of severe Hypertensive Disorder

Education Objectives:


1. Describe management of hypertensive emergencies  
\_\_\_\_\_

2. Summarize diagnosis and management of HELLP Syndrome  
\_\_\_\_\_

3. Describe management of eclampsia and preliminary edema  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for photographs, film or videotape to be taken of me and used by The Ohio State University Medical Center or their representatives for purposes of continuing medical education at The Ohio State University Medical Center and its affiliated sites. All materials will remain the property of The Ohio State University Medical Center.

**Please enclose your CV**

Signature 

Date 2/20/2023