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NAME: Jennifer Wu, M.D.
ACTIVITY: Columbus Comprehensive Review, September 19 – 28, 2008
LECTURE TOPIC(S): 1)Clinical Evaluation of Pelvic Organ Prolapse 2) Surgical Therapy for Pelvic Organ Prolapse 3) Urogynecology Case Discussions

PART 1. FINANCIAL RELATIONSHIPS

1. List the names of proprietary entities producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a financial relationship within the past 12 months.
2. Describe what you, or your spouse/partner received. Perinatal Resources, Inc. does NOT need to know the amount received.
3. List the Role(s)
4. Check the box if you do NOT have any relevant financial relationships with any commercial interests.

Commercial Interest Name of Company	**Nature of Relevant Financial Relationships (Include all those that apply)**	
	What was received Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest such as stocks, stock options or other ownership interest, excluding diversified mutual funds, or other financial benefit	**For What Role?** Role(s) include Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).
Example: Company "X"	Honorarium	Speaker

☐ Check box if intending to discuss off label products

☒ *Check box if:*
I, or my spouse/partner, do **not** have any relevant financial relationships with any commercial interests.

Signature: _____ Date 3/17/08