Form Name: Submission Time: Browser: IP Address: Unique ID: Location: SHMS Abstract Submission November 19, 2015 11:13 am Firefox 39.0 / Windows 8.1 149.150.236.159 225330561

40.749000549316, -74.263900756836

SAMPLE SUBMISSIONPages 1-3 / BMS, CI, HSR, IP

Pages 4-7 / CV

School of Health and Medical Sciences

27th Annual Dr. George Perez Research Colloquium Abstract Submission Form

Primary Author's Name (cannot be a	James Smith
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Optional: Email Address(es) of	Irileyshms@gmail.com
additional Individuals - 1	
Title of Abstract	Title of Abstract Goes Here
Abstract Introduction	Abstract Introduction - 800 characters maximum. Sample text
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Abstract Category	Basic Medical Sciences (BMS)

BMS, CI, HSR, IP: Methods, Results & Conclusion

Abstract Methods	Abstract Methods - 800 characters maximum. Sample text sample
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Abstract Conclusion	Abstract Conclusion - 800 characters maximum. Sample text sample
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CV: Case Report, Discussion

Primary Author Information

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"J.D." for "James" as first name, and	
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Position/Title	Resident/Fellow
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	University Division of Medical Residencies and Fellowships)
Position/Title	Faculty
Is there an additional author?	No

Author 4

Author 5

Author 6

Author 7

Author 8

Is there a potential conflict of interest?	Yes
Please describe the conflict of interest:	If yes, describe potential conflict here. If no, then do not enter
	anything.
Was the study approved by an IRB?	Yes
(Note: Clinical Vignettes do not require	
IRB approval. All other studies require	
IRB approval or they will not be	
considered for the Colloquium.)	
If yes, please indicate the IRB here:	IRB name goes here
If my abstract is accepted, I agree to	Yes
present it at the colloquium via poster	
or orally.	

Form Name: SHMS Abstr Submission Time: November 1 Browser: Firefox 39.0 IP Address: 149.150.236 Unique ID: 225332752

Location:

SHMS Abstract Submission November 19, 2015 11:23 am Firefox 39.0 / Windows 8.1 149.150.236.159

40.749000549316, -74.263900756836

0.0 / Windows 8.1 CV Sample Submission

School of Health and Medical Sciences

27th Annual Dr. George Perez Research Colloquium Abstract Submission Form

Primary Author's Name (cannot be a	Rebecca Randolph
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Optional: Email Address(es) of	Irileyshms@gmail.com
additional Individuals - 1	
Title of Abstract	Title of Abstract Goes Here
Abstract Introduction	Abstract Introduction - 800 characters maximum. Sample text
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Abstract Category	Clinical Vignette (CV)

BMS, CI, HSR, IP: Methods, Results & Conclusion

CV: Case Report, Discussion

Abstract Case Report

Abstract Case Report - 2400 characters maximum. Sample text sample text sample text. Sample text sample text. Sample text sample text. Sample text sample text. Sample text sample text. Sample text sample text. Sample text sample text. Sample text sample text. Sample text sample text. Sample text sample text. Sample text sample text. Sample text sample te

Abstract Discussion

Abstract Discussion - 500 words maximum. Sample text sample text. Sample text sample text sample text. Sample text sample text. Sample text sample tex

Primary Author Information

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"J.D." for "James" as first name, and	
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	Athletic Training, M.S. Occupational Therapy, M.S. Physician
	Assistant, M.S. Speech-Language Pathology, Doctor of Physical
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Author 2

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"David" as middle name)	
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Position/Title	Faculty
Is there an additional author?	No

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$\overline{}$	u	ıL	ı	v		

Author 4

Author 5

Author 6

Author 7

Author 8

Is there a potential conflict of interest?	Yes
Please describe the conflict of interest:	If yes, describe potential conflict here. If no, do not enter anything.
Was the study approved by an IRB?	No, this is a clinical vignette.
(Note: Clinical Vignettes do not require	
IRB approval. All other studies require	
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considered for the Colloquium.)	

If my abstract is accepted, I agree to	Yes
present it at the colloquium via poster	
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