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School of Health and Medical Sciences and the Seton Hall-Hackensack Meridian School of Medicine

28th Annual Dr. George Perez Research Colloquium Abstract Submission Form

Title of Abstract	Title of Abstract
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Author Information

Primary Author Last Name (Surname)	Smith
Initials for First & Middle Names of Primary Author (e.g. "J.D." for "James" as first name, and "David" as middle name)	J.D.
Affiliation of Primary Author	1. Seton Hall University - Health Sciences Graduate Programs (M.S. Athletic Training, M.S. Occupational Therapy, M.S. Physician Assistant, M.S. Speech-Language Pathology, Doctor of Physical Therapy, Master of Healthcare Administration, PhD in Health Sciences)
Position/Title of Primary Author	Student
Is there an additional author?	Yes

Author 2

Last Name (Surname)	Riley
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Position/Title	Faculty
Is there an additional author?	No

Author 3

Author 4

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Affiliation of Primary Author	5. Trinitas Regional Medical Center
Position/Title of Primary Author	Resident/Fellow
Is there an additional author?	Yes

Author 2

Last Name (Surname)	Riley
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Affiliation	5. Trinitas Regional Medical Center
Position/Title	Faculty
Is there an additional author?	No

Author 4

Author 5

Author 6

Author 7

Abstract Introduction	Abstract Introduction - 800 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 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.
Abstract Category	Clinical Vignette (CV)

Text block examples on next page.

Confirmation

Is there a potential conflict of interest?	Yes
Please describe the conflict of interest:	If there is a conflict, describe it here.
Was the study approved by an IRB? (Note: Clinical Vignettes do not require IRB approval. All other studies require IRB approval or they will not be considered for the Colloquium.)	Yes
If yes, please indicate the IRB here:	Enter the name of the IRB here.
If my abstract is accepted, I agree to present it at the colloquium via poster or orally.	Yes
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