

American College of Osteopathic Internists Research Symposium 2017 Research Abstract Contest October 11-15, 2017

Please complete this form and return to Katie Allen (contact info below) no later than July 14, 2017. Original or electronic copies will be accepted. Maximum two submissions per person.

Name:	AOA #:		
Email Address:			
Address:			
City:	State:	Zip:	
Phone: (O)(H)		(F)	
Training Program or Osteopathic College: (If Applicable)			
Affiliation: Resident/Fellow	Student	ACOI Member	
Preferred Category of Presentation at ACOI	Meeting:Orig	ginal Research Cas	e Presentation
If this material previously has been presented	l or published, pleas	se complete this section:	
Name of Meeting:	·		
Location:	Date of Meeting:		
In the following format(s):Oral	Poster		
Journal/Periodical			-
In the following format(s): Abstract	Manuscript	Journal	
Funding support provided by:			

Please limit abstract to the space provided on page 2. Include names of all investigators and locations where study was conducted. Indicate name of Institutional Review Board which reviewed research project and attach a copy of the IRB's review to this submission (only required for research/abstracts). According to professional standards, all individuals involved in the conduct of research should be involved in its reporting; therefore, it is incumbent upon anyone who wishes to submit an abstract, to print the form and have all authors/researchers sign the form indicating that they have reviewed your submission and are in agreement with the content of the submission.

Final presentation format will be determined by Research Committee

ALL RESIDENTS, FELLOWS AND STUDENTS: You must have approval of your Program Director or another ACOI member as advisor/mentor in order to present.



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ORIGINAL RESEARCH/ CASE PRESENTATIONS

(Not to exceed 300 words, excluding title/authors/references)

To ensure conformity for the program booklet, please use 11 point, single spaced, Times New Roman font. Your abstract must include the following information (select either Research or Case):

ORIGINAL RESEARCH	CASE PRESENTATIONS	
Presentation Title	Clinical Scenario or Case	
Background	Literature Review/Evidence	
Methods	Unique aspects of case; what was discovered that was new	
	from this case?	
Results	Recommendations; Bibliography	
Conclusions	Conclusions	
	nces are not included in the word count. Abstracts that do not ed (please submit abstract on separate paper along with this	
Additional Authors/Researchers:		
and hereby attest that the work was performed in been meaningfully and substantively involved in	, find the submission to accurately reflect the facts, a manner consistent with ethical research. I also certify that I have the conduct and/or supervision of this research and/or the writing a for this work to be published by the ACOI in an abstract booklet, ACOI's national meeting.	
Name and Title	Name and Title	
Signature	Signature	
Date	Date	
Please use additional sheets as required to incl	lude all additional authors/researchers.	
ACOI Program Director or Advisor for Stude	ents, Residents or Fellows:	
I certify that I have read the submission of and endorse this submission for consideration by	, discussed the facts and reviewed the presentation the Research Committee of the ACOI.	
Name and Title	Date Must be Postmarked or E-mailed By – July 14, 2017	
Signature		
ACOI c/o Katie Allen – katie@acoi.org 11400 Rockville Pike #801 - Rockville, MD 208	52 301-231-8877 (Office) 301-231-6099 (Fax)	