

Research Symposium 2022 October 19 - 23, 2022

Please complete this form and return to Kara Kerns (kara@acoi.org) no later than July 31, 2022. Typed submission forms are required. Maximum two submissions per person. City:_____State:____Zip:____ Phone: (Cell) (Office) Training Program/Hospital: Affiliation: Resident Fellow Category of Presentation at ACOI Meeting: _____Original Research _____Case Presentation If this material previously has been presented or published, please complete this section: Name of Meeting: Location: ______Date of Meeting: _____ In the following format(s): Oral Poster Journal/Periodical Date/Volume/Number of issue: In the following format(s): Abstract Manuscript Journal Funding support provided by (If applicable):

ORIGINAL RESEARCH/ CASE PRESENTATIONS

Please send your abstract as a Word document. Your abstract must include the following information (select either Research or Case):

ORIGINAL RESEARCH	CASE PRESENTATIONS
Presentation Title	Presentation Title
Background	Clinical Scenario or Case
Methods	Literature Review/Evidence
Results	Unique aspects of case; what was discovered that was new from this case?
Conclusions	Recommendations; Bibliography
IRB Approval (if not applicable, please indicate why)	Conclusions
of all investigators, co-authors and locati	ors/references not included in the word count). Include names ions where study was conducted. According to professional onduct 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	1.	
Additional Authors/Researchers:		
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 for this work to be published by the ACOI in an abstract booklet, COI's national meeting.	
Name and Title	Name and Title	
Signature	Signature	
Date	Date	
Please use additional sheets as required to inclu	ude all additional authors/researchers.	
ALL RESIDENTS AND FELLOWS: You mus as advisor/mentor in order to present.	t have approval of your Program Director or anotherACOI member	
PROGRAM DIRECTOR OR ADVISOR:		
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	
Signature		