

# Research Symposium 2023 October 11 - 14, 2023

Please complete this form and return	to Kara K	erns ( <u>kara@acoi.org</u> ) 1	no later than July 31, 20	23.
Typed submission forms are required	l. Maximu	ım two submissions p	er person.	
Name:		AO	A #:	
Please list all who are planning to p	present th	e poster at the Conve	ntion.	
Email Address:				
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Category of Presentation at ACOI Me	eeting:	Original Researc	hCase Presen	tation
If this material previously has been	ı presente	<b>d or published</b> , please	e complete this section:	
Name of Meeting:				
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In the following format(s): Or	ral	Poster		
Journal/Periodical				
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# **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	Conclusions	
indicate why)		

**DO NOT EXCEED 300 WORDS (title/authors/references not included in the word count). Include names of all investigators, co-authors and locations where study was conducted.** 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.

## Additional Authors/Researchers:

I certify that I have read the submission of \_\_\_\_\_\_, find the submission to accurately reflect the facts, and hereby attest that the work was performed in a manner consistent with ethical research. I also certify that I have been meaningfully and substantively involved in the conduct and/or supervision of this research and/or the writing of this presentation. I hereby give my permission for this work to be published by the ACOI in an abstract booklet, on the ACOI's website, and/or presented at the ACOI's national meeting.

Name and Title

Name and Title

Signature

Signature

Date

Date

#### Please use additional sheets as required to include all additional authors/researchers.

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

### **PROGRAM DIRECTOR OR ADVISOR:**

I certify that I have read the submission of \_\_\_\_\_\_, discussed the facts and reviewed the presentation and endorse this submission for consideration by the Research Committee of the ACOI.

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