**40TH ANNUAL SHIELDS RESEARCH DAY**  
**ABSTRACT SUBMISSION FORM**

**FULL NAME:** PLEASE ENTER **YOUR** FULL NAME HERE  
**EMAIL ADDRESS**: PLEASE ENTER YOUR INSTITUTIONAL EMAIL ONLY

**HOSPITAL AFFILIATION**: PLEASE SELECT **YOUR** HOSPITAL SITE (If Applicable).  
  
**ACADEMIC POSITION:**

|  |
| --- |
| Resident |
| Fellow |
| Graduate Student |
| Research Assistant/Coordinator |
| Other Click or tap here to enter text. |

**ABSTRACT INFORMATION**Title: NO ABBREVIATIONS – Specific Title that indicates nature of investigation

Name of your faculty supervisor: LAST NAME, FIRST NAME

List all co-authors (if applicable):

* LAST NAME, FIRST NAME
* LAST NAME, FIRST NAME
* LAST NAME, FIRST NAME
* LAST NAME, FIRST NAME
* LAST NAME, FIRST NAME

**ABSTRACT SUBMISSION**Background | Methods | Results | Conclusion

* Please be sure to describe the objectives of the study
* State findings in detail to support the conclusion
* Use generic drug names
* REB approval of study must be noted where relevant.
* Standard abbreviations may be used without definition. Nonstandard abbreviations (kept to a minimum) must be paced in parentheses after the first use of the word or phrase abbreviated.

PLEASE ENTER/TYPER YOUR ABSTRACT HERE - MAX 2500 CHARACTERS / 400 WORDS

**GRAPH/TABLE**

Please include a single graph or table (will not be part of the above word count)

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**DATE OF SUBMISSION**

PLEASE ENTER TODAY’S DATE.