

# CAMP LEJEUNE ANNUAL RESEARCH SYMPOSIUM (ARS)

## Abstract Submission

<b>Author Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Rank/Title</b>	<b>Category:</b> <input type="checkbox"/> Ancillary medical personnel <input type="checkbox"/> Medical students <input type="checkbox"/> Non-Physician Providers <input type="checkbox"/> Physicians <input type="checkbox"/> Medical Trainee <input type="checkbox"/> Nurses <input type="checkbox"/> Ph.D. researcher <input type="checkbox"/> Multidisciplinary Teams
Author Affiliation (i.e. Institution or Educational Program)				
Phone: (____)_____-_____ Email Address _____			<b>Does your research involve human subjects?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If project involves human subjects, documentation of approval or exemption from an Institutional Review Board (IRB) is required.</i> )	
Submission Option    Research    Quality Improvement    Health Care Equity    Lit Review/Met-Analysis    Case Report If research, please indicate which option    Biomedical Research    Educational Research				
Presentation Type <input type="checkbox"/> Poster Presentation <input type="checkbox"/> Podium Presentation <i>Final presentation type will be at the discretion of the abstract reviewers.</i>				
<b>Title of Abstract</b>			Co-Authors	
Abstract (limit 500 words. Do not use figures, tables, or images) The use of the English language is expected.				
<b>Disclosures to report?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please add the following to your final project: " <i>The authors have no disclosures to report.</i> " If Yes, please provide details of any actual, potential, or perceived conflicts of interest.				
All authors must be identified by name, rank or title, position. Non-provider authors are required to have a provider sponsor. <b><u>Please confirm that all authors and staff members included have reviewed this submission.</u></b> Yes				
<b>Do you have military or federal ID that will grant you access to a military installation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
PRIVACY ACT STATEMENT: In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully. AUTHORITY: SECNAVINST 5211.5e (DoN Privacy Program); PRINCIPAL PURPOSE(S): This form is to provide Camp Lejeune Annual Research Competition and Symposium Coordinators with information necessary to identify, process, and evaluate Abstract Submissions for the Competition. ROUTINE USE(S): For identifying, processing, evaluating, and contacting individuals who submit Abstracts for the Camp Lejeune Annual Research Competition and Symposium. DISCLOSURE: Voluntary. Failure to submit this information will result in the Abstract Submission not being included in the Camp Lejeune Annual Research Competition and Symposium.				