**Mountain West Clinical Translational Research Infrastructure Network**

**Annual Meeting November 17-18, 2022**

**Las Vegas, Nevada**

**Abstract Submission Form**

#  Instructions

 Page 2: Presenter(s) Information

 Please complete all boxes as requested

 Page 3: Abstract

 Complete all boxes as requested.

 Please limit your abstract in the provided boxes ( limit of 500 wordsor less).

 Page 4: Conflict of Interest Attestation and Signature

 You must complete a conflict of interest statement.

 Please sign in the box. If you do not have an electronic signature, your typed signature will

 serve as your official and legal attestation.

 Please submit your completed forms to: ctr-in@unlv.edu

 **Deadline**: You must submit your abstract in Word format by **Friday, September 30, 2022**

# PRESENTER(S) INFORMATION

|  |
| --- |
| **TITLE** |
|  |
| **PRESENTING AUTHOR'S NAME** |
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| **NAMES OF ALL AUTHORS & AFFILIATIONS; INDICATE THE YEAR OF FUNDING SUPPORT FROM MW CTR-IN** |
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| **SUBMITTER (IF DIFFERENT THAN PRESENTING AUTHOR)** |
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| **SUBMITTER EMAIL** |
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| * My/Our research DID NOT REQUIRE approval for human research & experimentation
* My/Our research DID REQUIRE approval for human research & experimentation, and approval WAS obtained
* My/Our research DID REQUIRE approval for human research & experimentation, and approval WAS NOT obtained
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| **APPROVAL FOR ANIMAL EXPERIMENTATION** |
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| **CONSENT TO RECORD** |
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| **SUBMISSION TO OTHER MEETINGS AND/OR JOURNALS** |
| * My/Our abstract HAS NOT been submitted to other meetings and/or journals
* My/Our abstract HAS been submitted to other meetings and/or journals, and these are listed below
 |

**ABSTRACT**

|  |
| --- |
| **PURPOSE/BACKGROUND** |
|  |
| **MATERIALS & METHODS** |
|  |
| **RESULTS** |
|  |
| **DISCUSSION/CONCLUSION** |
|  |

 **CONFLICT OF INTEREST ATTESTATION**

|  |
| --- |
| To the best of my knowledge:* I/We (Other Co-authors) DO NOT have a Conflict of Interest relating to the research being presented.
* A Conflict of Interest DOES EXIST. I/We understand that I/we must disclose this conflict because it is relevant to this presentation, and ***I offer full disclosure in that regard in the box below***.
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|  |
| To the best of my knowledge:* This presentation DOES NOT include information about procedure(s)/product(s) not labeled for use or that are investigational
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# SIGNATURE

In submitting this abstract and by my attestation of Conflict of Interest, I acknowledge that I have completed this form to the best of my knowledge. By completing the signature line below, I agree that my typed signature represents my true and complete submission of my material for consideration.

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| Signature of Presenting Author |  |
| Date |  |