Poster Submissions Rules and Format Guidelines
2009 ASHP Summer Meeting

This document is to assist you in the preparation of your abstract submission for a poster presentation at the 2009 ASHP Summer Meeting, held in Rosemont, IL, June 14-17.

Please read all instructions carefully. We have a new submission process and some requirements have changed.

Posters Related to Summer Meeting Education
ASHP is soliciting abstracts specifically related to educational programming in the Learning Community, Series, and Hot Topic sessions. Although abstracts may be submitted in any category, those relating to programming will be favored.

Awards
Back by popular demand! Best posters describing research or projects related to educational topics* will receive special recognition. Judging and issuing of awards will be completed onsite. Posters will be judged based on:

- **Project design** (clearly-defined objectives, sound methodology, appropriate analysis of data, conclusions consistent with objectives and results, etc.)
- **Significance of project** to the general body of knowledge
- **Overall clarity and organization** of poster

Educational Topics

**Learning Community:**
- Leading the Pharmacy Enterprise
  - Departmental Branding / Influencing
  - Change Management
  - High Level Problem-Solving

**Series:**
- Anticoagulation and NPSG 3E
- Quality Standards in Clinical Practice
  - OR
  - Chest Guidelines
  - IV Safety
  - Antimicrobial Stewardship
- Informatics
  - CPOE
  - Telepharmacy
  - E-Rx
  - BCMA
  - Surveillance Systems

**Hot Topics:**
- The Joint Commission
- New Drugs in Primary Care
- Sorting Out Faculty Roles
- Pharmaceutical and Hazardous Waste
- USP <797>
- ADE Admissions
- 340B Drug Pricing Program
- Legislative and Regulatory Issues
- Emergency Management Planning

*Please note: The above topics may or may not be on the list of categories you will have to choose from when submitting your poster. Please select the category that best fits your subject matter from the online category dropdown list. Poster awards will be based on the actual poster displayed, not the abstract submission.

Thank you for your interest in presenting at the 2009 ASHP Summer Meeting and we hope to see you in Rosemont!
This deadline is final! You may edit a submission anytime prior to the deadline. No new submissions or edits will be accepted after the deadlines. ASHP will not edit abstracts.

AUTHORSHIP

**Primary Author**

The person entering the information online must be the Primary Author and will be responsible for providing the required information for all authors. We define the "Primary Author" as the leading author of the abstract and the one whose name appears first on the abstract. Therefore, the submitting author’s name will automatically appear first on the citation and the abstract, and it is their contact information that will be printed on the published version of the abstract.

A Primary Author or entity may submit as many abstracts as they wish; however, ASHP reserves the right to limit the number of accepted abstracts from any one author or entity.

Duplicate abstracts on the same topic from one author or institution will not be accepted. The presentation itself must not differ from the original accepted title and abstract content. It is understood that an author of the paper (preferably the Primary Author) will be at the meeting to present the poster.

Each submission may have up to five (5) authors. All authors will be published with the abstract by International Pharmaceutical Abstracts (IPA). The Primary Author should check to make sure that all authors are included and in the order they will appear on the abstract and citation. ASHP will not add “forgotten” authors or make changes to the author order.

**Additional Authors**

Each submission may have up to five (5) authors – the Primary Author and four (4) additional authors. The Primary Author should check to make sure that all authors are included and in the order they will appear on the abstract and citation. ASHP will not add “forgotten” authors or make changes to the author order.

**Important:**

We will not accept abstracts that we feel have been ghostwritten or have been commissioned by a commercial entity for the express purpose of positive publicity for a product or service. Our decision will be final.
**MEETING REGISTRATIONS and CANCELLATIONS**

**Meeting Registration**

Presenting a poster at our meeting is a voluntary effort and ASHP cannot pay expenses for your participation. If your submission is accepted you are responsible for your own meeting registration fee and travel.

**All presenters must be registered for the meeting,** at least on the day of the presentation. No one will be allowed in the poster area without a badge.

**Withdrawals/Cancellations**

Written notification is required for all submission withdrawals. Only the Primary Author may withdraw a submission — third party withdrawals will not be accepted.

Send your withdrawal request to: educserv@ashp.org. Please include your full name and presentation title in your request.

Because of our early publication deadlines, if you withdraw after receiving your acceptance notice we cannot guarantee that your presentation citation and/or abstract will not appear in print, on the ASHP Website, or in other print or electronic media.

**NOTIFICATIONS and CONTACT INFORMATION**

**Email Notifications**

All correspondence concerning confirmations, reminders, and accept/reject notifications will be sent to the Primary Author's email only and it is the Primary Author’s responsibility to notify the coauthors of the abstract as to the status of the submission. It is imperative that this email address is a working email box that is not spam protected. If you do have spam protection, chances are you will not receive our emails. Notification emails will come from educserv@ashp.org.

**Contact Information**

If you have a question regarding your submission, please send an email to educserv@ashp.org. Please include your name and the title of the submission. ASHP will refuse to give out information to anyone not listed as an author on the abstract.
Prior Publication

Abstracts submitted for presentation must not have been presented or published previously. The only exceptions are those presented at a state society meeting or an international meeting held outside the U.S.

Publication Rights

ASHP does not retain publication rights to poster abstracts submitted for its meetings. Accepted poster abstracts will be published on the 2009 ASHP Summer Meeting Live Learning Center Website and professional poster abstracts are sent to International Pharmaceutical Abstracts (see below).

International Pharmaceutical Abstracts (IPA)

After the meeting, ASHP will submit accepted abstracts that fit the requirements to International Pharmaceutical Abstracts (IPA) for publication either online, in print, or both. Reasons an accepted abstract may not go to IPA are:

- Presentation was cancelled by author prior to the meeting.
- Author(s) did not show up at the meeting to present.
- Primary Author used home address instead of a business or institution.
- Abstract did not follow the formatting rules outlined in this document. Many of the formatting rules (especially concerning symbols, tables, and font case) are specifically written to meet IPA’s standards. If you want to ensure your accepted presentation will be published by IPA you must abide by the formatting rules.
ABSTRACT SELECTION CRITERIA

All professional poster submissions will undergo a blinded peer-review process by three reviewers. We do not supply names or author affiliations to reviewers; however, if you want your review to be completely blinded, do not include the name of your institution in the body of your abstract.

The decision of the reviewers will be final. **There will be no reconsideration of rejected papers.** Each reviewer will be given the same criteria for reviewing your submission, so it is important that your abstract is well written and meets the stated guidelines. Abstracts will be evaluated only on the data submitted.

- **Presentation balance**: Abstracts will be non-promotional in nature and without commercial bias. Abstracts that are written in a manner that promotes a company, service, or product will **not** be considered.
- **Relevance** and importance of topic to our attendees
- **Scientific Merit** (where applicable): Well designed project that states a purpose; results match conclusion
- Authors that are members of ASHP will be given acceptance priority over non-ASHP members, should acceptable submissions exceed space available.

**OTHER COMMON REASONS FOR REJECTION:**

- Misleading title
- Commercial tone or a biased conclusion
- Research is not original
- Lack of scientific quality or validity
- Poor quality of research methodology; methods are not reproducible
- Lack of data or measurable outcomes
- Data collection is ongoing or has not begun
- Inconsistent or ambiguous data
- Lack of conclusions or conclusions that do not match objectives
- Several abstracts from the same study submitted
- Instructions not followed; format indicated in instructions is not utilized (see Abstract Format)
- Incomplete author disclosure statement (lack of details) or no disclosure statement

**There will be no reconsideration of rejected submissions; however, authors may revise content and resubmit to another ASHP meeting.**
LOGGING IN

Dear Primary Author,

Thank you for your interest in presenting a professional poster at the 2009 ASHP Summer Meeting, June 14-17, in Rosemont, IL.

The deadline for all abstract submissions is 11:59 p.m. (Eastern), March 1, 2009.

You must read the ASHP Summer Meeting Poster Submission Rules and Format Guidelines before beginning your submission. Failure to follow the rules and guidelines may result in your abstract not being accepted.

IMPORTANT: The Primary Author must be the person submitting the abstract. Primary Authors may submit as many abstracts as they wish — as long as they are the Primary on every abstract. Submitting an abstract on behalf of someone else is prohibited.

To begin, either create a new account or login if you are returning to update a proposal. Please note that the “Login Email” will be the address ASHP will use to contact you in regards to your abstract.

Create New Account

First Name:

Last Name:

Email:

Password:

Confirm Password:

Create An Account

-or-

Returning Users Login

Email:

Password:

Submit

For technical questions, please contact: Technical Support 1-888-771-1128 ext 241; support@cmoqc.com

For all other inquiries, please contact: The ASHP Educational Services Division at education@ashp.org or call Vanessa Gripper at 301-664-8882

Important: The email that is used for logging into the submission site must be the Primary Author’s — not an assistant’s or a colleague’s. You must not delete or alter this email on the Primary Author Personal Details screen or the database will not function properly resulting in your submission not being reviewed.
Welcome

Please read all the instructions on the Welcome page before proceeding to the next step.

After reading instructions, click on “Primary Author Information”.

Welcome

Follow the instructions below to begin the abstract submission process.

Primary Author Information
Click on “Primary Author Information” on the left menu. No matter how many proposals you submit as a Primary Author, you only need to fill in this information once. Fields in red must be completed in order to continue to the next step. Your information must be in title case (meaning only the first letter is capitalized). Do not use all capital letters. See the rules and guidelines document for examples.

Creating an Abstract
After completing all required Primary Author Information, click on “Save and Continue”. You will be instructed to click “Create New Abstract” on the left menu. Enter the abstract title and click “Create New Abstract”. All abstract titles must be sentence case except for proper nouns and acronyms. See the rules and guidelines document for title examples. When you click on “Create New Abstract” you will be taken to the first step in the submission process. After each step make sure you click on “Save & Continue” to advance to the next step and to ensure your information will be saved.

Navigating through the Steps:
You may go back to any step to add or edit information, but make sure you click on “Save & Continue” each time in order to save your information. If you want to create a new abstract, click on “Create New Abstract” on the left menu and enter a new title. All of your abstract titles will appear on the left menu. Click on any title to review/edit the information.

Abstract Length:
We do not have an abstract word limit; however, an average length of an abstract is approximately 500 words (this includes Purpose, Methods, Results, and Conclusion fields).

Confirmation:
The last page is your Confirmation which lists everything you submitted. Check your Confirmation carefully to make sure all fields are filled out and there are no typographical errors. ASHP will not
**Primary Author Information**

You must fill out all fields that are in red. You cannot submit your abstract unless all required fields are completed.

IPA will not publish abstracts without a business name (no acronyms) or a business address.

Do Not:
- Use all caps
- Forget the period after the middle initial
- Place degrees after Last Name

You must click on “Save & Continue” on every screen in order to save your information.
CREATE A NEW ABSTRACT

To begin an abstract, click on “Create a New Abstract.” Do not create multiple abstracts with the same title. The titles of all abstracts you create will appear on the left menu. To edit, simply click on the title.

Abstracts you create will appear here. Click on a title to edit.
RULES FOR POSTER TITLES

Please be sure your title accurately and concisely reflects the abstract content. The title will appear in the meeting program exactly as you type it. Submissions with titles that are not in the correct format will be rejected.

- The title must not be misleading.
- Do not use proprietary (brand) names in the title.
- Capitalize only the first letter of the first word in the title; all other words must be in lower-case letters, except in the case of acronyms or proper nouns (countries, etc.).
- Do not use "A," "An," or "The" as the first word in the title.
- Spell out all pharmaceutical acronyms.
- Special symbols (Greek letters; mathematical signs - equal, plus, minus, percentage, greater than, lesser than, etc.) must be spelled out.

Title Examples:

Correct:

Implementation of computerized prescriber order entry (CPOE) in a surgical unit: one year later

Incorrect:

IMPLEMENTATION OF COMPUTERIZED PRESCRIBER ORDER ENTRY (CPOE) IN A SURGICAL UNIT: ONE YEAR LATER

Incorrect:

Implementation of Computerized Prescriber Order Entry (CPOE) in a Surgical Unit: One Year Later

Important: Only put the title of the abstract in the title field. DO NOT put it in the abstract field.
ABSTRACT DETAILS

TYPE OF POSTER

Select one from the following types of submissions.

- **D = Descriptive Report**: *Definition*: Describes completed new, improved or innovative roles or services in pharmacy practice, or unusual clinical cases in one or a few patients that have not been formally evaluated, but are of such importance that they must be brought to the attention of practitioners.

- **E = Evaluative Study Report**: *Definition*: Completed original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services. Abstracts must include scientific results and/or data to support the conclusions.

- **R = Research-in-Progress Report**: *Definition*: Uncompleted original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services currently in progress.
**BODY OF ABSTRACT**

Guidelines for all types of abstracts

- **Proofread abstracts carefully**, particularly doses, numerical values, and drug names. After the deadline, changes cannot be made to the title or content. **ASHP will not edit abstracts.**
- **Be sure to use proper format, see examples for submission type designation**
  (Descriptive Report, page 12; Evaluative Study Report, page 13; Research-in-Progress Report, page 14)
- Use standard abbreviations. Do not include graphs, tables, or illustrations in the abstract.
- Do not use special functions such as tabs, underlines, trademarks, subscripts, bold italics, superscripts, or hyphenations in the abstract. Special symbols (Greek letters, degree signs, and plus/minus) must be spelled out.
- Abstracts in outline form will be rejected.
- Abstracts with a commercial tone will be rejected.
- Abstracts which review existing literature will be rejected.
- Duplicate abstracts on the same topic from same authors or institution will be rejected.
- Do not include the title or authors in the body of the abstract.

**TYPE SPECIFIC ABSTRACT GUIDELINES**

**Descriptive Report Abstracts**

- The abstract must contain rationale detailed description of the project or case, and the importance of the report to pharmacy practice.
- The statement, "details/results will be discussed" will not be accepted and abstracts stating this will be rejected.
- **The abstract must have: Purpose, Methods, Results, and Conclusion.**
- The work described must be complete. Planned projects or descriptions of projects still being implemented will not be accepted.

To see an example of a Descriptive Report Abstract, please go to 12.

**Evaluative Study Abstracts**

- All clinical research represented in the abstract was approved by the appropriate ethics committee or institutional review board and, if appropriate, informed consent was obtained for all subjects. This must be indicated in the abstract.
- **The abstract must have: Purpose, Methods, Results and Conclusion.** (Case reports do not need heading; case studies do need headings.)
- The Primary Author verifies that all coauthors are aware of the contents of the abstract and support the data.
- The statement, "results will be discussed" will not be accepted and abstracts stating this will be rejected.

To see an example of an Evaluative Study Abstract, please go to page 13.

**Research-in-Progress Abstracts**

- All clinical research represented in the abstract was approved by the appropriate ethics committee or institutional review board and, if appropriate, informed consent was obtained for all subjects. A statement to this effect must be included in the abstract.
- **This is research-in-progress, so the statement, "results will be discussed" will not be accepted and abstracts stating this will be rejected.** The intent of this category is to allow investigators peer review during the research process.
- The abstract must contain rationale and objectives for the study (Purpose) and a proposed plan for analysis of the data (methods)

To see an example of a Research-in-Progress Report Abstract, please go to page 14.
**Purpose:** The avoidance of errors in the processing of chemotherapy orders is an important component in the pharmacy department’s medication use safety initiatives. Chemotherapy order processing was identified as a needed competency assessment to heighten awareness in recognizing and preventing chemotherapy medication errors. This project was designed to uncover and correct gaps in the knowledge that pharmacists needed for the safe processing of chemotherapy orders at a community hospital.

**Methods:** A certification module and competency assessment examination were written by a pharmacist with advanced training (specialty residency) in oncology. The certification module included readings, the hospital policy on processing chemotherapy orders, and a chemotherapy order processing checklist designed for the pharmacist. The assessment examination used three actual patient chemotherapy orders, each with specific patient demographics, laboratory values, and imbedded errors. Pharmacists taking the examination needed to identify the errors to safely process the orders. All staff pharmacists were required to complete the examination and were instructed to work independently. A score of 100 percent was required to pass the competency assessment.

**Results:** Twelve pharmacists completed the module. Seven pharmacists correctly identified all the medication order errors in the competency assessment examination. Five pharmacists needed additional training in their identified areas of deficiency and took a customized assessment examination to specifically address those areas. All five pharmacists successfully completed the second assessment examination. The pharmacy director and clinical coordinators felt that the competency assessment examination was successful in identifying gaps in knowledge. The pharmacists indicated that they were more confident processing chemotherapy orders after successful completion of the module and competency assessment.

**Conclusion:** Competency assessment was helpful in identifying and correcting knowledge gaps and may be useful in medication order processing of high risk medications as part of the pharmacy department medication use safety plan.
**EVALUATIVE STUDY ABSTRACT SAMPLE**

**Effects of carvedilol vs atenolol on HbAlc in patients with type 2 diabetes mellitus and hypertension**

**Purpose:** Beta-blockers decrease cardiovascular risk in patients with hypertension and diabetes mellitus (DM). However, their use has been associated with increased fasting glucose and HbAlc levels in these patients. The purpose of this study was to determine whether carvedilol or atenolol had more favorable glycemic effects on patients with diabetes and hypertension who were also using a renin-angiotensin (RAS) blocker, which is known to improve glycemic control.

**Methods:** This open-label, randomized, controlled, parallel group study was approved by the institutional review board. Men and women aged 18-65 who provided informed consent were enrolled if they had Type 2 DM and stage 1 or 2 hypertension controlled by medication. Patients taking a non-ocular beta-blocker within the past 3 months and those with pulmonary, cardiovascular, or kidney disease were excluded. Antihypertensive treatment must have included an RAS blocker, such as an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB). Following a 2-4 week washout period to discontinue all other antihypertensive treatments, 48 patients were randomized to receive either carvedilol (n equals 25) or atenolol (n equals 23) for 24 weeks. Study medication was titrated from carvedilol 6.25 mg twice daily and atenolol 12.5 mg twice daily to a maximum dose of 25 mg and 100 mg twice daily, respectively, at two-week intervals toward target blood pressure levels (less than or equal to 130/80 mmHg). The primary outcome measure was a change from baseline in HbAlc after 6 months of treatment. Secondary outcomes included changes in blood pressure and heart rate. It was determined that 23 participants per treatment group would yield 80 percent power to detect a difference of 0.20 percent between groups for the primary outcome. Data are expressed as means with 95 percent confidence intervals, and evaluation of primary and secondary outcomes utilized analysis of variance.

**Results:** The mean difference between carvedilol and atenolol in the change in HbAlc from baseline was 0.21 percent (95 percent CI, 0.04 percent to 0.27 percent, P equals 0.004). HbAlc levels increased with atenolol administration (0.23 percent; 95 percent CI, 0.08 percent to 0.31 percent, P less than 0.001) but did not change significantly with carvedilol (0.02 percent; 95 percent CI, -0.06 to 0.08 percent, P equals 0.65). Effects on blood pressure and heart rate were comparable.

**Conclusions:** Use of carvedilol in the presence of RAS blockade did not affect glycemic control. However, atenolol was associated with a slight increase in HbAlc after 6 months of treatment. The clinical significance of these effects must be determined in larger, long-term clinical trials.
Purpose: The JNC 7 guidelines recognize that systemic blood pressure (SBP) elevations directly correlate with increased cardiovascular risk. The objective of this study is to determine the extent to which treatment provided to clinic patients with systolic hypertension complies with the JNC 7 guidelines.

Methods: Prior to commencement, this study will be submitted to the Institutional Review Board for approval. The health system's electronic medical record system will be used to identify patients who, over a three-month period of time, have had at least two blood pressure measurements in which systolic blood pressure (SBP) was greater than 139 mmHg and diastolic blood pressure (DBP) was less than 90 mmHg. Patients younger than 18 years of age will be excluded from this study. The following data will be collected: patient age, gender, ethnicity, SBP, DBP, heart rate, co-morbidities, pertinent physical examination findings, occurrence of cardiovascular events, current medications, and reported adverse medication events. If available, results of renal and hepatic function tests and electrocardiograms will be collected. Provider documentation will be reviewed to determine if reasons for non-compliance with JNC 7 guidelines are documented. All data will be recorded without patient identifiers and maintained confidentially. Average SBP and DBP will be calculated. Data from patients with an average SBP of greater than 139 mm Hg and an average DBP of less than 90 mm Hg will be reviewed by a team of clinicians to rate compliance of treatment with the JNC 7 guidelines. This team will be composed of two pharmacists and two physicians who are not involved in the care of this patient population. The reviewers will rate each patient's care as compliant with JNC 7, noncompliant with JNC 7 but clinically appropriate, or noncompliant with JNC 7.
Disclosure: Test 1

Primary Author Abstract Content Affirmation

As the primary author of this submission I affirm:

This is my own and individual work in collaboration with the other author(s) indicated and a third party has NOT been involved in the writing of this abstract.

All coauthor(s) are aware of the contents of this abstract.

All appropriate disclosures have been completed and I or one of the coauthor(s) will present this paper during the time assigned if the submission is accepted for presentation.

I affirm ☐ Yes ☐ No

Primary Author Disclosure

All authors and coauthors are required to disclose any financial or other significant commercial relationships that may have a direct or indirect interest in the subject matter of the presentation. This does not apply to non-profit health-systems unless you are working for a commercial entity within the non-profit.

You will be asked if you have a “Potential Conflict of Interest”. If you do, you must fill out the appropriate fields with the name of the organization(s) involved.

Please note: All accepted poster presentations must display a disclosure panel on the poster during the session. Those posters with nothing to disclose must display the statement "The Author(s) have nothing to disclose." Instructions on the wording and placement of the disclosure panels will be in the Poster Presenters Handbook.

Warning: Posters not displaying a disclosure panel may be removed from the Poster Hall and the authors may be banned from presenting posters at future ASHP meetings.

Primary Author Disclosure

☐ Potential Conflict:
   ☐ I have no actual or potential conflict of interest in relation to this program
   ☐ I have financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context or the subject of this presentation.

Primary Author Financial Interest

Financial Interest

Employee of (if not listed above):

American Society of Health-System Pharmacists

Receives Grant/Research Support:

Consultant:
ADDITIONAL AUTHORS

The Primary Author must obtain the disclosure information from all authors prior to completing the submission process and is agreeing to display this information on behalf of all authors. The Primary and each additional author will each have a disclosure section that will need to be filled out. The Primary Author will fill out the Additional Author disclosures on their behalf.

Warning: If we do not receive disclosure information from all authors listed your abstract will be accepted.

Add the Author’s email, first name, and last name. Click on “Add Author”. You may add up to 4 additional authors
Editing Additional Authors

This is the order your additional authors will appear on the abstract. Use the arrows to change the order.

IMPORTANT
Click on “Edit” next to an author’s name to enter their personal details. DO NOT MISS THIS STEP.

Add New Author

E-mail Address
First Name
Last Name

Add Author

To add more than one additional author, please fill in the E-mail Address, First Name and Last Name above and click the “Add Author” button.

You must click on “Edit” beside each author’s name to enter their personal and disclosure information. DO NOT Click on “Save & Continue” until you have entered all additional authors and their information. Use the up and down arrows on the right of their names to place them in the order they are to appear on the abstract citation.

Save & Continue

Note: The Primary Author will always be listed first on the abstract.
**Editing Additional Authors**

**Author**

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**Disclosure**

As the Primary Author of this submission I verify that the following disclosure information was communicated to me by the co-author listed above.
**ADDITIONAL AUTHOR DISCLOSURE**

You must fill out disclosure information on behalf of each additional author. We will not accept abstracts that do not have this information filled out.

After entering all Additional Author information, click on “Save & Continue”.
After you have entered all Additional Author Information, you will be taken to a Confirmation page. Please review all the information carefully to make sure that you have not made any mistakes. **ASHP will not edit abstracts.** If you need to go back to a section to edit, please click on the section name on the left menu. When you have completed your submission **PRINT THIS PAGE OUT.** In the unlikely event a technical error should occur, you may need to fax this to ASHP to prove you completed the submission prior to the deadline. **After the deadline, any submission that does not have all the required fields completed will not be considered for review or presentation**

![Confirmation: Test 2](image)

You will need this number if you contact ASHP regarding your abstract.
LOGGING OUT / CREATE A NEW ABSTRACT

After printing your confirmation you may Logout or click on “Create A New Abstract” to begin a new submission.