

Professional Poster Format and Submission Rules

2009 ASHP Midyear Clinical Meeting

We are delighted that you are interested in getting involved with the Midyear Clinical Meeting by presenting a poster. We want your submission to be accepted by the peer-reviewers, so this document serves as a resource to help you prepare a successful submission.

In order to best assure that your abstract will be accepted, read all the instructions carefully. Note that instructions have changed for this year.

We're looking forward to seeing you in Las Vegas!

STUDENTS and RESIDENTS – Please Note:

The submission site for Students and Residents opens **August 15, 2009**. Links to those sites will appear on our website at http://www.ashp.org/Get_Involved

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DEADLINE – 11:59 p.m. Eastern, June 15, 2009

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. Please be careful and check for errors and typos before submitting. ASHP cannot 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.

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:

ASHP 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 meeting badge.

WITHDRAWALS/CANCELLATIONS

Please notify the Educational Services Division in writing if you wish to withdraw your submission. Only the Primary Author may withdraw a submission.

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

Because of 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, and/or in other print or electronic media.

NOTIFICATIONS and CONTACT US

NOTIFICATIONS

New this year! Because so many email notifications get caught up in spam filters we are using a new process. Accepted and rejected **Submission Numbers** will be posted on our Web site at http://www.ashp.org/Get_Involved by August 1, 2009. The Submission Number appears on your Confirmation Page (see page 20 for more information).

The poster listing, with scheduled times and board assignments, will also be posted on the Get Involved Web page by August 15, 2009.

CONTACT US

If you have a question regarding your submission, please send an email to educkserv@ashp.org. Please include your name, the title of the submission and your **Submission Number**. ASHP will not give out information to anyone not listed as the Primary Author on the abstract.

ABSTRACT PUBLICATION / PRESENTATION

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 Midyear 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.
- Other reasons at the discretion of ASHP.

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.

All abstracts must be based on completed research with results and conclusions. We will not accept research-in-progress reports for Professional posters (submissions to the Student and Resident sites are exempt).

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 can only be evaluated only on the information submitted, so please be thorough and don't leave out important information.

- 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
- Abstract Format: Not following the abstract guidelines for your specific type of abstract – Descriptive Report or Evaluative Study Report.
- 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 abstract content and resubmit to another ASHP meeting.

HOW TO SUBMIT ONLINE

LOGGING IN

 American Society of Health-System Pharmacists[®]
TOGETHER WE MAKE A GREAT TEAM

Professional Poster Abstract Submissions

Please Note:

This site is for Professional Poster abstracts only.

If you are a student or a resident in an ASHP accredited/accreditation pending program you must wait until August 15th to submit abstracts. Please go to www.ashp.org/getinvolved for more information.

Dear Primary Author,

Thank you for your interest in presenting a Professional Poster at the 2009 ASHP Midyear Clinical Meeting, December 6-10, in Las Vegas, Nevada.

The deadline for all abstract submissions is 11:59 p.m. (Eastern), June 15, 2009.

You must read the [ASHP Midyear Clinical 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

This email has to belong to the Primary Author. It will be the contact email and the one that appears with your abstract.

Create New Account

FIRST NAME:
LAST NAME:
EMAIL:
PASSWORD:
CONFIRM PASSWORD:

Create An Account

Returning Users Login

EMAIL:
PASSWORD:

Submit

For technical questions, please contact: Technical Support 1-888-711-1138 ext 241; support@cmgdc.com

For all other inquiries, please contact: The ASHP Educational Services Division at educserv@ashp.org or call Vanessa Gripper at 301-664-8682

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 PAGE

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

After reading instructions, click on "Primary Author Information".

Welcome
Vanessa Gripper
- LOGOUT -

Welcome

ASHP 2009 MIDYEAR CLINICAL MEETING

PRIMARY AUTHOR INFORMATION

CREATE A NEW ABSTRACT

THE GIFT OF LIFE

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. **Do not create multiple abstracts with the same title; edit the one you first created.**

PRIMARY AUTHOR INFORMATION

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

The screenshot shows the 'Primary Author Information' form from the ASHP 2009 Midyear Clinical Meeting. The form is titled 'Primary Author Information' and contains the following fields:

- * First Name: Vanessa
- * Last Name: Gripper
- Middle Name / Initial: Z
- * Position Title: Project Assistant
- * Company / Affiliation: ASHP
- * Business Address 1: 7272 Wisconsin Avenue
- * Business Address 2: PO Box 7272
- * City: Bethesda
- State (inside U.S.): MD
- Province (outside U.S.):
- * Zip / Postal Code: 20814
- * Country: USA
- Phone: 555-555-5555
- Extension: 666-666-6666
- Fax Number: 777-777-7777
- * E-Mail: Vgripper@ashp.org

* ASHP Member: Yes No

* indicates a required field

Do Not:

- Use all caps
- Forget to insert a period after your middle initial
- Place degrees after last name

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

You must click on "Save & Continue" on every screen in order to save your information.

Save & Continue

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.

Welcome
Vanessa Gripper

- LOGOUT -

Welcome

ASHP 2009 MIDYEAR CLINICAL MEETING

PRIMARY AUTHOR INFORMATION

CREATE A NEW ABSTRACT

+ THE GIFT OF LIFE

Primary Author: Thank You

Thank you for entering your personal details, please click on the "Create New Abstract" tab on the left menu to enter your abstract details.



Welcome
Vanessa Gripper

- LOGOUT -

Welcome

ASHP 2009 MIDYEAR CLINICAL MEETING

PRIMARY AUTHOR INFORMATION

CREATE A NEW ABSTRACT

+ THE GIFT OF LIFE

Create a New Abstract

Professional Poster Deadline is June 15, 2009, 11:59 pm EST
No submissions or corrections will be accepted after this date.

To add a new Poster Abstract, please enter your Proposed Title and click Create New Abstract:

Proposed title:

Click here to begin a new abstract.

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: Put the title of the abstract in the title field only. DO NOT put it in the abstract field.

ABSTRACT DETAILS

The screenshot shows the 'Abstract Details' section of a submission form. At the top, a blue header bar displays 'Welcome Vanessa Gripper'. Below this, the main form area has a light blue background. On the left, a vertical sidebar lists navigation options: 'THE GIFT OF LIFE', 'ABSTRACT DETAILS' (which is the active tab), 'DISCLOSURE', 'ADDITIONAL AUTHORS', and 'CONFIRMATION'. A large orange box with the text 'Choose one category that best fits your presentation' is overlaid on the sidebar. A large orange arrow points from this box to the 'Submission Category' dropdown menu, which is set to 'Administrative Practice / Financial Management / Human Resources'. Another orange box with the text 'Choose Poster type' is overlaid on the right side of the form, with an orange arrow pointing to the 'Type of poster' section. This section includes radio buttons for 'Descriptive Report' (selected), 'Evaluative Study Report', and 'Case Report'. A note at the bottom states: 'We are no longer accepting Research-in-Progress reports for Midyear Professional Posters.' The main content area is titled 'Abstract' and contains three text input fields: 'Purpose' (containing 'Live Life to the Fullest'), 'Methods' (containing 'Relax, relate and release on the beach in your mind daily.'), and 'Results' (containing 'A stress-free life.').

TYPE OF POSTER

Select **one** from the following types of submissions.

- **D = Descriptive Report:** 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:** 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.
- **C = Case Reports:** Describes an unusual *patient-specific* case that was not part of a study but the findings are of interest to clinical pharmacists. Case Reports do not need the headings Purpose, Methods, Results, or Conclusions but cannot be a research-in-progress. Enter the abstract information in the "Purpose" field. Please enter **N/A** in the Methods, Results and Conclusion fields. If this information is not completed the system will not allow you to proceed further.

BODY OF ABSTRACT

Guidelines for All 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 14 and Evaluative Study Report, page 15).
- 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.**
 - **Note:** Not all symbols will convert correctly from a Web-based database to a Word document of a rich-text format. What may work for one submission, may not work for another. If you choose to use symbols, ASHP and IPA are not responsible for conversion problems and may reject your submission if it becomes difficult to understand due to symbol conversion.
- 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.
- Abstracts ASHP considers unusable due to format issues, created by not following the rules, will be rejected.

Abstract Length

We do not have an abstract word limit; however, an average length of an abstract is approximately 600 words (this includes Purpose, Methods, Results, Conclusion fields).

ABSTRACT GUIDELINES BY TYPE

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.

SAMPLE - DESCRIPTIVE REPORT ABSTRACT

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 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.

SAMPLE - EVALUATIVE STUDY ABSTRACT

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 HbA1c 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 HbA1c 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 HbA1c from baseline was 0.21 percent (95 percent CI, 0.04 percent to 0.27 percent, P equals 0.004). HbA1c 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 HbA1c after 6 months of treatment. The clinical significance of these effects must be determined in larger, long-term clinical trials.

Case Report 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 does not need: Purpose, Methods, Results and Conclusion. Enter all the information in the Purpose field (see example).
- The Primary Author verifies that all coauthors are aware of the contents of the abstract and support the data.

SAMPLE – CASE STUDY REPORT ABSTRACT

Purpose: This case series illustrates the potential risk of transdermal alcohol application in patients on warfarin. Patient 1 is being treated with warfarin for heart failure. The patient has a goal INR between 2 and 3 and has had therapeutic INRs at the last twenty-two clinic visits. He presented to clinic with an INR of 4.2. He denied symptoms of heart failure exacerbation, changes in diet, or changes in medications. The patient reported that he had been applying rubbing alcohol to a back injury. At this visit, patient was instructed to discontinue rubbing alcohol, hold two doses of warfarin, and then resume his current warfarin regimen. He returned to clinic 4 weeks later and his INR was 2.3. His INR remained in the therapeutic range for the next 3 follow-up visits. Patient 2 has been prescribed warfarin secondary to an atrial valve replacement and has a goal INR range of 2 to 3. After 6 consecutive therapeutic visits, the patient presented with an INR of 3.2. She denied medication or diet changes, but reported that she had applied rubbing alcohol to sore legs several days prior to the clinic visit. At this visit she was told to discontinue the rubbing alcohol, hold one dose of warfarin, and then resume her previous regimen. The patient returned to clinic 4 weeks later and her INR was 1.8. Patient's INR remained in the therapeutic range for the next 5 visits. Patient 3 is being treated with warfarin for recurrent venous thromboembolism (VTE) and protein S deficiency. Her therapeutic INR range is 3.0 to 3.5 due to recurrent VTE despite therapeutic INR levels. Her INR in clinic was 4.3 following a recent dose increase of her warfarin. She reported that she had been using 4 ounces of hand sanitizer daily. She was asked to hold her warfarin dose that night, and then resume her current regimen. She returned to clinic 7 days later and her INR was 3.7. Despite being counseled on the risk associated with the Purell, she continued to use approximately 4 ounces daily. Over the next 2 months the patient's INR fluctuated greatly with all but one INR in the supratherapeutic range. The patient finally discontinued use of Purell Instant Hand Sanitizer and her INR fell to 2.6. Although the patient's INR was never completely stable the 2 months following discontinuation of the hand sanitizer, the INR fluctuations were more predictable. As this case series suggests, the application of transdermal alcohol has the possibility to affect INRs in patients being treated with warfarin. Although more study is needed to further elucidate this interaction, it is important for providers to inquire about the topical application of alcohol and alcohol-containing products.

Methods: N/A

Results: N/A

Conclusions: N/A

PRIMARY AUTHOR ABSTRACT CONTENT AFFIRMATION

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.

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 of the subject of this presentation.

Primary Author Financial Interest

Financial Interest	Name of Organization(s)
--------------------	-------------------------

Employee of (if not listed above):

Receives Grant/Research Support:

Consultant:

ADDITIONAL AUTHORS

We will only accept four (4) 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.

Additional Authors: Test 1

Additional Authors

Note: The Primary Author will always be listed first on the abstract

Lynda Irvin (lirvin@ashp.org)

Author	Remove	Remove	Up	Down
Larry Mann (lmann@ashp.org)				
Louise Maitland (lmaitland@ashp.org)				

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.

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

Additional Authors: Test 1

Additional Authors

Note: The Primary Author will always be listed first

Lynda Irvin (lirvin@ashp.org)

Author	Remove	Remove	Up	Down
Larry Mann (lmann@ashp.org)				
Louise Maitland (lmaitland@ashp.org)				

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.

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

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

Editing Additional Authors

Author	
Edit	Larry Mann (lmann@ashp.org)
Hide	Louise Maitland (lmaitland@ashp.org)
Remove	
Up	
Down	
* First Name: Louise	
* Last Name: Maitland	
Middle Name / Initial: N.	
* Position Title: Manager	
* Company / Affiliation: American Society of Health-System Pharmacists	
* Address 1: ASHP	
* Address 2: 7272 Wisconsin Avenue	
* City: Bethesda	
State (inside U.S.): MD	
Province (outside U.S.):	
* Country: USA	
* E-Mail: lmaitland@ashp.org	
Phone: 222-222-2222	
Extension: 333-444-3333	
Fax Number: 111-444-5555	

Fill in all required information

ADDITIONAL AUTHOR DISCLOSURE

You must fill out disclosure information on behalf of each additional author.

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.

* Potential Conflict:

The above co-author does not have any actual or potential conflict of interest in relation to this program.
 The above co-author does have a financial interest/arrangement or affiliation with one or more organizations related to this program.

Employee of (if not listed above):	
Receives Grant/Research Support:	
Consultant:	
Clinical Investigator:	
Speaker's Bureau:	
Stockholder:	
Receives other Financial/ Material Support:	

COMPLETING THE SUBMISSION PROCESS

After you have entered all Additional Author Information, you will be taken to the 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 OUT A COPY of THIS CONFIRMATION—you will need the Submission Number (located under the Abstract Title on the Confirmation) in order to tell if your submission has been accepted.** ASHP will not be responsible for lost or misdirected submissions unless you can show us a copy of your Confirmation. After the deadline, **any submission that does not have all the required fields completed will not be considered for review or presentation.**

The screenshot shows a confirmation page for a submission titled 'The Gift of Life'. The left sidebar lists navigation options: Welcome, LOGOUT, Welcome, ASHP 2009 MIDYEAR CLINICAL MEETING, PRIMARY AUTHOR INFORMATION, CREATE A NEW ABSTRACT (selected), THE GIFT OF LIFE, ABSTRACT DETAILS, DISCLOSURE, ADDITIONAL AUTHORS, and CONFIRMATION. A large orange callout box points to the 'CONFIRMATION' link with the text 'You will need this number if you contact ASHP regarding your abstract.' Another orange callout box points to the 'Abstract Details' section with the text 'Need to edit? Click on the step to return.' The main content area includes instructions for checking the abstract confirmation, a note about the submission deadline (June 15, 2009), and a 'SUBMIT ABSTRACT for REVIEW' button. The 'Proposal Details' table at the bottom shows the submission number 165567 circled in red.

Proposal Details	
Proposal Title	The Gift of Life
Submission Number	165567
Submission Category	Administrative Practice / Financial Management / Human Resources
Type of Poster	Descriptive Report
Purpose	Live Life to the Fullest

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.

Welcome
Vanessa Gripper
- LOGOUT -

Welcome

ASHP 2009 MIDYEAR CLINICAL MEETING

PRIMARY AUTHOR

INFORMATION

CREATE A NEW ABSTRACT

THE GIFT OF LIFE

ABSTRACT DETAILS

DISCLOSURE

ADDITIONAL AUTHORS

CONFIRMATION

Confirmation: The Gift of Life

Please check the following abstract confirmation to ensure that all fields are properly filled out. Changes cannot be made to this page. To return to a step to add or edit information, click on its' name on the left menu. If you need to logout of this submission and come back later, click on the abstract title on the left menu when you return to the submission site -- **do not click on "Create a New Abstract" and start over.**

All submissions may be edited up until the deadline of 11:59 PM (Eastern), June 15, 2009. No new submissions or edits will be accepted after that date.

PRINT OUT A COPY OF THIS CONFIRMATION. If there is a question about your submission ASHP may request a copy of this confirmation. ASHP will not be responsible for lost or misdirected submissions unless you can show us a copy of your confirmation. Also, please note the "Submission Number" located under the Abstract Title. This is the number you will need if you contact ASHP concerning this submission.

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