



Student Poster Presenter

Poster Submission Rules & Guidelines

for

45th Midyear Clinical Meeting
December 5-9, 2010
Anaheim, CA

This site is for student submissions only. If you are a resident, go to
<http://www.softconference.com/ResidentPoster10> and click on
“Submit a Resident Poster Abstract”

Educational Services Division
American Society of Health-System Pharmacists
7272 Wisconsin Avenue
Bethesda, Maryland 20814

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2010 ASHP Midyear Clinical Meeting

2010 ASHP Midyear Clinical Meeting

Student Poster Submission Rules

And

Format Guidelines

This document is to assist you in the preparation of your abstract submission for a poster presentation at the *2010 ASHP Midyear Clinical Meeting* to be held in Anaheim, CA, December 5-9.

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

Thank you for your interest in presenting at the *2010 ASHP Midyear Clinical Meeting* and we hope to see you in Anaheim!

Important Information:

- ❖ **Deadline is October 1, 2010, 11:59 PM Eastern. No exceptions.**
- ❖ **You must either currently be a student** or your study was conducted while you were a student.
- ❖ **Incomplete submissions will not be considered.**
- ❖ ***NEW – Primary Authors can only create one abstract;** however, they can be

STUDENTS, RESIDENTS, and FELLOWS* Please Note:

The submission sites for Students and Residents open **August 15, 2010**. Links to those sites will appear on our Website at http://www.ashp.org/Get_Involved and on the MCM10 Meeting Website.

*Fellows will submit using the Resident site; however, they will present in a Professional Poster session.

additional authors on other abstracts. (See page 5).

- ❖ **Posters will be presented on:**
 - Monday & Tuesday (Presentation schedule will be available on the ASHPs Get Involved meeting page on October 21st)

Set-up begins 30 minutes before the poster session begins. (Please plan your travel accordingly).

- ❖ You will receive more instructions on creating and presenting a poster when your poster has been accepted.

2010 ASHP Midyear Clinical Meeting

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2010 ASHP Midyear Clinical Meeting

DEADLINE – 11:59 p.m. Eastern, October 1, 2010

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. Incomplete submissions found after the deadline will not be considered.

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 may submit only one abstract; however, they may be an additional author on other abstracts. Do not create duplicate abstracts. Once you create an abstract you may go back and edit that abstract by clicking on its title. Even if you go into the submission site to just look around and create a fake abstract – use that one, writing over the title, for your final. Duplicate and fake abstracts slow down the acceptance process. If a Primary Author submits more than one abstract ASHP will choose which abstract will be presented and will delete the others. Once deleted, these cannot be recovered.

ADDITIONAL AUTHORS

Each submission may have up to **five (5) authors** – the Primary Author and **four (4) additional authors**. If you submit more than four additional authors ASHP will accept the first four and delete the rest. The Primary Author should check to make sure that all authors and their information 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. Incomplete additional author information may cause the abstract to be rejected.**

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.

2010 ASHP Midyear Clinical Meeting

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 even during set-up. If you need assistance setting up your poster or if you would like a family member to see your poster, please come to the Poster Desk in the Poster Hall and talk with an ASHP staff member. Please do not attempt to get someone past security.

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

NOTIFICATIONS

Accepted and rejected **Submission Numbers** will be posted on our Web site at http://www.ashp.org/Get_Involved by October 21, 2010. The Submission Number appears on your Confirmation Page (see page 19 for more information).

The poster listing, with scheduled times and board assignments, will also be posted on the Get Involved Web page by October 28, 2010.

CONTACT US

If you have a question regarding your submission, please send an email to educserv@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.



RESIDENTS, and FELLOWS* Please Note:

This is the Student Poster Submission site. Please select the link below to access the Resident Poster Submission site

http://www.ashp.org/Get_Involved and on the MCM10 Meeting Website.

*Fellows will submit using the Resident site; however, they will present in a Professional Poster session.

HOW TO SUBMIT ONLINE

LOGGING IN

You will be asked for the following information:

- First Name
- Last name
- Email
- Password (you will create your own when you login for the first time)

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

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.

This email will be the contact email and the one that appears with your printed abstract.

WELCOME PAGE

Please read the Welcome Page information carefully. It will tell you how to navigate through the submission site. The **Word limit** for abstract submissions is also located on the welcome page. After reading the instructions, please click on "Primary Author information" on the left menu.

PRIMARY AUTHOR INFORMATION

You must fill out all fields that are in red. You cannot submit your abstract unless all required fields are completed. If you do not complete all required fields you will see a pop-up note telling you to go back and complete the step.

Do Not:

- Use all caps
- Forget the period after the middle initial
- Place degrees after Last Name

2010 ASHP Midyear Clinical Meeting

STUDENT PROCESSION PAGE

The Student Procession page will appear after completing the Primary Author Contact Information.



CREATE AN ABSTRACT

To begin an abstract, click on **“Create an Abstract”** and enter the title. **Students are only allowed to submit ONE poster per primary author.** The title of the abstract you create will appear on the left menu. To edit, simply click on the title.

NEW: In order for us to process submissions in a timely manner, Primary Authors can only create **ONE** abstract. If you create a false submission, or have made an error in your abstract, you must write over the original one you created or click on **“Remove Student Poster Proposal”** and start over.

Any Primary Author trying to submit more than one abstract will risk having all their submissions not accepted.

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 body of the abstract.

2010 ASHP Midyear Clinical Meeting

ABSTRACT DETAILS

SUBMISSION CATEGORY

Choose one category that best fits your presentation from the drop down list.

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. **Please note:** Results can be presented on your poster at the meeting.

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 8; Evaluative Study Report, page 9 and Research-in-Progress Report, page 10).
- 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.
- Do not include the title or authors in the body of the abstract.

Abstracts will be rejected if:

- they are in outline form.
- they have a commercial tone.
- they review existing literature.
- they are a duplicate abstract on the same topic from same.

2010 ASHP Midyear Clinical Meeting

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 8.

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.**
- 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 9.

Research-in-Progress Report Abstracts

- All clinical projects 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. **If it was exempt from review, a statement indicating why the study was exempt must be included.**
- **The abstract must contain rationale and objectives for the study (Purpose) and a proposed plan for analysis of the data (Methods). Do not fill out the Results and Conclusion fields.**

To see an example of a Research-in-Progress Report Abstract, please go to page 10.

2010 ASHP Midyear Clinical Meeting

DESCRIPTIVE REPORT POSTER ABSTRACT SAMPLE

PLEASE NOTE: Do not include the field names – Purpose, Methods, Results, and Conclusion – in the body of your 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 pharmacist with advanced training (specialty residency) in oncology wrote a certification module and a competency assessment examination. 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 process the orders safely. All staff pharmacists were required to complete the examination and 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 address those areas specifically. 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.

2010 ASHP Midyear Clinical Meeting

EVALUATIVE STUDY ABSTRACT SAMPLE

PLEASE NOTE: Do not include the field names – Purpose, Methods, Results, and Conclusion – in the body of your 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: The institutional review board approved this open-label, randomized, and controlled parallel group study. 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.

2010 ASHP Midyear Clinical Meeting

RESEARCH-IN-PROGRESS ABSTRACT SAMPLE

PLEASE NOTE: Do not include the field names – Purpose and Methods in the body of your abstract.

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.

2010 ASHP Midyear Clinical Meeting

PRIMARY AUTHOR ABSTRACT CONTENT AFFIRMATION

All primary authors must affirm:

The submission is their own, individual work in collaboration with the other author(s) indicated and a third party has NOT been involved in the writing of the abstract.

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

All appropriate disclosures have been completed and that either the primary author or one of the coauthors will present this poster during the time assigned if the submission is accepted for presentation.

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.

ADDITIONAL AUTHORS

Add all your co-authors information. To begin, enter the author's email address, first name and last name.

The screenshot shows a web interface for adding authors. On the left is a navigation menu with items like 'Welcome Vanessa Gripper', 'Logout', 'Summer Meeting', and 'Author'. The main content area is titled 'Additional Authors: Test 1'. It features a list of authors: Vanessa Gripper (Vgripper@ashp.org) as the primary author, Louise Maitland (lmaitland@ashp.org), and Lynda Irvin (lirvin@ashp.org). Each author has an 'Edit' link and a 'Remove' button. An 'Add New Author' section contains input fields for 'E-mail Address', 'First Name', and 'Last Name', with an 'Add Author' button below. A 'Save & Continue' button is at the bottom. Three callout boxes provide instructions: one on the left about clicking 'Edit' for personal details, one at the top right about ordering authors with arrows, and one on the right about adding new authors.

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.

Add the Author's email, first name, and last name. Click on "Add Author". You may add up to 4 additional authors.

Additional Authors: Test 1

Additional Author

Note: The Primary Author will always be listed first.

Vanessa Gripper (Vgripper@ashp.org)

Author

Edit Louise Maitland (lmaitland@ashp.org) Remove

Edit Lynda Irvin (lirvin@ashp.org) Remove

Add New Author

E-mail Address:

First Name:

Last Name:

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.

2010 ASHP Midyear Clinical Meeting

Editing Additional Authors/Additional Author Disclosure

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 Author will fill out the Additional Author disclosures on their behalf.

ASHP 2009 SUMMER MEETING

PRIMARY AUTHOR INFORMATION
CREATE A NEW ABSTRACT
TEST 1
ABSTRACT DISCLOSURE
ADDITIONAL AUTHOR INFORMATION
CONFIRMATION
TEST 2

Note: The Primary Author will always be listed first on the abstract
Vanessa Gripper (Vgripper@ashp.org)

Author

Louise Maitland (lmailand@ashp.org) [Remove] [↓]

* First Name: Louise
* Last Name: Maitland
Middle Name / Initial:
* Position Title: Technology Communications Manager
Affiliation: ASHP
Address 1:
Address 2:
City:
State (inside U.S.):
Province (outside U.S.):
Zip / Postal Code:
Country:
* E-Mail: lmailand@ashp.org
Phone:
Extension:
Fax Number:

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:

Edit Lynda Irvin (lirvin@ashp.org) [Remove] [↑]

Add New Author

E-mail Address:
First Name:
Last Name:
Add Author

Click on "Edit" beside each author's name to enter their personal and disclosure 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

Fill in all required information for EACH of your additional authors. You will get a error message if you skip a required field.

After entering ALL Additional Author information, click on "Save & Continue".

2010 ASHP Midyear Clinical Meeting

COMPLETING THE SUBMISSION PROCESS

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.**

Welcome
Lynda Irvin
- LOGOUT -

Welcome

TEST 2

ABSTRACT DETAILS ✓

DISCLOSURE ✓

ADDITIONAL AUTHORS

CONFIRMATION

REMOVE POSTER PROPOSAL

Confirmation: Test 2

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, 2010. 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 mis-directed 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.

You must click on the "SUBMIT ABSTRACT for REVIEW" button at the bottom of this page to complete the submission process. If you do not click on "SUBMIT ABSTRACT for REVIEW" your submission will not be considered for presentation. Do not click on "Create a New Abstract" for uncompleted abstracts. After submitting your abstract you will receive a confirmation email.

**Need to edit?
Click on
Abstract Details.**

DO NOT MISS THIS STEP!

You will need this number if you contact ASHP regarding your abstract.

Submit Abstract for Review

Abstract Details	
Abstract Title	Test 2
Submission Number	215228
Submission Category	Administrative practice / Financial Management / Human Resources
Type of Poster	Case Report
Purpose	Testing
Methods	N/A
Results	N/A
Conclusion	N/A

Primary Author	
Name	Lynda Irvin
Middle Name / Initial	M.
Title	Manager
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State	MD
Province	Montgomery
Zip / Postal Code	20814
Country	USA
Telephone	222-222-2222
Extension	123
Fax Number	444-444-4444
ASHP Member	Yes

Primary Author Disclosure/Financial Interests	
Abstract Content Affirmation	Yes
Potential Conflict	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.
Agree to display	Yes
Employee of	

Receives Grant/Research Support

Consultant

Clinical Investigator

Speaker's Bureau

Stockholder

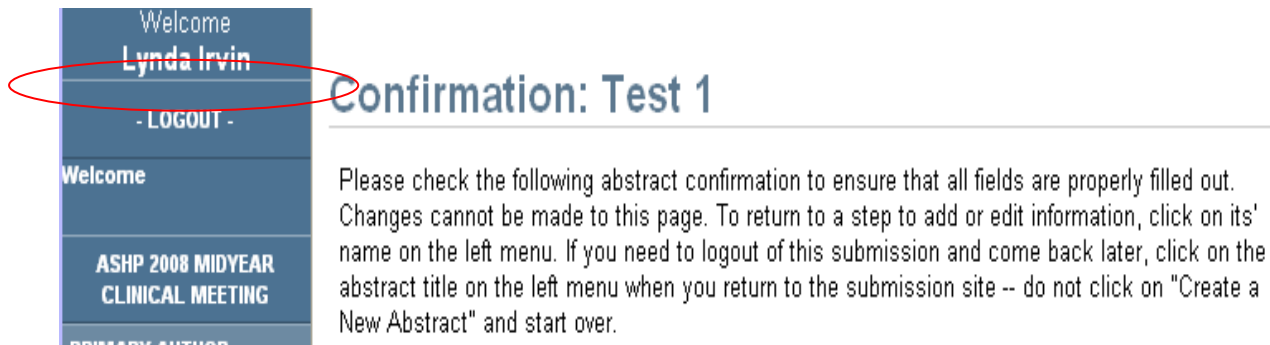
Other Financial/Material Support

You must click on Submit Abstract for Review!

2010 ASHP Midyear Clinical Meeting

LOGGING OUT

After printing your confirmation Logout.



Welcome
Lynda Irvin
- LOGOUT -

Welcome

ASHP 2008 MIDYEAR
CLINICAL MEETING

PRIMARY AUTHOR

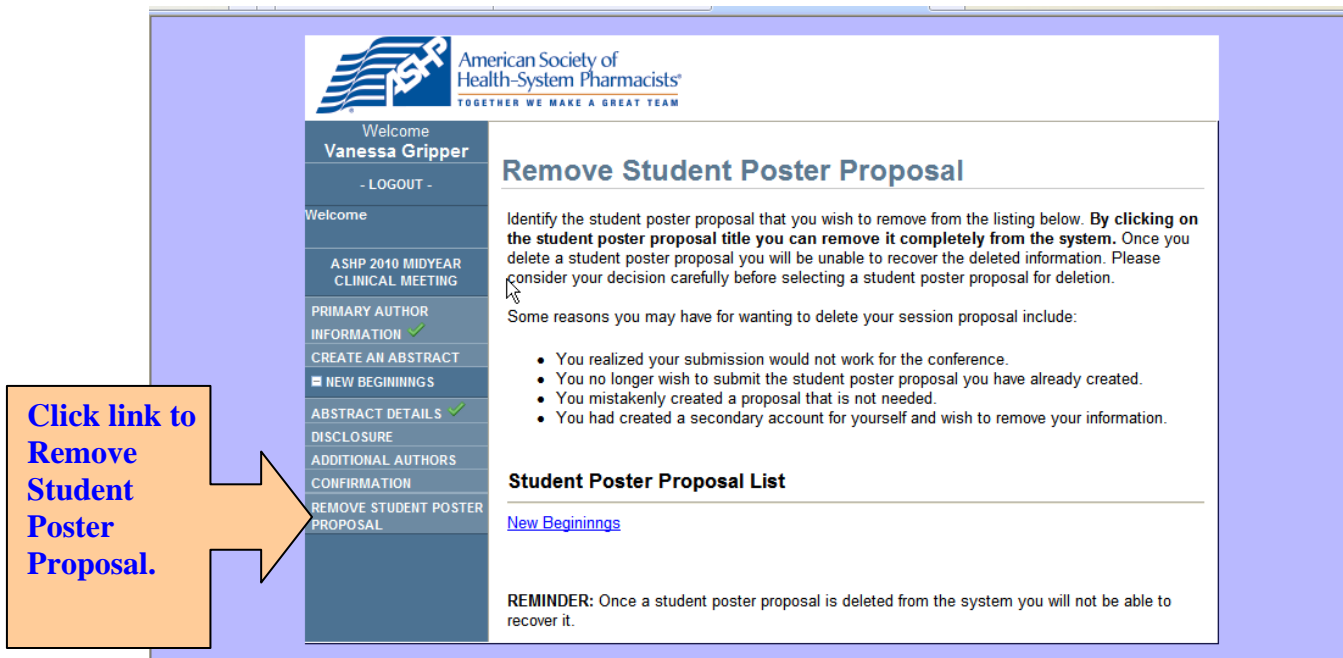
Confirmation: Test 1

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.

Thank You

When you click on "Submit Abstract for Review" you will see a Thank You page. You will also receive an email from educserv@ashp.org with information on when and how you will be notified if your poster has been accepted. This email is **not** a confirmation of acceptance.

REMOVE STUDENT POSTER PROPOSAL



Click link to Remove Student Poster Proposal.

Welcome
Vanessa Gripper
- LOGOUT -

Welcome

ASHP 2010 MIDYEAR
CLINICAL MEETING

PRIMARY AUTHOR
INFORMATION ✓

CREATE AN ABSTRACT

NEW BEGINNINGS

ABSTRACT DETAILS ✓

DISCLOSURE

ADDITIONAL AUTHORS

CONFIRMATION

REMOVE STUDENT POSTER
PROPOSAL

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

Remove Student Poster Proposal

Identify the student poster proposal that you wish to remove from the listing below. **By clicking on the student poster proposal title you can remove it completely from the system.** Once you delete a student poster proposal you will be unable to recover the deleted information. Please consider your decision carefully before selecting a student poster proposal for deletion.

Some reasons you may have for wanting to delete your session proposal include:

- You realized your submission would not work for the conference.
- You no longer wish to submit the student poster proposal you have already created.
- You mistakenly created a proposal that is not needed.
- You had created a secondary account for yourself and wish to remove your information.

Student Poster Proposal List

[New Beginnings](#)

REMINDER: Once a student poster proposal is deleted from the system you will not be able to recover it.