

Professional Poster Format and Submission Rules

2013 ASHP Midyear Clinical Meeting

Orlando, FL

December 8-12, 2013

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

In order to best assure that your abstract is accepted, read all the instructions carefully.

Note that instructions have changed for this year.

We are looking forward to seeing you in Orlando!

STUDENTS, RESIDENTS, and FELLOWS* Please Note:

The submission sites for Students and Residents open **August 15, 2013**. Links to those sites will appear on our Website at http://www.ashp.org/Get_Involved and on the MCM13 Meeting Website.

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

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DEADLINE – 11:59 p.m. Pacific, June 15, 2013

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.

If you have multiple posters accepted we cannot ensure that they will be adjacent to each other or in the same poster session.

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.

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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

NOTIFICATIONS

Accepted and rejected **Submission Numbers** will be posted on our Web site at http://www.ashp.org/Get_Involved by August 2, 2013. 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 26, 2013.

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.

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ABSTRACT PUBLICATION / PRESENTATION RIGHTS

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 ASHP Midyear Meeting Website.

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

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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. After reading the instructions, please click on "Primary Author information" on the left menu.

Evaluative Study Report and Descriptive Study Report: 600 word limit or less.

Abstract Length:

We have designated limits for each component of the abstracts as follows:

- Title = 25 words
- Purpose = 100 words
- Methods = 200 words
- Results = 200 words
- Conclusion = 100 words

Case Report: 600 word limit or less.

The entire abstract is entered in the Case Report field = 600 words.

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:

- **Do Not: Use all caps - (JOHN P. DOE)**
- **Do Not: Forget the period after the middle initial - (John P Doe)**
- **Do Not: Place degrees after Last Name – (John P. Doe, PhD)**

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CREATE A NEW ABSTRACT

To begin an abstract, click on "Create a New Abstract" and enter the title. 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.

Do Not:

Use "fake" titles as placeholders or create multiple submissions with the same title. Go back and edit the first one created by clicking on its title on the left menu.

Every Friday morning while the site is open, ASHP will delete any duplicate, placeholder, or not-in-progress (title, but no other information) submissions.

If you need to remove a poster, click "Remove Poster Proposal" on the left menu and follow the instructions.

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.
- Do not use a period at the end of the title.

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.

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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.
- **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 “**Case Report**” field. Scroll past the Purpose, Methods, Results and Conclusion fields and click the “Save & Continue” button.

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 10; Evaluative Study Report, page 11; Case Report, page 12)
- 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, authors, or institution, in the body of the abstract.

Abstracts will be rejected if they:

- are in outline form.
- have a commercial tone.
- review existing literature.
- are a duplicate abstract on the same topic from same author(s) or institution.

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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 10.

Evaluative Study 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 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 11.

Case Report Abstracts

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

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

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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.

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EVALUATIVE STUDY REPORT 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 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.

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.

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CASE STUDY REPORT ABSTRACT – SAMPLE

PLEASE NOTE: Do not include the field name “**Case Report**” in the body of your abstract. *The entire abstract is entered in the Case Report Field.*

Case Report: 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 counselled on the risk associated with the alcohol-based hand sanitizer, 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 suprathreshold range. The patient finally discontinued use of the 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.

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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.

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.

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ADDITIONAL AUTHORS

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

The screenshot shows the 'Additional Authors: Test 1' page. At the top, it says 'Additional Author' and 'Note: The Primary Author will always be listed first.' Below this, the primary author 'Vanessa Gripper (Vgripper@ashp.org)' is listed. Two additional authors are listed: 'Louise Maitland (lmaitland@ashp.org)' and 'Lynda Irvin (lirvin@ashp.org)'. Each author has an 'Edit' link and a 'Remove' button. An up arrow is next to Lynda Irvin's name. Below the list is the 'Add New Author' section with fields for 'E-mail Address', 'First Name', and 'Last Name', and an 'Add Author' button. A 'Save & Continue' button is at the bottom. Three callout boxes provide instructions: one on the left about editing author details, one at the top right about ordering authors, 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.

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.

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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.

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".

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

Author

Hide Louise Maitland (lmailand@ashp.org) Remove

* First Name: Louise
* Last Name: Maitland
Middle Name / Initial:
* Position Title: Technology Communications Manager
Company / Affiliation: ASHP
Address 1:
Address 2:
City:
State (include 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

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.

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 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

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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 YOUR CONFIRMATION PAGE FOR YOUR RECORDS.** 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.**

The screenshot shows a web interface for a submission confirmation. On the left is a navigation menu with options: ABSTRACT DETAILS (checked), DISCLOSURE (checked), ADDITIONAL AUTHORS, CONFIRMATION, REMOVE POSTER, and PROPOSAL. The main content area is titled "Confirmation: Test 2" and contains instructions, a deadline notice (June 15, 2010), and a "Print this Abstract" button circled in red. Below this is a form with fields for Abstract Title, Submission Number (215228), and Primary Author information. At the bottom is a "Submit Abstract for Review" button. Three callout boxes provide additional instructions: one pointing to "Abstract Details" in the menu, one pointing to the Submission Number, and one pointing to the "Submit Abstract for Review" button.

Welcome
Lynda Irvin
- LOGOUT -

Welcome

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

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 submit uncompleted abstracts. After submitting your abstract you will receive an email.

DO NOT MISS THIS STEP!

Print this Abstract

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
Email	lirvin@ashp.org
Organization	ASHP
Address	7272 Wisconsin Avenue Suite 200
City	Bethesda
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 this presentation.
Agree to display	Yes
Employee of	

Receives Grant/Research Support

Consultant	
Clinical Investigator	
Speaker's Bureau	
Stockholder	
Other Financial/Material Support	

Submit Abstract for Review

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

You must click on Submit Abstract for Review!

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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 your poster has been accepted. This email is **not** a confirmation of acceptance.

See You in Orlando!

Questions? educserv@ashp.org