

Department of Obstetrics, Gynecology & Reproductive Sciences

**Section of Research**

**Annual Department Research Day**

**Abstract Submission Form**

**PROJECT PROPOSAL BY TRAINEE**

Submission Deadline: Friday December 2, 2022 by 4:30 pm

(IMPORTANT: abstracts submitted after this date will not be accepted)

Please Note: All fields must complete for the abstract to be considered by the review committee.

**PART 1**

1. **PRESENTER INFORMATION:**

|  |  |
| --- | --- |
| **Full Name:** | **Affiliation** (ie. Faculty/Department, University or Other) |
|  |  |

**Contact Information:**

|  |  |
| --- | --- |
| Email: |  |
| Phone: |  |
| Mailing Address: |  |

**Please indicate Trainee Level:**

|  |
| --- |
| Choose one:**□** Resident/Fellow (Yr): PGY \_\_\_\_\_\_\_□ Med Student (Yr): \_\_\_\_\_\_\_\_\_\_\_□ Undergrad (Yr): \_\_\_\_\_\_\_\_\_\_\_**□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Please identify your *primary* project supervisor (if applicable):**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Title** (ie. Assistant Professor etc.) |  |
| **Affiliation** (ie. Faculty/Department, University, Other) |  |
| **Email Address:** |  |

1. **Project Collaborators/Co-Investigators (if applicable):**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | **Title** (ie. Assistant Professor etc.) | **Affiliation** (ie. Faculty/Department, University, Other) |
|  |  |  |

1. **Disclosures/Conflict of Interest (COI):**“All planning committee members, speakers, moderators, facilitators, and authors must complete this form and submit it to the identified CPD program’s provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for‐profit or not‐for‐profit entity.”

Please follow the link below to access a conflict of interest form
[CONFLICT OF INTEREST DISCLOSURE FORM](https://www.cognitoforms.com/UniversityOfManitoba4/ConflictOfInterestDisclosureForm)

**\*\*\*IMPORTANT\*\*\***

On page 1 of the COI form under question:
*“Please enter the email address of the chair of this event for review, signature and inclusion with the accreditation application”,* please enter email: jgreco@sbgh.mb.ca

The completed form will be submitted to the Planning Committee Chair by the event coordinator.

□ *I* confirm *I have submitted the Conflict of Interest Form*

**PART 2**

**ABSTRACT**

Submission format: **max. 300 words** (*not including the Title and Future Plans sections*)

Please consult [SOGC Guidelines > “Oral and poster abstract submission format”](https://www.sogc.org/en/content/events/abstract-program-information.aspx?WebsiteKey=7bba8cce-85fb-44d4-afd5-5cfd72cf2f1d) for more details

**Title:**

**Introduction:**

**Objective(s) (& Hypothesis):**

**Methods:**

**Anticipated Results & Potential Obstacles (incl. mitigation strategies):**

**How will study results/conclusions be used to change practice or existing paradigms?**

**Future Plans for Knowledge Translation (Publication/Presentation etc.)**