



# CALL FOR ABSTRACTS



## 2012 1<sup>st</sup> Annual Assistant Professor Research Symposium (PRS)

Abstracts must be received by: 5:00pm Thursday, February 9<sup>th</sup> 2012

### ❖ Oral Presentations:

March 21, 2012, 8:00 – 9:00 am

MFCH Conference Center

New York Medical College at Maria Fareri

Children's Hospital at Westchester Medical Center

### ❖ Poster Presentation

March 20, 2012, 4:30 – 7:00pm

MFCH Conference Center

New York Medical College at Maria Fareri

Children's Hospital at Westchester Medical Center

## Invitation

We invite you to submit your best Basic, Translational and/or Clinical research for presentation at the *1<sup>st</sup> Annual Assistant Professor Pediatric Research Symposium*. The annual event offers a unique opportunity for all Instructors & Assistant Professors and their colleagues in the Department of Pediatrics, Pediatric Surgical Subspecialties and other associated Pediatric subspecialties at New York Medical College & Maria Fareri Children's Hospital at Westchester Medical Center to present new and innovative biomedical research being conducted at New York Medical College as well as engage in academic discussions.

We are hopeful that the *1<sup>st</sup> Annual Assistant Professor Pediatric Research Symposium* at New York Medical College will succeed in presenting the broadest possible range of high quality work from Instructors & Assistant Professors in the Department of Pediatrics and Pediatric Surgical Subspecialties and other associated Pediatric subspecialties. To achieve this goal, please pay close attention to the abstract content and quality.

Please refer to the submission guidelines and contact us if you have any questions.

We look forward to receiving your submissions and to your participation in the **2012 1<sup>st</sup> Annual Assistant Professor Pediatric Research Symposium**.

## Abstract Selection Process

Abstract of superior quality will be selected by the PRS Review Committee. Abstracts will be reviewed on the basis of quality of research, design, data analysis, and the quality of presentation.

- **Abstracts must address clinical, translational and/or basic research questions pertaining to Pediatrics**
- **To submit an abstract, applicant must be an Instructor or Assistant Professor of Pediatrics and/or an Instructor or Assistant Professor in the Pediatric Surgical Subspecialties and other associated Pediatric subspecialties at New York Medical College & Maria Fareri Children's Hospital at Westchester Medical Center**

### Abstract Format: refer to PAS

- Use 10 pt Times Font
- Abstract should not exceed **4000 characters and spaces**. This count includes the characters and spaces in your Abstract Title, Abstract Body, Tables and Figures
- Abstract must be in a structured format

## Structured Format for Abstracts

Title

Authors (first name, middle initial, last name, degree), Institution

Body (use headings)

- ❖ Background
- ❖ Objective
- ❖ Design/Method
- ❖ Result
- ❖ Conclusion

Megan Metzger at  
[megan\\_metzger@nymc.edu](mailto:megan_metzger@nymc.edu)

## AWARDS

- The **best 3 abstracts (1 clinical, 1 translational, and 1 basic research)** will be selected for oral presentation and will receive \$1,000 each (to be used for educational purposes only).

### The following information must be included in the e-mail with each submission:

- Name of corresponding author
- E-mail address
- Division
- Telephone #
- Fax #

### Prior Submission/Presentation

Abstracts submitted or presented to other societies or national meetings can be submitted for consideration for the 2012 *1<sup>st</sup> annual Assistant Professor Pediatric Research Symposium*.

### Abstracts must be submitted by 5:00pm, Thursday, February 2, 2012

- E-mail abstracts to:  
[megan\\_metzger@nymc.edu](mailto:megan_metzger@nymc.edu)
- Notification of abstract receipt: E-mailed no later than February 17, 2012
- Notification of abstract acceptance: E-mailed no later than March 2, 2012

It is your responsibility to contact the PRS organizers if you do not receive notification within 5 days of the deadlines listed above. (Phone: 914-594-3650)

## QUESTIONS

Please contact, Mitchell S. Cairo at [mitchell\\_cairo@nymc.edu](mailto:mitchell_cairo@nymc.edu), Heather Brumberg at [heather\\_brumberg@nymc.edu](mailto:heather_brumberg@nymc.edu), or

## GUIDELINES FOR SUBMITTING ABSTRACTS

Using the attached template, please key in an abstract of no more than 2889 characters (including title and text). This number should be reduced to accommodate any table or illustration that is included in the abstract. The abstract text should include the following labels: (a) Background, (b) Objective, (c) Design/Method, (d) Result, and (e) Conclusion. Make sure that the title is brief, clearly indicating the nature of the study. Do NOT use abbreviations in the abstract title. State all authors' initials and last names followed by their institutional affiliations. Underline presenting **first** author only. All abstracts must be submitted in electronic form in a **Word** file as an e-mail attachment. Please use words in place of Greek symbols. Illustrations and tables that accompany abstracts should be prepared according to the instructions provided below. The first author must be an Instructor or Assistant Professor in Pediatrics or associated Pediatric Subspecialties at New York Medical College.

### TABLES/ ILLUSTRATIONS

Tables and illustrations should be submitted in WORD format. If using illustrations that have not been prepared electronically, images should be scanned.

Please complete and submit pages 3-4 of this attachment.

Indicate sub-specialty and abstract category in the form provided.

NEW YORK MEDICAL COLLEGE  
Department of Pediatrics

1<sup>st</sup> Annual Assistant  
Professor  
Pediatric Research  
Symposium (PRS)

Tuesday – Wednesday, March 20-21, 2012

**Oral Presentation:**

8:00am – 9:00am Wednesday, March 21, 2012  
Maria Fareri Children’s Hospital Conference Center

**General Poster Session & Reception:**

4:30pm – 7:00pm Tuesday, March 20, 2012  
Maria Fareri Children’s Hospital Conference Center

MFCH Conference Center at Westchester Medical Center

MFCH Conference Center at Westchester Medical Center

**ABSTRACT SUBMISSION DEADLINE: THURSDAY, February 9<sup>th</sup>, 2012 by 5:00pm**

E-mail completed form to: [megan\\_metzger@nymc.edu](mailto:megan_metzger@nymc.edu). **Only e-mail submissions will be accepted.**

Please refer all questions to: Mitchell Cairo at (914)594-3650 ([mitchell\\_cairo@nymc.edu](mailto:mitchell_cairo@nymc.edu)) or Heather Brumberg ([heather\\_brumberg@nymc.edu](mailto:heather_brumberg@nymc.edu))

**Abstract must be submitted, presented, and first authorship by an Instructor or Assistant Professor in the Department of Pediatrics and Pediatric Surgical Subspecialties and other associated Pediatric subspecialties at New York Medical College.** Abstract should not duplicate anything previously presented by a Fellow unless additional data has been included.

**Select one subspecialty only. (Put an X beside your choice)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adolescent Medicine        | <input type="checkbox"/> Genetics                          | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Allergy/Immunology         | <input type="checkbox"/> Health Care/Epidemiology          |   |
| <input type="checkbox"/> Anesthesiology             | <input type="checkbox"/> Health Services/Medical Education | Pediatric Surgical Subspecialties:              |
| <input type="checkbox"/> Behavioral Pediatrics      | <input type="checkbox"/> Infectious Disease                | <input type="checkbox"/> Cardiothoracic Surgery |
| <input type="checkbox"/> BMT/Hematology             | <input type="checkbox"/> Neonatology                       | <input type="checkbox"/> ENT                    |
| <input type="checkbox"/> Cardiology                 | <input type="checkbox"/> Nephrology                        | <input type="checkbox"/> General Surgery        |
| <input type="checkbox"/> Critical Care              | <input type="checkbox"/> Neurology                         | <input type="checkbox"/> Neurosurgery           |
| <input type="checkbox"/> Dermatology                | <input type="checkbox"/> Oncology                          | <input type="checkbox"/> Ophthalmology          |
| <input type="checkbox"/> Developmental Pediatrics   | <input type="checkbox"/> Pharmacology                      | <input type="checkbox"/> Orthopedics            |
| <input type="checkbox"/> Emergency Medicine         | <input type="checkbox"/> Psychiatry                        | <input type="checkbox"/> Plastic Surgery        |
| <input type="checkbox"/> Endocrinology/Metabolism   | <input type="checkbox"/> Pulmonology                       | <input type="checkbox"/> Solid Organ Transplant |
| <input type="checkbox"/> Epidemiology               | <input type="checkbox"/> Radiation Oncology                | <input type="checkbox"/> Urology                |
| <input type="checkbox"/> Gastroenterology/Nutrition | <input type="checkbox"/> Radiology                         | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> General Pediatrics         | <input type="checkbox"/> Rheumatology                      |   |

**Please select one category below:**

Category:  Basic Research  Clinical Research  Translational Research

Please note that all submitted abstracts would be considered for **Oral** Presentation or General **Poster** Session. **Participants selected are required to present their research in either the oral or poster platform.**

**Presenter/Author (first author only), Degree/s, Title**

Name: \_\_\_\_\_  
Dept/Division: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Provide 4 key words that are not in the title of the abstract:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

In the event that this abstract is selected for oral presentation/general poster session, I authorize reproduction of this abstract.                     Yes                     No

AUTHOR: \_\_\_\_\_

# 2012 PEDIATRIC RESEARCH SYMPOSIUM ABSTRACT SUBMISSION FORM

Please **KEY** in the abstract below beside the appropriate headings using the guidelines provided:

**TITLE:** (please type in bold caps, no abbreviations)

**Authors:** (underline presenting first author)

**Background:**

**Objective:**

**Design/Methods:**

**Results:**

**Conclusions:**