**NJSHP ANNUAL MEETING POSTER SESSION REGISTRATION INFORMATION**

**Please review the attached guidelines and follow them carefully PRIOR TO SUBMITTING. Failure to comply will result in automatic disqualification.**

**Submission Details:**

* Electronically complete and submit form
* Abstract must be attached as a separate document
* Email to [swilliams@njha.com](mailto:swilliams@njha.com) (no later than Monday, January 7th, 2019 by 12-noon EST)
* Confirmation notice will be e-mailed (This notice should be saved for reference)
* Primary author will be notified about the acceptance/rejection of the abstract by Friday, February 1st, 2019.
* Authors of the top abstracts will be asked to provide a platform presentation, through which, three prizes will be awarded.

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| **Select**  **Preferred Date** | Thursday, March 28th, 2019  Friday, March 29th, 2019  No Preference  \*Note:   * Poster sessions will be occurring over 2 days. * By selecting your preferred date it is not a guarantee that presentation will occur on requested date. * Students participating in the College Bowl please note the event will take place on Friday. | | | | |
| **Poster Title** |  | | | | |
| **Poster Category**  ***(select one)*** | **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.* | | **Evaluative Study Report**  *Completed original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services.* | | **Case Report**  *Describes an unusual patient-specific case that was not part of a study but the findings are of interest to clinical pharmacists.* |
| **PRIMARY AUTHOR INFORMATION** | | | | | |
| **Author’s Name**  **(with credentials)** |  | | | | |
| **Author’s Title** |  | | | | |
| **Institution Affiliation** |  | | | | |
| **Address** |  | | | | |
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| **Email Address** |  | | | | |
| **ADDITIONAL AUTHORS** | | | | | |
| **Name** | | **Credentials** | | **Institution Affiliation** | |
| **1.** | |  | |  | |
| **2.** | |  | |  | |
| **3.** | |  | |  | |
| **4.** | |  | |  | |
| **5.** | |  | |  | |
| **Additional information** | | | | | |
| Is this poster an encore presentation? YesNo | | | | | |
| If yes, please state the date and venue of previous presentation (s): | | | | | |

**DISCLOSURES:**

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. The disclosure statement(s) **must be part of the displayed poster**.

**NJSHP ANNUAL MEETING POSTER SESSION ABSTRACT GUIDELINES**

**General Guidelines for All Abstracts**

* The **primary author** **must** be a **member** of NJSHP.
* **At least 1 author must be registered for the Annual Meeting by Friday, March 8th, 2019.**
* There is no abstract word limit.
* Electronically complete and submit poster abstract registration form and attach abstract as a separate document
* **Email** to [swilliams@njha.com](mailto:swilliams@njha.com) no later than the specified deadline.
* **Only 1 submission per email will be accepted**
* **The abstract page must indicate ONLY the title of submission and the abstract. No authors and institution affiliation (including abbreviations) may be listed on that page or anywhere in the body of the abstract. Failure to comply with this will result in automatic disqualification.**
* **Late submissions or incomplete/illegible information on the form will result in automatic rejection of your submission.**
* Proofread abstracts carefully, particularly doses, numerical values, and drug names.
* Be sure to use proper format as described below.

**Descriptive Report Abstracts**

* **The abstract must have: Purpose, Methods, Results, and Conclusion.**
* Abstracts must describe 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. Abstracts must include scientific results and/or data to support the conclusions.
* The abstract must contain rationale, detailed description of the project, and the importance of the report to pharmacy practice.
* The work described must be complete. Planned projects or descriptions of projects still being implemented will not be accepted.
* The Primary Author verifies that all coauthors are aware of the contents of the abstract and support the data.

**Evaluative Study Report Abstracts**

* **The abstract must have: Purpose, Methods, Results and Conclusion.**
* Abstracts must be of completed original research, including clinical research on drug effects in humans, drug-use evaluations, and evaluations of innovative pharmacy services.
* The abstract must contain rationale, detailed description of the project, and the importance of the report to pharmacy practice.
* The work described must be complete. Planned projects or descriptions of projects still being implemented will not be accepted.
* The Primary Author verifies that all coauthors are aware of the contents of the abstract and support the data.

**Case Report Abstracts**

* **Enter the entire abstract information in the Case Report field** (skip the Methods, Results and Conclusion fields).
* Case report abstracts CANNOT be research in progress.
* Case reports describe an unusual patient-specific case that was not part of a study but the findings are of interest to clinical pharmacists.
* The Primary Author verifies that all coauthors are aware of the contents of the abstract and support the data.