

National Institute of Health Sciences Abstract Submission Form

1. Title of Abstract :

2. Principal Contact

Name:

Work Location:

Telephone:

Email :

Other Author Name(s):
& Work/Study Location(s):

3. Research Details

Start Date:

End Date

4. Status of Research

Ongoing
Completed

5. Publication Details

Has this Research been previously published?

Yes

No

If this Research has been Previously Published Elsewhere Please Give All, (or as Many as Possible) of the Following Details: (Publication Title, Year, Volume No., Issue No., Page Numbers, E-Publication Link)

6. Presentation Details

Has this Research been presented at any Conferences/Seminars?

Yes

No

What type of presentation was it?

Oral

Poster

If this Research has been Presented at any Event(s) Please Give All, (or as Many as Possible) of the Following Details: (Meeting Name, Meeting Location, Presentation Date(s), Full Name and Professional Title of Speaker)

7. Funding Received

Yes

No

Acknowledgement required in Research Bulletin?

Yes

No

Source of Funding?

If an acknowledgement of funding received is required, please provide the wording you would like us to include (1-2 sentences max.)

Thank you for your Submission