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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hospital Affiliation:** | | Choose an item. | | | | | |
| **Presenter Name**  **(Last, First):** | |  | | | | | |
| **Co-Authors:** | |  | | | | | |
| **Project Title:** | |  | | | | | |
| **Research Category (please check one):** | | | | | | | |
|  | **Original Research** |  | **Clinical Vignette** |  | **Quality Improvement** |  | **Medical Education Innovation** |

**Abstract**

**Abstract Form**