

## Research Day Abstract Review Form

<b>Title of Research/Case Report</b>			
<b>Author(s)</b>			
<b>IRB Approval Required (Check Yes or No)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Approval Date (If IRB Approved)</b>	

Please rate each aspect of the abstract YES=1 point or N=0 point in the first column below. For each evaluation aspect comments are highly encouraged to help the Review Committee identify the top 12 projects for oral presentation.

Y/N	<b>Evaluation Aspects (YES =1, NO = 0)</b>
	The title is representative of the content and breadth of the study and not misleading. <b>Comment:</b>
	The problem statement is clear and well-articulated. <b>Comment:</b>
	The study design is appropriate and optimal for the research question. <b>Comment:</b>
	The study adds to the current body of knowledge and literature already available on the subject. <b>Comment:</b>
	The results are presented in sufficient and specific detail. <b>Comment:</b>

<b>Suggestions for improvement (Reviewer's comments will be blinded and sent to Author(s) in separate email)</b>	
<b>Reviewer's recommendation: check one (type letter X in the appropriate box).</b>	
Accept	
Accept with minor revisions (state in "Suggestions for improvement")	
Accept for oral presentation	
Accept for poster presentation	
Accept for E-poster presentation	
Reject	

### Reviewer Information

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Signature of Reviewer