**DELETE ALL RED TEXT WHEN ENTERING INFORMATION**

**Via Research Recognition Day – Virginia Campus**

**2025 Abstract Form**

**Deadline: November 8, 2024, at 5 pm**

**Submit completed form electronically to** **researchday@vt.vcom.edu**

|  |  |  |  |
| --- | --- | --- | --- |
| Submitting Author: | Only one name entered here | Email address: | Only one email here (submitting author) |
| Category: | See comment at right for choices | Discipline: | See comment at right for choices |
| Project funded by VCOM Seed Grant Yes [ ]  No [ ]  - If “Yes,” state which seed grant mechanism:  |
|  |  |
| Would you like to participate in the Poster Competition? Yes [ ]  No [ ]  *(Information will be provided if “yes”)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Key Words | word or phrase | word or phrase | word or phrase |

|  |
| --- |
| TITLE OF POSTER – Use All Capital Letters and **bold** font225 Characters and Spaces MAX – 3 Lines Max |
| AUTHORS 225 Characters and Spaces Max – 3 Lines Max |
| INSTITUTION(S)225 Characters Max – 3 Lines Max - City and State optional – no addresses or zip codes |
| Body of Abstract: 29 Lines Maximum - 3300 Characters and Spaces Maximum will fit in this spaceUse the Calibri (Body) 11 point font normal (not bold) as set here. If a different font or size is used, it will be converted to Calibri (Body) 11 point and truncated to fit box (29 lines) if needed.For research involving human subjects, please include a line at the end of the abstract that states something to the effect of… Approved by the XYZ IRB, protocol number ### as appropriate for your institution – or IRB waiver granted by XYZ IRB, etc.For case reports, many hospitals/clinics require some form of patient consent to use their data in the case report. If this applies for your case report abstract, please include a statement at the end of the abstract to the effect of… The authors received patient consent to use their data for this report. If this is not required by your institution, no statement is needed.Tables or Figures may be used in this box – but the text must be reduced so that the total abstract fits within this box. Submit completed form electronically to researchday@vt.vcom.edu DELETE ALL RED TEXT IN ALL BOXES WHEN ENTERING INFORMATION. Use only black font.Problems with this form? Please contact Alyson Farrar (afarrar@vt.vcom.edu) or Dr. Jim Mahaney (jmahaney@vcom.vt.edu) for assistance. We will help resolve the problem for a successful abstract submission. |