**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):

1. Research Details

 Start Date: .............................

 End Date .............................

1. Status of Research

Ongoing []

Completed []

1. 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)

1. 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.)

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**Thank you for your Submission**