

**Call For Clinical Inquiry (Research/Evidence Based Practice/QI) Abstracts**

ASPAN 43rd National Conference

April 14-18, 2024, Orlando, Florida

**Information Form**

**Primary Investigator(s):**

|  |  |
| --- | --- |
| ***Name & Credentials*** | ***Presenting Abstract at Conference?*** |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |

**Main contact regarding abstract: *This individual will be contacted with any questions regarding the abstract, and also will be the individual who will be notified of acceptance****.*

Name and Credentials:

Institution/Hospital Affiliation:

Position:

Preferred Mailing Address (include street, city, state):

Is above address work or home?  Work  Home

Preferred Telephone:

Email (mandatory):

***At least one presenter must be an ASPAN member.  
If you are a member of an ASPAN Component, indicate your primary Component:***      

**Co-investigators:** *(if you need additional spaces for Co-Investigators, please list on page 2)*

|  |  |
| --- | --- |
| ***Name & Credentials*** | ***Presenting Abstract at Conference?*** |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |

**Abstract Information**

1. Title of Research/EBP/QI Abstract:

2. Select type:  Research  EBP  QI

3. Institutional Review Board copy of letter of approval to conduct research study:  Yes  No

*If* ***Yes****, attach a copy of your IRB letter to your email submission.*

4. Institution/Hospital affiliation for the research:

5. Research Setting:

6. Research Category: (i.e. education requirement; thesis/project, dissertation, independent nursing research):

7. Was this Research funded?  Yes  No

If **Yes**, please explain:

8. Please indicate your preference:  I prefer to submit for **Poster** presentation.

I prefer to submit for **Both Poster and Oral Powerpoint**.

**Additional Co-Investigators :**

|  |  |
| --- | --- |
| ***Name & Credentials*** | ***Presenting Abstract at Conference?*** |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
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|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |