**45th Annual Medical Student Research Day**

Wednesday, November 16, 2022, ~12-6:20pm

SMC Campus Center 2nd and 3rd Floors

**Abstract Submission Co-Author Worksheet**

This form may be used to assist in collecting co-author information for MSRD abstract submission.

**Order of co-authors** that will be entered into the submission form, up to 5 co-authors. Do not include presenter.

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**Please complete this worksheet for each co-author prior to abstract submission. All starred (\*) items will be required on the Abstract Submission Form.**

For UMB affiliated co-authors, only primary UMB affiliated school, department and division is used for the abstract title section. Please consult the individuals for accurate affiliation information. If a clinician or researcher has an appointment at UMB, please use their primary university school and department even if they are part of UMMC, VAMC, other institutions, or centers. Please also provide other on-campus affiliation separately such as VA Medical Center, UMMC, CVID, and IGS*.*

For example:

* John Smith is a UM SOM faculty member in the Department of Medicine (primary appointment) and in the Department of Surgery (secondary appointment), a faculty at the Center for Vascular and Inflammatory Diseases (CVID), and a clinician at the Veterans Affairs (VA) Medical Center.
* Enter in form: “UMB” for Institution, “Yes” for UMB Faculty, “Medicine” for Department.
* CVID and VA Medical Center affiliations can be entered under Other On-Campus Affiliations.

**Role \***

Main Research Mentor

Co-Mentor

Co-Investigator

Student Co-Investigator

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **First Name\*** |  |
| **Last Name\*** |  |
| **Degree(s)** |  |
| **E-Mail\*** |  |
| **Phone** |  |

**Institution\***

UMB

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UMB Faculty\***

Yes

No

**School\***

Medicine

Pharmacy

Nursing

Dentistry

N/A

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department\***

Anatomy and Neurobiology

Anesthesiology

Biochemistry and Molecular Biology

Dermatology

Diagnostic Radiology and Nuclear Medicine

Emergency Medicine

Epidemiology and Public Health

Family and Community Medicine

Medical and Research Technology

Medicine

Microbiology and Immunology

Neurology

Neurosurgery

Obstetrics, Gynecology and Reproductive Sciences

Ophthalmology and Visual Sciences

Orthopaedics

Otorhinolaryngology - Head and Neck Surgery

Pathology

Pediatrics

Pharmacology

Physical Therapy and Rehabilitation Science

Physiology

Psychiatry

Radiation Oncology

Surgery

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N/A

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| --- | --- |
| **Division\*** |  |

(enter “N/A” if not applicable)

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| --- | --- |
| **City\*** |  |
| **State\*** |  |

**Country\***

USA

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other On-Campus Affiliations** (Optional)

(e.g., VA Medical Center, UMMC, CVID, IGS, please use full name of center or institution)

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