**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)

|  |  |
| --- | --- |
| **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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