In proceeding with the submission of your abstract, you have read fully the general submission guidelines and have agreed to the terms and conditions set by the committee of **IAPN Annual 15th International Scientific Conference (14-16 June 2023).**

Pertinent to the guidelines, abstracts must include sufficient information for reviewers to judge the nature and significance of the topic, the adequacy of the investigative strategy, the nature of the results and the conclusions.

Abstracts must contain original scientific data collected by the author(s). All reports must be based on work that has already been completed. No studies 'in progress' will be accepted.

Please follow the maximum word count as indicated. Do not include names of author(s), institutions, pharmaceutical companies, or specific manufacturers on the abstract.

**DEADLINE OF SUBMISSION: *10th Feb, 2023***

**NOTIFICATION OF ACCEPTED ABSTRACTS: *22nd March, 2023***

For any enquiries, please contact [secretary@iapnn.com](mailto:secretary@iapnn.com)

**LEAD AUTHOR INFORMATION**

This area is to be filled out by the details of the presenting / main author. Lead author will present their abstract at the conference.

|  |  |  |
| --- | --- | --- |
| **COMPLETE NAME** | Click or tap here to enter text. | |
| **DESIGNATION / PROFESSION** | Click or tap here to enter text. | |
| **FACILITY** | Click or tap here to enter text. | |
| **EMAIL ADDRESS** | Click or tap here to enter text. | |
| **MOBILE NUMBER** | Click or tap here to enter text. | |
| **NAMES OF CO-AUTHORS (Please provide maximum 5 names of co-authors)** | | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |  |

|  |  |
| --- | --- |
| *Has this abstract submitted been published / presented in any international conference?* | Yes  No  Not complete |
| *Has this abstract submitted received any awards?* | Yes  No  Not complete |
| *Is this abstract complete?* | Yes  No  Not complete |

**SELECT A CATEGORY FOR YOUR ABSTRACT**

Please indicate the category of the abstract where you want to submit it for review. There are particular guidelines that you need to follow depending on the category you have selected. Kindly note that abstracts received that have not indicated any category will not be acknowledged and will be returned to the author for completion.

**Select a category for your submitted abstract**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **E-Poster**  *When selecting for e-poster, please select a sub-category* | | | |
|  | **Educational**  *Case Report or Case Series of at least 3 cases or Pictorial essay related to a new or rare or interesting studies on Hemophilia and Rare bleeding disorders* |  | **Scientific**  *Original Research including Audits of Practical importance* |

Kindly note that this page is required to be filled out by the author of the abstract. If you are not able to complete this page, your abstract will not be acknowledged and will be returned to you for completion.

**ABSTRACT DETAILS**

*Please make note of the details required before submitting your abstract. Based on the categories you chose on the earlier page, kindly provide the details required for the committee to review and approve.* ***No photos / graphs at this point, all should be in narrative format with a maximum of 250 words on each section of the abstract details.***

      **Educational Exhibit Format:** a) Background, b) Description of Cases or Entity or Imaging findings, c) Discussion (brief), and d) Conclusion or Summary.

      **Scientific Abstract (including Audits):** a) Background & Objectives, b) Material & Methods, c) Results, d) Discussion (brief), e) Conclusion or Summary.

|  |  |
| --- | --- |
| **ABSTRACT TITLE**  *\*Please write in UPPERCASE format* | *Click or tap here to enter text.* |
| **ABSTRACT DETAILS** | |
| *Click or tap here to enter text.* | |