**International Conference on Group B Strep (ICGBS) 2022**

**July 11-15, 2022**

**Abstract Submission**

**for Oral and Poster Presentations**

**Please submit this completed form to** [**gbsi.me/ICGBS2022dropbox**](https://www.dropbox.com/request/CxPHd0hrAYGXp207nPp0)

**SECTION I: Presentation Information**

**Presentation Title\* and Author(s):**

|  |
| --- |
| Title (max 25 words): |
| Name(s) of author(s) (underline presenting):  Example: Ignaz Semmelweis1 |
| Affiliation(s) of author(s):  Example: 1. Vienna General Hospital |
| Degrees and/or credentials of presenting author: |
| Presenting author e-mail address: |

**\***Please define all abbreviations and acronyms on first use.

**Preferred program format:**

|  |  |
| --- | --- |
|  | Oral video |
|  | Poster |
|  | No preference |

**Paragraph to be used for presenter introduction:**

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**Please check all that apply:**

|  |  |
| --- | --- |
|  | If accepted, I will submit a photo of myself to appear alongside my presentation, in the conference program, and in the presenter gallery. (If yes, please send within 10 days after acceptance notification.) |
|  | If accepted, I consent for my photo to be used in conference promotions including social media and newsletters. (If yes, please send within 10 days after acceptance notification.) |
|  | If accepted, I would like to share links to the following of my social media profiles to be tagged in relevant conference promotions: |
|  | If accepted, I would like to share links to the following of my social media profiles to be appear alongside my presentation: |
|  | By submitting this form, I give permission for possible inclusion of my abstract in an online collection of abstracts submitted for ICGBS 2022. |

**Key theme(s) addressed by abstract (please check all that apply):**

|  |  |
| --- | --- |
|  | Global impact |
|  | Perinatal healthcare |
|  | GBS research |
|  | Family education and support |
|  | Other relevant topics |

**Target audience who will benefit from this presentation:**

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**Abstract\*\* (maximum of 400 words):**

|  |
| --- |
| Background:  Objective:  Methods:  Results:  Conclusion: |

\*\* Please define all abbreviations and acronyms on first use.

**Research presentations only: If applicable, please submit documentation of ethics approval as a separate file attachment.**

**Measurable Learning Objectives (two minimum):**

At the conclusion of this presentation, participants should be able to…

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**Description of the presentation that can be used for marketing (maximum of 280 characters):**

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**SECTION II: Conflict of Interest Disclosure**

**Conflict of Interest Statement**

Group B Strep International endorses the Guidelines of the American Medical Association and the guidelines and policies of the American Nurses Association. Therefore, faculty or anyone involved with the presentation content must disclose to participants the presence of any relationships with commercial companies (healthcare related). All relevant financial relationships of any amount include receiving (from a company) research grants, consultancies, honorarium and travel, or other benefits or having self-managed equity in a company. A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Financial relationships of your spouse or partner, which you are aware of, for this purpose, are considered yours. Therefore, if applicable, disclosure of the relevant financial relationships of the spouses or partners is also needed for compliance. Presenters are also expected to openly disclose any off-label, experimental, or investigational use of drugs or devices discussed in their presentation. Refusal to provide a conflict of interest disclosure will void any invitation to present at the ICGBS 2022, International Conference on Group B Strep being held July 11-15, 2022.

Title of Proposed Presentation

**Demographic Information**

Title/Honorific preferred (Dr., Prof., Mr., Mrs., Ms., etc.)

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Name

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Mailing Address:

Institution (if applicable)

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Department (if applicable)

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Street Address (including any mail station, floor, etc.)

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City

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State/Province (if applicable)

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Country

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Zip/Postal Code

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Email

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Phone

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Degrees/Credentials

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Which institutions are you affiliated with?

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Specialty/Sub-specialty

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**Disclosure of Financial Relationships**

Within the past twelve months, I and/or my spouse/significant other have received support from or had a relationship with a healthcare-related commercial interest or interests. Disclosure should include relationships in any amount.

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|  | Yes |
|  | No |

If yes, please list and describe all that apply:

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**Unapproved Drugs and Devices**

If you plan to discuss the use of a drug or a medical device that has not been approved by the FDA, please describe:

|  |
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**Fair Balance, Independent Content Validation, Level of Evidence**

I understand that the information presented to the learner must be unbiased, scientifically balanced, and based on best available evidence and best practices in medicine. I agree to present all reasonable clinical alternatives when making practice recommendations. I attest that relationships with commercial interests will not influence or bias my presentation and/or planning of this presentation.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Comment:

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All scientific research referred to, reported, or used in support or justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection, and analysis.

|  |  |
| --- | --- |
|  | Agree |
|  | Disagree |

I attest that I will not accept any payment or reimbursement for this presentation directly from any commercial interest.

|  |  |
| --- | --- |
|  | Agree |
|  | Disagree |

I agree to avoid the use of trade names in my presentation. If I determine that it is important to clarify via the use of trade names, trade names from all available companies should be included, not just trade names from a single company.

|  |  |
| --- | --- |
|  | Agree |
|  | Disagree |

If requested, I will provide appropriate peer-reviewed journal references which support clinical or practice recommendations. I understand that my presentation may be evaluated by participants for fair balance (e.g. degree of commercial bias) and that enduring materials (if applicable) will be peer-reviewed for fair balance and validation of content and may be edited accordingly.

|  |  |
| --- | --- |
|  | Agree |
|  | Disagree |

I will disclose to the program audience when products/services are not labeled for the use under discussion or when the products are still under investigation.

|  |  |
| --- | --- |
|  | Agree |
|  | Disagree |

I will comply with patient confidentiality requirements as outlined in the Health Insurance Portability and Accountability Act (HIPAA)

|  |  |
| --- | --- |
|  | Agree |
|  | Disagree |

I will obtain the necessary copyright permission(s) if any portion of my presentation that I prepare is not my original work or for which I do not hold the copyright.

|  |  |
| --- | --- |
|  | Agree |
|  | Disagree |

**Signature**

**Entering your name in the text box below constitutes an electronic signature.**

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|  |

Date

**Please submit this completed form to** [**gbsi.me/ICGBS2022dropbox**](https://www.dropbox.com/request/CxPHd0hrAYGXp207nPp0)