

**All Submissions must be made through the online system.
This form is only provided as a sample.**

Abstract Submission Form

Deadline - June 6, 2019 at 8:00 pm U.S. Eastern Time

Technical Problems: ychen@ashg.org • All Other Questions: ashgmeetings@ashg.org

Please remember to review the [submission rules and policies](#) before you begin.

Step-by-
Step
Instructions

Note: Red = Required

First (Presenting) Author's Information (cannot be changed)		HELP [OPEN/CLOSE]
<p>Address Information</p> <p>First Name*: <input type="text"/></p> <p>Middle Initial: <input type="text"/> (periods only e.g., C. or C.O. or C.H.O.)</p> <p>Last Name: <input type="text"/></p> <p>Suffix: <input type="text"/> (Jr., Sr., II, etc.)</p> <p>Degree: <input type="text"/></p> <p>National Provider Identifier (NPI) Number: <input type="text"/></p> <p>Department: <input type="text"/></p> <p>Institution**: <input type="text"/></p> <p>Street: <input type="text"/></p> <p>Mailstop: <input type="text"/></p> <p>City: <input type="text"/></p>		
<p>Contact Information</p> <p>Telephone: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Country: <input type="text"/></p>		
<p>Non-US</p> <p>Postal Code: <input type="text"/></p> <p>Province: <input type="text"/></p> <p>To better serve the ASHG community, we are requesting information from abstract authors whose entry into the United States may be affected by visa policies or other restrictions. Please check all that apply.</p> <p><input type="checkbox"/> My attendance at the meeting is contingent upon approval of my visa.</p> <p><input type="checkbox"/> My attendance at the meeting is uncertain because of restrictions on travel and entry into the United States.</p>		
<p>The spelling of the first author's name as it automatically appears above MAY NOT BE CHANGED here. For questions contact Mary Rose Rivera, mrivera@ashg.org</p> <p>*Abstracts with author names in all caps may not be reviewed. **If the first author is not currently with an institution, street address is required.</p>		
<p>Status</p> <p>As presenting author, please indicate what your status will be when you attend the meeting in October:</p> <p><input type="radio"/> PI and/or Faculty Member</p> <p><input type="radio"/> Research Scientist</p> <p><input type="radio"/> Laboratory Technician</p> <p><input type="radio"/> Resident/Clinical Fellow</p> <p><input type="radio"/> Postdoc</p> <p><input type="radio"/> Graduate Student</p> <p><input type="radio"/> Undergraduate Student</p> <p><input type="radio"/> Other <input type="text"/></p>		
<p>Demographic Information (optional)</p> <p>Ethnicity: <input type="text"/></p> <p>Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other</p> <p>Year of Birth: <input type="text"/></p>		

Abstract Presentation Information

Track

- Clinical
 Social Issues
 Education
 Basic
 Translational
 Other

Publication Status

The work outlined in this abstract **HAS** or **HAS NOT** been published elsewhere prior to June 6, 2019.

The work outlined in this abstract **HAS** or **HAS NOT** been accepted prior to June 6, 2019 for future publication.

Results or studies that have been published or will be accepted for publication elsewhere prior to June 6, 2019 must be disclosed and the author should make clear what new information will be presented. For purposes of this policy:

1. Material posted on a preprint server is NOT considered previously published.
2. Abstracts that have been accepted for presentation at other conferences are considered previously published.

Because you indicated that your abstract has been accepted for publication or has already been published, we require additional information. Please select from the menu below:

Please select one

Name of Publication:

When/Date: MM/DD/YYYY

Comments:

Main Topic and Subtopic Choices

Please review all of the information below and carefully select **one** Main Topic and **one** Subtopic for your submission. Appropriate selection of these topics will allow the Program Committee to accurately assess your submission.

Main Topics – Please select one of the twelve Main Topics that best represents the content of your submission. If your submission fits multiple categories, please select the one that would be most appropriate for peer review.

Subtopics – If your submission focuses on a clinical phenotype or a related trait or biological system, please select the most appropriate category; please avoid "Other" if at all possible. As with the Main Topic, if your submission fits multiple categories, please select the one that is most appropriate for peer review. If clinical phenotypes or specific biological systems do not apply to your submission, please select "Not Applicable".

Main Topics Choice:

Subtopics Choice:

Presentation Preference

Presentation Type (check one)

- Plenary/Platform talk only*
 Plenary/Platform talk or Poster

Your indicated preference does not affect abstract scoring by the Program Committee.

***Important:** If you select "Plenary/Platform talk only", and your abstract is not selected, you **will not** be assigned a poster presentation.

Keywords

Enter up to five (5) keyword codes in order of importance. Leave blank any entries not used. [Click here to view and enter keyword codes](#). The list will open in a pop-up window. Click "**Finished**" when completed.

KW(1)	KW(2)	KW(3)	KW(4)	KW(5)
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Author Information

Institution Name and Address

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2.

3.

4.

5.

6.

etc.....

30.

EXAMPLES AND NOTES

1. Membership Dept, ASHG,
Bethesda, MD

2. Information Services, ASHG,
Bethesda, MD

Text will flow automatically to next line.
Please do not use the "enter" key.

- Enter each institution ONLY ONCE.
- Enter the institutional names in the order that you want them to appear in the published version.
- A maximum of 30 institutions is allowed.
- Use the Special Characters Menu below to simplify the entry of diacriticals in institutional names.

Special Characters Menu [Help](#)

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Author Names and Institutional Affiliations

[HELP \[OPEN/CLOSE\]](#)

	Author Initials	Last Name	Corresponding Institution Address Number		Author Initials	Last Name	Corresponding Institution Address Number
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EXAMPLE:

1.

2.

Note: If you wish to cite a group or consortium as a "co-author," enter the name in the space below. Names of individual co-authors should not be entered in this space. This entry will appear following the last individual co-author's name.

Abstract Title and Text	HELP OPEN CLOSE
<p data-bbox="159 216 310 243">Abstract Title</p> <div data-bbox="162 262 763 420"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p data-bbox="159 457 743 506">Titles should follow this form: Human genetics is great: Analysis of the <i>ASHG</i> gene confirms enormous potential of the field</p> <p data-bbox="159 541 751 646">NOTE: Title should begin with a capital letter and should not have a period at the end. Do not use all caps. Maximum 255 characters including spaces. Abstracts with Title in ALL CAPS may not be reviewed.</p> <p data-bbox="159 682 760 814">For gene/protein designations, please follow the guidelines set by <i>The American Journal of Human Genetics</i>: Human gene names and loci should be written in italicized capital letters and Arabic numerals. Protein product names should not be italicized.</p>	<p data-bbox="786 216 937 243">Abstract Text</p> <div data-bbox="795 262 1477 315"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div data-bbox="795 315 1477 819"> <p style="font-size: 2em; opacity: 0.3; transform: rotate(-30deg); position: absolute; top: 50%; left: 50%; pointer-events: none;">Sample</p> </div> <p data-bbox="1263 842 1468 865">Characters: 0 (Limit: 2500)</p>
<p data-bbox="786 898 1425 953">NOTE: Abstracts are published as submitted. Please check for accuracy before submitting.</p>	
<p data-bbox="743 997 894 1024">IMPORTANT</p>	
<p data-bbox="147 1087 1455 1213">You are allotted 2,500 characters including spaces for the body text of your abstract. Title, author, and institutional data are not included in the 2,500 characters. The program will not allow submission if the maximum number of characters is exceeded. To determine how many characters have been used, click on Check Character Count . To see an explanation of the method used to determine the body text size, click on Determining Character Count . To view your abstract with all codes translated, click on Preview Abstract .</p>	

Disclosure Information (for Conflict of Interest)

Before completing this section, please read [ASHG's CME Policies and Procedures](#).

I attest that I have read and understood ASHG's CME Policies and Procedures.

It is ASHG policy to review all planner/faculty/reviewer disclosures, identify potential conflicts of interest, and manage all conflicts of interest prior to an educational activity being delivered to learners. Presenters with financial relationships with commercial interests should be prepared to submit their slides to the ASHG CME Committee for review approximately two to three weeks prior to the meeting.

NOTE:

- ASHG will follow the ACCME's expectation that no employees or owners of commercial interests will be involved as planners/faculty/presenters of a CME accredited activity.
- The ACCME definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
- The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.
- Diagnostic laboratories are not considered commercial interests unless they are owned by or have a sister organization which is a commercial interest.

Financial interests, arrangements, or affiliations may include:

1. Major stockholder/ownership interest
2. Grant/Research Support (External)
3. Salary/Employment
4. Royalty(ies)/Honoraria
5. Consultant/consulting fees/other remuneration
6. Speakers bureau
7. Non-remunerative positions of influence such as officer, board member, trustee, or public spokesperson
8. Receipt of intellectual property
9. other: <=== Enter an unlisted relationship if necessary. Separate multiple entries with a pound sign (#).

NO, neither I and/nor my spouse/legally recognized domestic partner have any relevant financial interest/arrangements in any amount within the past 12 months with an ACCME-defined commercial interest.

YES, I and/or my spouse/legally recognized domestic partner have a relevant financial interest/arrangement in any amount within the past 12 months with one or more ACCME-defined commercial interest(s). I have the following financial interests, arrangements, or affiliations with the following:

First Author

	Company Name	Relationship(s)
Company #1	<input type="text"/>	<input type="text"/>
Company #2	<input type="text"/>	<input type="text"/>
Company #3	<input type="text"/>	<input type="text"/>
Company #4	<input type="text"/>	<input type="text"/>

Note:

- Enter relationship number from above options 1-9. Use a comma to separate each number.
- Enter no more than one company name in each name field.

First author's spouse/legally recognized domestic partner

	Company Name	Relationship(s)
Company #1	<input type="text"/>	<input type="text"/>
Company #2	<input type="text"/>	<input type="text"/>
Company #3	<input type="text"/>	<input type="text"/>
Company #4	<input type="text"/>	<input type="text"/>

Note:

- Enter relationship number from above options 1-9. Use a comma to separate each number.
- Enter no more than one company name in each name field.

I attest that I am not receiving direct payments from an ACCME-defined commercial entity with respect to this presentation.

I intend to discuss unlabeled/off-label use of FDA-approved product(s)

- No
- Yes, Name of Product(s):

I intend to discuss investigational product(s) (not FDA-approved)

- No
- Yes, Name of Product(s):

Trainee Members Only ASHG/Charles J. Epstein Trainee Awards for Excellence in Human Genetics Research

This is the only opportunity you will have to apply for the **Epstein Trainee Research Awards**.

Eligibility requirements:

1. You MUST be an ASHG trainee member for the 2019 calendar year and be the first (presenting) author on this abstract. You can complete the **membership application** after you submit your abstract.
2. Your Nominator (see below) MUST be an ASHG member and complete the online nomination form verifying your primary role in the work described in this abstract by June 28, 2019.

If applying for an Epstein Trainee Research Award, select the type of award and provide the name and email address of your Nominator. All fields are required. Please inform your nominator about this submission and remind him/her to complete the form as soon as possible. Questions may be emailed to emantegani@ashg.org.

Federal employees should check their policies to see if they are allowed to accept a monetary award prior to applying.

Type of Award: Predoctoral Postdoctoral None

Nominator's First Name:

Nominator's Last Name:

Nominator's Email Address:

Note:

- Your Nominator will receive an email with the link to the nomination form when your abstract is submitted.
- You may pay your membership dues after submitting your abstract.
- To change the name of your Nominator after submission, you must use the abstract revision program.
- Trainees are NOT permitted to nominate themselves.

I am a US citizen (Citizenship will not affect eligibility for an Epstein Trainee Award. This information is used for tax purposes only.)

ASHG Developing Country Awards

ASHG provides up to 10 scholarship awards (\$3,000 each) for individuals living in countries categorized by the World Bank as having low-income or lower-middle-income economies (see the **list of eligible countries**). Developing Country awards are to help defray the costs of airfare, hotel, meals and registration. To be considered for the award, you must submit an abstract by the June 6 deadline and must attend the meeting. Funds will be distributed at the meeting. Qualifying authors will also be required to submit a C.V./Resume.

In 2019, ASHG is partnering with NHGRI and H3Africa to add 25 awards to its annual Developing Country Awards Program. Up to 25 additional scholarship awards (\$3,000 each) will be awarded to individuals living in countries in Africa categorized by the World Bank as having low-income or lower-middle-income economies, with priority given to trainees and early- to mid-career investigators. Awardees will receive up to \$3,000 in travel support arranged through the H3Africa program.

I would like my abstract to be considered for a Developing Country Award and confirm I live in a country designated by the World Bank as low or lower-middle income.

Please read through each statement below and check the box to confirm your agreement

- I have read, understand, and agree to the **Abstract Submission Rules**, and **Meeting Policies**, including Code of Conduct.
- I confirm that each co-author has been informed of this abstract submission and has agreed to all information as it was submitted.
- I am submitting this abstract with the intent of attending the Annual Meeting and presenting my work. I understand that first authors are expected to attend the Annual Meeting and make the presentation.
- I have only submitted one abstract as first author.
- If my abstract is accepted, I understand that 1) I must include a conflict of interest slide as part of my presentation and 2) My slides may be reviewed by a member of the Program Committee in advance of the presentation date. NOTE: Once slides are reviewed they cannot be changed.
- I understand that in submitting an abstract, I am authorizing ASHG to contact me about its Annual Meeting, including the status of my abstract.
- I understand that as first author, I must notify **all** authors of any and all correspondence relating to this abstract submission.

Important Notes

- Abstracts will be published online only and will be citable from the Annual Meeting website.
- Abstracts will be published as submitted. ASHG does not edit abstract title, text, or affiliations.
- After you submit your abstract, you may use the revision/withdraw program to revise/withdraw your abstract until June 10, 2019.
- Abstracts will be under review June 11-July 30. Programming confirmations will be sent in early August.

Final Review

- I would be willing and able to moderate a platform session. Note: you must be an ASHG member.

After you submit your abstract, you will receive an immediate on-screen confirmation of receipt that includes an **abstract control number** and a **personal ID number**. If you do not receive this information, then your abstract was not successfully submitted and it will not be processed or included in the program. Please submit again. Changes to a submitted abstract can be made only through the revision program (see main menu). You will receive an email confirmation of successful submission. **The first author must make this and all subsequent correspondence relating to this submission available to all authors.**

Use the selections below to review and submit your abstract

1	2	3	4	5
Check Entries	View Entries	Preview Abstract	Check Character Count	SUBMIT ABSTRACT
Informs you of information that is missing or incorrect.	Displays all entries. Print this screen or save it as a file before you submit.	Displays your abstract in a format very similar to the published version. Print this screen or save it as a file before you submit.	Calculates the total length of your abstract body text including all spaces. If the length exceeds 2500 characters, the text must be shortened.	Saves your submission on the main server and provides an immediate on-screen confirmation with abstract control number and personal ID number. Print the confirmation page or save it.

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