



ABSTRACT FORM

43RD Annual Scientific Meeting of the HMAA

Current Developments in Clinical and Biomedical Sciences

October 23 – 28, 2011

The Helmsley Sandcastle Hotel, Lido Beach, Sarasota, Florida

Information for abstract submission

Deadline: June 5, 2011

Format: Microsoft Word document, Font: Times New Roman 12 or Arial 11

Include separate file or fit and paste into box on next page

Word limit: 300 words

Abstract format:

TITLE

Author(s) (underline presenting author)

Institutions

Divide body of abstracts into subheadings: Aims, Methods, Results,

Conclusions

Please email the completed form with the abstract as an MS Word file to both email addresses below. In case an electronic signature is not attached to the emailed document in the requested places, you will also need to email the scanned images of the signed printout of this abstract and conflict of interest form.

Email to: ssomkuti@abington-repromed.com

istvan.stadler@rochestergeneral.org

You may also mail the form to: Istvan Stadler, PhD; HMAA Program Committee Chair; 356 Denrose Dr, Amherst, NY 14228

Please also provide the following information for the Presenting Author:

Name:

Title:

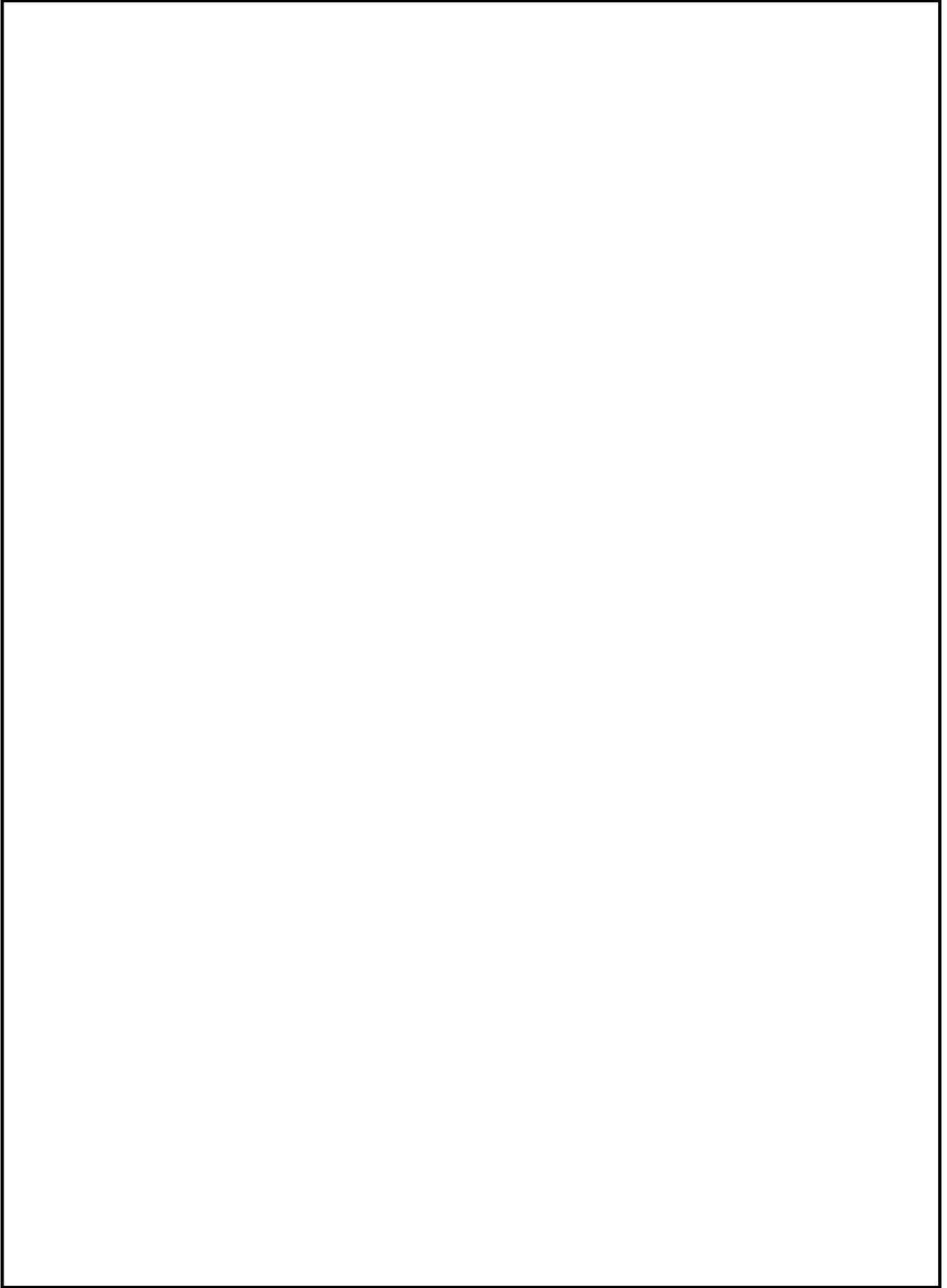
Affiliation:

Mailing address:

Email address:

Signature of presenting author:

Abstract:



Continuing Medical Education Disclosure, Commitment of Valid Content Forms: Please provide all requested information on the enclosed forms for any industrial relationships with biomedical, pharmaceutical or medical device companies, and also explain if you receive sponsorship or any form of financial support from such companies. The regulation for obtaining CME credits has recently changed, and all speakers need to submit the disclosure form (page # 3, 4). **Please sign the form (electronic signature is acceptable). Please note that your submission will be rejected if you fail to provide the requested information!**

Commitment to Valid Content in CME

The University at Buffalo School of Medicine and Biomedical Sciences (UB) is committed to scientific integrity in its professional education programs in compliance with the Standards of the Accreditation Council for CME (ACCME).

As a CME presenter, UB requests your formal assent to ACCME standards of content validity and independence from commercial interests. Please sign each section signifying your agreement to meet these standards.

Printed name of presenter/planner:

1. I agree that all recommendations involving clinical medicine will be based on **evidence accepted within the profession of medicine** as adequate justification for their indications and contraindications in patient care.

Signature of agreement _____

2. I agree that all scientific and clinical research referred to, reported or used in CME to justify patient care recommendations will conform to **the generally accepted standards of experimental design, data collection and analysis**.

Signature of agreement _____

3. I agree to provide a **balanced presentation** that is **free from commercial bias or financial interest** for or against any commercial product or service.

Signature of agreement _____

CME Disclosure Form

CME Program Title: Current Developments in Clinical and Biomedical Sciences

Name of: (circle one) presenter / moderator:

Supporting companies:

In keeping with ACCME standards, CME participants must be informed about CME sponsor organization's and speaker's relationships with companies **supporting this program** and **any other company** whose products or services may be discussed at this program. For the **12 months** preceding this CME activity, please indicate **the relevant companies** (not dollar amounts) with which you had the following types of relationships with:

1. Companies that have paid you **honoraria** for speaking or moderating educational programs:

If NONE, please check ____.

2. Companies that have **compensated you** for services, e.g., **consultancies**:

If NONE, please check ____.

3. Companies in which you hold **common stock**, *except* as part of managed portfolio:

If NONE, please check ____.

4. Companies that have supported your **research, funded clinical trials or drug studies** in which you participated:

If NONE, please check ____.

5. Will you be discussing any product that is **investigational** or **not labeled for the use** under discussion?

No ____ Yes ____

If "Yes," please initial the line below indicating that you will **inform the audience** that these uses are not approved: _____

Signature: _____

Date: _____

