**Research Day Abstract Review Form**

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| *Title of Research/Case Report* |  | | |
| *Author(s)* |  | | |
| *IRB Approval Required (Check Yes or No)* | **YES**  **NO** | ***Approval Date***  ***(If IRB Approved)*** |  |

Please rate each aspect of the abstract YES=1 point or N=0 point in the first column below. For each evaluation aspect comments are highly encouraged to help the Review Committee identify the top 12 projects for oral presentation.

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| ***Y/N*** | ***Evaluation Aspects*** (YES =1, N0 = 0) |
|  | The title is representative of the content and breadth of the study and not misleading.  Comment: |
|  | The problem statement is clear and well-articulated.  Comment: |
|  | The study design is appropriate and optimal for the research question.  Comment: |
|  | The study adds to the current body of knowledge and literature already available on the subject.  Comment: |
|  | The results are presented in sufficient and specific detail.  Comment: |

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| Suggestions for improvement (Reviewer’s comments will be blinded and sent to Author(s) in separate email) | |
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| Reviewer’s recommendation: check one (type letter X in the appropriate box). | |
| Accept |  |
| Accept with minor revisions (state in “Suggestions for improvement”) |  |
| Accept for oral presentation |  |
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