



LOMA LINDA UNIVERSITY
HEALTH

Date:

YOUR NAME:

Project title:

Advisor:

IRB auth: Yes / No

You are first author: Yes / No

Select from the below options:

Abstract submitted to (ie. SCCACS or Pac Assn of Pediatric Surgeons):

Abstract accepted: YES or NO

Date of oral presentation:

Site/location of oral presentation:

Date of poster presentation:

Site/location of poster presentation:

Submitted for publication/Name of journal for publication (i.e. American Journal of Gastroenterology):

Manuscript reference: This will be filled out **only if submission was accepted for publication**)

COMPLETED FORM TO BE EMAILED to Amy Albright, Senior Coordinator, at aalbright@llu.edu for final approval prior to travel.