Research Day 2022

* 1. Status of presenter

- Med Student
- Resident
- Nursing
- Faculty
- Other

2. If other, please explain


* 3. Applicant full name


* 4. Email address


5. Special Program (e.g., Rural Student Physician Program)


NOTE: Faculty members should answer N/A for mentor questions.

* 6. Mentor Full Name / Title


* 7. Mentor email address


* 8. Mentor’s Department


Mentor must approve the submission in order for the application to be accepted. Mentors will be contacted for verification.

* 9. Approved by mentor?

- Yes
- No

* 10. Category

- Clinical Vignette
- Research
- CQI

* 11. IRB Approval

- Yes
- No
- Filed/Pending

12. IRB Approval # (if applicable)


* 13. Title of Abstract


https://forms.illinois.edu/sec/1944931402?referrer=https://shibboleth.uic.edu/
List authors/degrees the way they should appear on the Research Day program. (Separate authors with semicolons.)

*14. Authors

Briefly summarize any highly relevant research that lead to this question.

*15. Background

limited to 100 words.

State the purpose of the study and what the hypothesized outcomes are. (Can be left blank for clinical vignettes/case reports.)

16. Objective/Hypothesis

limited to 75 words.

List the study type (e.g., retrospective, cohort, cross sectional, etc.), indicate sample, data collection, and analyses conducted.

*17. Methods

limited to 100 words.
Summarize the most relevant findings. Include any applicable statistics.

* 18. Results

limited to 125 words.

What can be concluded from this study, taking any limitations into consideration?

* 19. Conclusion/Implications

limited to 100 words.