



**Lebanese Order of Pharmacists  
Scientific Committee**



**Poster Abstract Submission Form  
2016 OPL Annual Congress  
November 17-19, 2016**

Dear Colleague:

Thank you for your interest in submitting a Poster Abstract for the 2016 OPL Annual Congress, November 17-19, 2016.

Please print or type responses. Submissions must be received no later than **Friday, September 30, 2016. All correspondence will be directed to the submitter's attention.** E-mail this form (completed and signed) and required documents to: [oplcongress2016@opl.org.lb](mailto:oplcongress2016@opl.org.lb)

**Please fill out the information completely as you would like it to appear in print - no nicknames or abbreviations. Fields with an asterisk (\*) are required.**

**Demographics**

<b>Name (First, Last)*</b>	
<b>Credentials/Degrees*</b>	
<b>Position/Title (if applicable)</b>	
<b>Institution*</b>	
<b>Address</b>	
<b>Telephone*</b>	
<b>Email*</b>	

<b>DO NOT WRITE IN THIS SECTION. FOR OFFICIAL SCIENTIFIC COMMITTEE USE ONLY</b>	
Date Submitted:	Tracking Number:
Name of Main Reviewer:	Date of Review:
Decision Status: <input type="checkbox"/> Accept	<input type="checkbox"/> Reject
Note:	

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## Abstract Type

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- |   |   |
|---|---|
| <input type="checkbox"/> Descriptive Report | <input type="checkbox"/> Case Report          |
| <input type="checkbox"/> Evaluative Study   | <input type="checkbox"/> Research-In Progress |
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## Abstract Category

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- |  |  |
|--|--|
| <input type="checkbox"/> ADR/Drug Interactions         | <input type="checkbox"/> Neurology   |
| <input type="checkbox"/> Adult Medicine                | <input type="checkbox"/> Nutrition   |
| <input type="checkbox"/> Ambulatory Care               | <input type="checkbox"/> Oncology  |
| <input type="checkbox"/> Cardiovascular                | <input type="checkbox"/> Pain Management/Analgesia   |
| <input type="checkbox"/> Community Pharmacy Practice   | <input type="checkbox"/> Pediatrics  |
| <input type="checkbox"/> Critical Care                 | <input type="checkbox"/> Pharmacoeconomics/Outcomes  |
| <input type="checkbox"/> Education/Training            | <input type="checkbox"/> Pharmacogenomics/<br>Pharmacogenetics                                   |
| <input type="checkbox"/> Emergency Medicine            | <input type="checkbox"/> Pharmacokinetics/<br>Pharmacodynamics/ Drug<br>Metabolism/Drug Delivery |
| <input type="checkbox"/> Endocrinology                 | <input type="checkbox"/> Psychiatry  |
| <input type="checkbox"/> Gastroenterology              | <input type="checkbox"/> Rheumatology  |
| <input type="checkbox"/> Health Services Research      | <input type="checkbox"/> Substance Abuse/Toxicology  |
| <input type="checkbox"/> Hematology/Anticoagulation    | <input type="checkbox"/> Transplant/Immunology   |
| <input type="checkbox"/> Herbal/Complementary Medicine | <input type="checkbox"/> Women's Health  |
| <input type="checkbox"/> HIV/AIDS                      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Infectious Diseases           |  |
| <input type="checkbox"/> Managed Care                  |  |
| <input type="checkbox"/> Medication Safety             |  |
| <input type="checkbox"/> Nephrology                    |  |

**Abstract**

**Abstract Title (15 words limit)**

**Abstract (300 words limit)**

**Financial Relationships**

All prospective program faculty, committee members, and others in a position to control content for continuing education activities, must disclose all relevant financial relationships with commercial entities whose products and/or services will be discussed during the session.

Have you had a relevant financial relationship in any amount in the past 12 months with commercial entities whose product and/or services will be discussed during the session?\*

**Yes**

**No**

If yes, please describe

## Document Submission Checklist

One **Electronic Copy** of each of the following items are **required** for consideration:

- ✓ The Curriculum Vitae (CV) of the suggested speaker\*
- ✓ **Completed** and **Signed** Poster Abstract Form\*

## Certification & Signature

I certify to the best of my knowledge that:

- The statements herein are true and complete
- I am responsible for submission of the abstract in accordance with the rules, and waive any and all claims against OPL and any reviewer arising out of or relating to the abstract submission and review process, including but not limited to peer review and the grading of abstracts.
- All Co-authors have read the abstract and agreed to be co-authors.
- The abstract work is the original work of the signatories or individuals working under their supervision

I have read all of the rules and agrees to be bound by them

<b>Signature</b>	
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<b>Date</b>	
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