ABSTRACT SUBMISSION GUIDELINES
2018 Annual Scientific Meeting
April 6-8, 2018
Washington Marriott Georgetown, Washington DC

New for 2018 Annual Scientific Meeting:
   ● Moderated Poster Sessions

Instructions
Abstracts will be accepted from **September 1, 2017 until November 15, 2017 at 11:59 pm EST.** Corresponding authors will be notified in mid-December.

1. Length limits:
   a. Title: 20 words
   b. Abstract: 350 words
      i. Including section labels (Background, Research question, Methods, etc.)
      ii. Not including authors or author affiliations
   c. Author affiliations: Up to 2 per author

2. Deadline:
   a. Submissions will be accepted until 11:59 pm Eastern Standard Time, November 15, 2017. Late submissions cannot be accepted.

3. How to submit:
   a. Submit your abstract online via the ACMT website: [http://www.acmt.net/2018_ASMAbstractSubmission.html](http://www.acmt.net/2018_ASMAbstractSubmission.html)
   b. Register a New Account (Oxford Abstracts has updated their system since last year, so if you have not used Oxford Abstracts since then, you will have to create a new login)
   c. Confirmation will be delivered electronically immediately after submission.
   d. Abstract review and author decision letters completed mid-December 2017.
   e. All communications will be made by email.
   f. If you have questions, please contact ASMresearch@acmt.net

4. Type of Research:
   a. The ACMT Annual Scientific Meeting welcomes all types of original research of interest to medical toxicologists and their patients.
b. For abstract scoring purposes, please classify your submission as one of the following:
   i. Research studies
   ii. Case reports
      1. The definition of a case report is a study involving fewer than three patients with a similar condition, presentation, or clinical feature and that does not involve an *a priori* planned novel medical / scientific intervention.
   iii. When in doubt, inquire at ASMresearch@acmt.net

5. Encore Presentation of Research Studies:
   a. Toxicology research is presented at numerous educational/scientific gatherings each year. In an effort to provide ACMT ASM participants with access to the best available new research, the ACMT ASM also supports “encore presentation” of research that has been presented at other scientific meetings, subject to the following policies:
      i. All prior presentation must be disclosed at the time of abstract submission ([see examples](#))
         1. This includes prior presentation of partial / preliminary results.
      ii. Prior presentation concerns presentation at a national or international meeting.
         1. Presentation at local or regional meetings does not constitute prior presentation.
      iii. Research studies presented (or scheduled for presentation) between March 30, 2017 and March 30, 2018, are eligible for encore presentation
         1. Studies presented on/before March 30, 2017, are not eligible for encore presentation at ACMT ASM 2018
         2. Case reports are not eligible for encore presentation
   b. When in doubt, inquire at ASMresearch@acmt.net.

6. Prior publication:
   a. Studies (including encore presentations) that have been (or are scheduled to be) fully published (manuscript form) prior to March 30, 2018 are not eligible for presentation at ACMT ASM
   b. Research that has been published in abstract form only is eligible for presentation.
      i. For copyright reasons, previously published abstracts will be acknowledged in the *Journal of Medical Toxicology* with the abstract reference, but cannot be republished.
   c. When in doubt, inquire at ASMresearch@acmt.net

7. Style:
   a. Structure: All original research and previously published original research abstracts should contain the following sections, underlined in the text:
      i. Background: 1 – 2 sentences explaining why the research is needed.
      ii. Hypothesis or Research Question: 1 sentence.
         1. Optional (but encouraged) for case reports
iii. Methods: Succinctly describe your study methods.
   1. Begin with a statement of your research type (e.g., “This is a randomized clinical trial; this is a consecutive-patient case series; this is a convenience sample survey; this is a case report”).
   2. Include setting/data source, method of obtaining data, and statistical analyses used.
   3. Even a case report should have basic methods! See example #2.

iv. Results: Present your key results.
   1. Statements such as “results will be presented at the meeting” are not acceptable.
   2. Data tables are not permitted in the abstract, but are encouraged in the platform or poster presentation.

v. Discussion:
   1. 1 – 3 sentences, very succinctly explaining the significance of your results.
   2. Where appropriate, state study limits here.
   3. Do not present results in the discussion section, and avoid making statements in the discussion section that do not flow directly from your data.

vi. Conclusion: 1 sentence.

b. Statistics: Whenever appropriate, present the measure of central tendency followed by a description of certainty.
   i. If a comparison is not significant, denote with “NS,” not the P value number.
   ii. For parametric data, this is usually presented as measured result and 95% confidence interval (e.g., 150 mmHg (95% CI: 135 – 165 mmHg)).
   iii. For non-parametric data, this is usually presented as median and either range or 25th/75th percentile (e.g., median: 150 mmHg (IQR: 130 – 175 mmHg)).

iv. For comparative tests:
   1. If the difference is statistically significant, at a minimum, please present P value and test used (e.g., “mean pressure was 150 mmHg in the intervention group and 190 mmHg in the control group (P = 0.02, Chi-square)."
   2. If the difference is not statistically significant, do not present the P value (e.g., “mean pressure was 150 mmHg in the intervention group and 155 mmHg in the control group (P = NS, Chi-square))."
   3. It is strongly preferred also to present an estimate of the absolute difference (e.g., mean pressure was 150 mmHg in the intervention group and 190 mmHg in the control group (95% CI for difference: 25 – 55 mmHg; P = 0.02, Chi-square)).

c. Abbreviations and units of measure:
   i. Please minimize the use of unfamiliar abbreviations.
ii. The first time an abbreviation is used, define it (e.g., 400 least publishable units (LPUs)).

1. It is not necessary to define common, units of measure (cm; mmHg) or other very common abbreviations (US; PC; IQR).

iii. We strongly encourage you to include SI units with all measurements (e.g. 12 inches (31.1 cm)).

d. Tables and figures:

i. Tables **will not be accepted** in ASM abstracts, but are encouraged **where appropriate in platform and poster presentations**.

ii. Graphs, photographs, maps, and other figures are not permitted, but are encouraged where appropriate for platform and poster presentations.

e. Fonts and symbols:

i. Please use only symbols from common Microsoft or Apple system fonts.

ii. Use italics to designate scientific names or foreign words (e.g. Crotalus, a priori). Do not use italics or underlining for emphasis.

iii. **Do not capitalize each word or all words of the abstract title**

f. Proprietary names: Do not use proprietary (trade) names of any product unless necessary to convey specific information. Use standard/recognized generic names.

g. References: Do not include references in your abstract. It is appropriate to provide references in an eventual poster or platform presentation.

8. Authors:

a. All submissions must conform to the Internal Committee of Medical Journal Editors Authorship and Contributorship requirements available here: http://www.icmje.org/ethical_1author.html.

b. Author names should be listed as last name and initials of the first and middle name (e.g. BH Rumack, LR Goldfrank).

c. One author must be identified as the Presenter.

d. For the purpose of the author line, we can only accept a maximum of 10 author names. For any larger consortiums, please include participants as an appendix.

e. A maximum of 2 affiliations per author are permitted.

i. Include: Institution, City, US State or Country (e.g. University of Sorghum, Smallville, NE)

ii. Do not include department or division.

f. If the abstract involves reporting of Toxicology Investigator’s Consortium (ToxIC) data, then ToxIC must be credited as an author using the following phrase: **On Behalf of the Toxicology Investigator’s Consortium (ToxIC)**

9. Funding support:

a. All funding support must be disclosed.

10. Selection process and criteria:
a. All eligible abstracts will undergo blinded peer review by at least three members of the ACMT research committee
   i. Reviewers are required to disclose conflicts of interest and recuse themselves from review of any abstract involving a personal, professional, or financial conflict.

b. Abstracts will be selected as a platform, moderated poster, or poster based on overall score.

c. Selection for platform presentation will be based on overall score
   i. Encore presentations are eligible for platform presentation, with the limitation that research that was presented as a platform at a previous meeting geared primarily toward medical toxicologists will generally not be eligible for platform presentation at ACMT ASM.
   ii. Research abstracts supported by the EMF-MTF Medical Toxicology Award are eligible for platform presentation at both the ACEP Research Forum and ACMT ASM.

11. Best platform:
The Research Committee will recognize one platform as Best Presentation.

Thank you for choosing to submit your work
to the 2018 ACMT Annual Scientific Meeting!