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| No | Information | Content |
| 1 | Title | Mr/ Mrs/ Dr/ Other\_\_\_\_\_\_\_\_\_ |
| 2 | First name |  |
| 3 | Surname |  |
| 4 | Job title |  |
| 5 | Organisation |  |
| 6 | Address (including country and post code) |  |
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| 10 | Email |  |
| 11 | Abstract title |  |
| 12 | Presentation type | Please tick your preference  Poster  Podium presentation |
| 13 | Summary | 50 words |
| 14 | Objectives | 70 words |
| 15 | Background, Technique, Standards, Clinical Detail, Results and Testing | (500 words max - will be automatically shortened) |
| 16 | Discussion | (250 words max - will be automatically shortened): |
| 17 | Author and Additional Authors | (1 per line – presenting author if applicable to be first author)  Presenting author(s):  Additional author(s): |
| 18 | Reference list |  |

Please email completed form to

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