

## ABSTRACTS

---

**Overview:** As part of the Advanced Cardiovascular Imaging 2016: Interactive and Case-Based Review, a poster session for presentation of original research dedicated to the field of Cardiovascular Imaging will be held. Any projects that pertain to the training and practice of Cardiovascular Imaging are welcome. They may include guidelines, randomized trials, outcome studies, practice innovations, or descriptive analyses. E-posters will be chosen from all abstracts received by the **Monday, November 16, 2015** submission deadline.

**Abstract Eligibility:** Original abstracts that either have or have not been presented at other meetings will be considered. Abstracts are eligible if they have been published; abstracts based upon full papers that have been published are also eligible.

**Research Competition:** Outstanding abstracts will be selected for poster presentations at the Advanced Cardiovascular Imaging 2016: Interactive and Case-Based Review.

**Number of Entries:** A participant may be the primary author on no more than two abstracts; however, he or she may be a contributing author on any number of abstracts.

**Deadline:** Abstract submission deadline is **Monday, November 16, 2015**

**Notification of Results:** All primary authors will be notified by **Monday, November 30, 2015** if their submission has been selected for the poster session, and details regarding poster set-up will follow.

**Printing of Abstracts:** Abstracts chosen for presentation will be printed in the course syllabus.

**Inquiries:** For further information, contact Brian Shapiro, MD/ 904-953- 7361/[flacmeabstracts@mayo.edu](mailto:flacmeabstracts@mayo.edu)

Abstract Form

**Advanced Cardiovascular Imaging 2016: Interactive and Case-Based Review**

**January 7-10, 2016**

Please **type** the following information. Duplicate this form for multiple abstract submissions.

Name of Primary Author \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

*This email address will be used for acceptance notification.*

**Abstract Format Instructions:**

1. Type abstract in the area provided below.
2. Type all abstracts in English.
3. Leave one character space (two mm) between the margins and text material.
4. Use 10-point Times New Roman font.
5. Type the title of the abstract in bold, uppercase letters. Do not use abbreviations in the title.
6. Using italics, list the names of all authors (place an asterisk next to the primary author) and the institution, city and state where the work was done.
7. Leave space (one line) after the list of authors and begin typing the main body of the abstract.
8. Indent the first line of the main body of the abstract three spaces.
9. Type single-spaced.
10. Send as an e-mail attachment to: shapiro.brian@mayo.edu
11. Submit abstracts and forward inquiries to: Brian Shapiro, MD/ 904-953 7361  
[flacmeabstracts@mayo.edu](mailto:flacmeabstracts@mayo.edu)
12. The deadline for submission of abstracts is **Monday, November 16, 2015.**

**TYPE ABSTRACT HERE:**

## Transfer of Copyright

I agree to transfer copyright of my submission, **Advanced Cardiovascular Imaging 2014: Interactive and Case-Based Review**, to Mayo Foundation for Medical Education and Research.

By signing this agreement, I certify that the work contained in this submission is original to me or that I have obtained permission for any portion borrowed from previously published material. I understand that written confirmation of permission to reuse previously published material should be submitted with the work.

My signature also indicates the understanding that I am responsible for obtaining permission required for identifiable persons pictured in illustrations and that signed declarations of permission should be submitted with the work.

I understand that I may reuse my work without fee by requesting permission from Mayo Foundation for Medical Education and Research, provided I indicate its original use and its copyright status in a credit line.

Permission requests to reuse my work submitted to Mayo Foundation for Medical Education and Research should be directed to:

Permissions  
Scientific Publications  
Mayo Clinic  
200 First Street SW  
Rochester, MN 55905

I attest that the completed information is accurate.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_