

Abstract Guidelines

Submission Link

- <https://form.jotform.com/240815254767159>

Intellectual Property

Intellectual property (IP), in general terms, is anything useful and tangible that results from a person's creative efforts, including artistic ingeniousness or inventiveness. Patents and copyrights are legal mechanisms to protect IP. If you have developed something new it may have value and be useful to others.

In general, you should not communicate details of your inventive work that would enable someone to copy it. Oral and/or written communication to anyone outside your lab is considered public disclosure. This hinders your opportunities to protect your idea. You should discuss potential IP with your research advisor before presenting your poster.

If you think that you have developed intellectual property that could be patented or copyrighted, you are encouraged to file an invention or copyright disclosure in our [Inventor's Portal](#) through UW-Milwaukee Research Foundation (UWMRF). We can help guide and evaluate your invention. Please contact us at team@uwmrf.org if you have questions.

Organization of Abstract Body

1. **Submission Deadline.** **Abstract Submission is April 19th at 11:59.**
 - a. It is the responsibility of the submitting author to ensure accuracy of content, spelling and author block (including listing order).
2. The abstract should include the following specifications:
 - a. **Rationale:** A brief statement of purpose of the study and the hypothesis to be tested (preferably 1-2 sentences).
 - b. **Methods:** Summarize the predictors and outcomes analyzed, as well as the methods used. For abstracts reporting clinical research, a sentence or phrase presenting the most important selection criteria for subjects should be included.
 - c. **Results:** Provide a summary of the results including quantitative data, presented in sufficient detail with statistical analysis when possible, to support the conclusions.
 - d. **Conclusions:** Summarize the impact and significance of the findings. It is not satisfactory to state, "The results will be discussed," or "other data will be presented," etc.
3. **Abstract Length.**
 - a. The maximum length of an abstract submitted for presentation is 250 words.

- b. Tables and graphs are not permitted.
- 4. **Title.**
 - a. Capitalize only the first letter of each word of the title.
- 5. **Abbreviations.**
 - a. The use of standard abbreviations is desirable (i.e., rbc, kg, mg). A special or unusual abbreviation should be placed in parentheses after the first appearance of the full word which it represents. Do not use periods after abbreviations or initials. Numerals rather than words should indicate numbers, except to begin sentences.
- 6. **Drug Names.**
 - a. Non-proprietary (generic) names are preferred and should be used in the title of the abstract. Generic drug names are not capitalized in the body of the abstract. If a proprietary drug name is used in the body of the abstract, the first letter is capitalized.
 - b. Keep in mind the IP of your compounds.

Sample Abstract

- (1) **Bisphenol-A Exposure and Asthma In An Inner-City Birth Cohort**
- (2) K. M. Donohue¹, R. L. Miller², M. S. Perzanowski², A. C. Just², L. A. Hoepner², S. Arunajadai³, F. P. Perera², R. M. Whyatt²; ¹Columbia Presbyterian Medical Center, New York, NY, ²Department of Environmental Health Sciences, Mailman School of Public Health, Columbia University, New York, NY, ³Department of Biostatistics, Mailman School of Public Health, New York, NY.
- (3) **Rationale:** Bisphenol-A (BPA) is an endocrine disruptor widely used in food containers. Prenatal exposure to BPA has been associated with airway inflammation in a mouse model. We hypothesized that exposure to BPA would be associated with increased odds of asthma during childhood.

Methods: The Columbia Center for Children's Environmental Health recruited 322 pregnant women for a prospective birth cohort study. Spot urine samples were collected and total urinary BPA level was analyzed via mass spectrometry. Board-certified allergists conducted standardized exams and pulmonary function tests to determine current asthma status using pre-specified criteria. At the time of the exam, children were age 5 to 12 years. Logistic regression was used for analyses. Models controlled for gender, race/ethnicity, maternal asthma, exposure to pre- and post-natal environmental tobacco smoke, and urinary specific gravity.

Results: Urinary BPA levels at ages three and five years were associated with increased odds of asthma (n=280, OR 1.49, 95%CI (1.10 to 2.03), p = 0.009; n=322, OR 1.31, 95%CI (0.99 to 1.74), p = 0.05, respectively).

Conclusions: Exposure to BPA during childhood is associated with increased risk of asthma in a prospective, population-based birth cohort.

(1) = Title

(2) = Author Block; 1st Author is the primary/submitting author. It is assumed this is whose contact information is provided for notification

(3) = Abstract Body; 250 word count, not including author, abstract title, author block, and the words: Rationale, Methods, Results and Conclusion