

CLINICAL RESEARCH STUDY DAY

Abstract Submission Form

Organized by the Clinical Trial Unit (CTU), Medical Research Centre (MRC) | ORIC, LUMHS

From Evidence to Better Patient Care

CALL FOR
PAPERS

Nov 2026

SUBMISSION OPENS
5 October 2026LAST DATE FOR ABSTRACTS
25 October 2026NOTIFICATION OF ACCEPTANCE
1 November 2026

How to submit: fill every field on screen (Adobe Acrobat Reader or any PDF reader that supports forms), save the completed file and email it to oric@lumhs.edu.pk with the subject line "CRSD 2026 Abstract - [Presenting author surname]". Fields marked * are required.

A ABSTRACT DETAILS

Title of the abstract * *Sentence case, no abbreviations, max 25 words*

Submission category *

-- Select --

Thematic area *

-- Select --

Preferred mode of presentation *

☐ Oral

☐ Poster

☐ Either (committee to decide)

The scientific committee makes the final decision on presentation mode.

B PRESENTING AUTHOR

Full name (as it should appear) *

Designation *

Department *

Institution & city *

Email address *

Mobile / WhatsApp *

Presenting author category *

-- Select --

ORCID iD *optional*

Supervisor name & designation *required for students and trainees*

C CO-AUTHORS (IN ORDER OF AUTHORSHIP)

#	Full name	Department & institution	Email
1			
2			
3			
4			
5			
6			

Need more rows? List additional co-authors in the email body. Maximum of 8 authors per abstract is recommended.

D STRUCTURED ABSTRACT

Total length 250-300 words across the five headings below. Plain text only: no references, tables, figures or author identifiers. Spell out abbreviations at first use. Report numbers with units, and give p-values or confidence intervals where relevant.

Background * *Why the study was needed; the gap it addresses*

Objective(s) * *Aim or research question*

Methods * *Design, setting, period, participants, sample size, intervention/exposure, outcomes, analysis*

Results * *Main findings with numbers (n, %, mean/SD, effect size, 95% CI, p-value)*

Conclusion * *Key message and its implication for patient care or practice*

Keywords * *3-5, separated by semicolons*

Total word count *

E ETHICS, REGISTRATION & FUNDING

Ethical approval * ☐ Obtained ☐ Applied / pending ☐ Not required (e.g. audit)

ERC / IRB reference no. & committee

Trial registration no. *for clinical trials*

Source of funding

Any conflict of interest? * ☐ No ☐ Yes

F DECLARATION BY PRESENTING AUTHOR

- ☐ This work is original, has not been published in full, and data are reported honestly and accurately.
- ☐ All listed co-authors have read and approved this abstract and agree to its submission.
- ☐ If accepted, the presenting author will register and present in person on the study day.
- ☐ I consent to the abstract being printed in the event's abstract book and shared on LUMHS platforms.

Name of presenting author *

Signature (typed or digital) *

Date (DD/MM/YYYY) *

FOR OFFICE USE ONLY (Scientific Committee, CTU)

Abstract ID

Date received

Reviewer score

Decision (Oral / Poster / Not accepted)