**Patient Safety Forum 2017**

**Abstract Submission Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Primary Author Name** | | *Last Name:*  Click here to enter text. | | *First Name:*  Click here to enter text. | |
| 1. **Primary Author Email** | | Click here to enter text. | | | |
| 1. **Primary Author Phone No.** | | Click here to enter text. | | | |
| 1. **Primary Author Affiliation** | | Click here to enter text. | | | |
| 1. **Abstract Title** | | Click here to enter text. | | | |
| 1. **Author’s Information** | | | | | |
| ***Name*** | | ***City*** | ***Country*** | | ***Email*** |
| Last: | Click here to enter text. |  |  | |  |
| First: | Click here to enter text. |
| Last: | Click here to enter text. |  |  | |  |
| First: | Click here to enter text. |
| Last: | Click here to enter text. |  |  | |  |
| First: | Click here to enter text. |
| Last: | Click here to enter text. |  |  | |  |
| First: | Click here to enter text. |
| Last: | Click here to enter text. |  |  | |  |
| First: | Click here to enter text. |
| Last: | Click here to enter text. |  |  | |  |
| First: | Click here to enter text. |
| 1. **We are planning to publish accepted abstracts into a meeting proceedings in Journal of (BMJ Quality and Safety Reports). Please state your choice from the following:**    1. **I do not want my abstract to be published in the meeting proceedings.**    2. **I would like my abstract to be published. No copyright issues *(never been published and not under consideration for publication).***    3. **I am interested in participating in BMJ Writing Quality Paper Workshop on March 23, 2017 *(Will be considered for accepted abstracts only)*** | | | | | |
| **Abstract: (up to 300 words only. Exceeding the word limit will not be allowed).**  *Structure: Background, Methods, Results and Conclusion* | | | | | |

**Deadline for abstract submission is on midnight of January 22, 2017.**