**DEADLINE OF SUBMISSION:JANUARY 8, 2025 (23:59 UAE/GST)**

NOTIFICATION OF ACCEPTED ABSTRACTS: JANUARY 10, 2025

The scientific committee is delighted to receive your abstracts for the 19th SEHA International Pediatric Conference on February 21-23, 2025 at Grand Hyatt Hotel, Abu Dhabi, UAE.

**ABSTRACT THEME**

Submissions are welcome in all topics related to Pediatric Medicine but not limited to:

|  |  |
| --- | --- |
| General Pediatrics  Pediatric Urology Minimal Invasive  Pediatric Critical Care  Pediatric Rheumatology  Genetics & Metabolic  Gastroenterology  Pulmonology  Pediatric Hematology/Oncology  Infection  PICU  Cardiology | Neurology  Allergy  Immunology  Nephrology  Emergency  Quality  Patient safety  OTHERS: [please specify]  Click or tap here to enter text. |

**AUTHOR & ABSTRACT INFORMATION**

|  |  |
| --- | --- |
| No. of abstracts | maximum of **2** entries |
| Delegated Presenter | * Assigning the delegated presenter should be in agreement with other authors * Only one presenter is allowed to present the abstract.   Kindly make note of this for abstracts with multiple authors |
| Abstract content | Abstracts must provide enough information for reviewers to assess the topic's nature and significance, the suitability of the investigative technique, the nature of the results, and the conclusions.  The abstract should not only list topics to be explored, but rather summarize the main results of the work.  Original scientific data gathered by the author(s) must be included in the abstract. All reports must be based on previously completed work. No "in progress" studies will be allowed.  The presenter shall not utilize the session to promote services, products, or other items. |
| Conference Registration [complimentary] | Delegated presenter will get complimentary registration to attend all days of the conference |
| AUTHOR & PRESENTER INFORMATION | I am the PRINCIPAL AUTHOR  I am a CO-AUTHOR  The selected abstract / presenter will receive:   * + Complimentary registration at the conference   + Certificate of attendance (CME certificate)   + Appreciation certification for presenting at the conference |
| Travel & Accommodation | The presenter will arrange his or her own airfare, transportation, and hotel stays. |
| I agree on the above arrangements | YES  NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *\*MODE* | ORAL | | POSTER | |
| *\*CATEGORY* | CLINICAL RESEARCH / CLINICAL STUDY | QUALITY PROJECT / AUDIT | | CASE REPORT / CASE SERIES |

*\*The scientific committee will make the final decision on accepting entries and assigning the mode and/or category.*

**\*\*\* PLEASE UTILIZE THE APPROPRIATE TABLE ACCORDING TO THE ABSTRACT CATEGORY \*\*\***

**PRESENTER INFORMATION**

This area is to be filled out by the details of the **delegated presenter.**

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| CATEGORY | **CLINICAL RESEARCH / CLINICAL STUDY** |
| ABSTRACT TITLE | Click or tap here to enter text. |
| ABSTRACT DETAILS (400 words maximum) | |
| 1. Introduction / Background 2. Objectives 3. Methods 4. Results 5. Discussion 6. Conclusion(s) 7. References | |

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| CATEGORY | **CASE REPORT / CASE SERIES** |
| ABSTRACT TITLE | Click or tap here to enter text. |
| ABSTRACT DETAILS (400 words maximum) | |
| 1. Introduction / Background 2. Objectives 3. Clinical case – including diagnostic evaluation, treatment and follow-up 4. Conclusion(s) 5. References | |

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| --- | --- |
| This abstract has been published / presented in an international conference/s | Yes  No |
| This abstract has received awards | Yes  No |
| \*Is the abstract complete? | Yes  No |

*\*Incomplete submissions will not be considered for review*

**Abu Dhabi Department of Culture & Tourism**  
[DCT requirements]

Please note that after review and acceptance of your abstract, the presenter must provide the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DCT Documents** | **photo** [white background preferably] | **Passport copy** [with Unified ID no. for Emiratis] | **DCT Speaker/Presenter permit form** | **Emirates ID** | **UAE residence visa** |
| **International** | YES | YES | YES | N/A | N/A |
| **UAE resident** | YES | YES | N/A | YES | YES |

|  |  |
| --- | --- |
| I agree on the submission of DCT requirements | YES  NO |

For accepted abstracts, please obtain authorization from your department or Chief or Academic department regarding attendance to the conference.

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