**Research Study**

**ABSTRACT**

**Name of Student(s) to be contacted on all Symposium related Communication:**

**Name of Mentor(s) or Advisor(s) to be contacted on all Symposium related Communication:**

* List all collaborators (including students, coauthors, coinvestigators, and advisors):

* [ ]  Check box to confirm that all students, coauthors, coinvestigators, and advisors have approved their role on the project.
* Please indicate if you are a graduate or undergraduate student:
* Would you like your abstract to be considered for an oral presentation on May 5, 2025? *Yes or No*
* Title:

**PLEASE NOTE THE ABOVE INFORMATION WILL BE USED FOR THE EVENT’S PROGRAM, IF THIS CHANGES, PLEASE REACH OUT TO OUR OFFICE ASAP****.**

*Instructions: Complete the below sections. 300-word limit and 1 figure can be included*

Background:

Purpose:

Methods:

Results:

Conclusions (with clinical or public health applications):