29h Medical Laboratory Scientific Conference Abstracts Submission Guidelines

ABSTRACT SUBMISSION GUIDELINES

DEADLINE

- Abstracts must be submitted in soft copy by 30th August 2024.

EVALUATION CRITERIA:

- Each abstract will be evaluated by at least 2 reviewers, based on the following:
  1. Background and rationale of the study
  2. Quality of the research design and methods
  3. Presentation of results
  4. Relevance of conclusions and interpretations of results
  5. Significance to public health and relevance to conference theme
  6. Recommended intervention and validity of data
     a. Adequate data to form conclusions
     b. Appropriateness of the statistical analysis of the data
  7. Overall clarity of abstract: Well written, attention to grammar, formatting and follows abstract guidelines

- Abstracts that meet the criteria will be considered for either oral presentation or author-attended poster sessions. This decision will be made by the Scientific Program Committee.

INSTRUCTIONS FOR SUBMISSION

- Use Microsoft Word to create abstract.
- Garamond font size 12.
- Abstracts should not exceed 500 words in length. The word count excludes the sub-headings (Title, Background, Methods, Results, Conclusions, Recommendations) and author list, address, keywords.
- Justify
- Do not include graphics.

ABSTRACT FORMAT

1. Authors identification.

- First author. Type the first name, middle initial, then last name (e.g., Susan S. Kiambi)
- First author's email, complete mailing address, and telephone number.
- Co-authors. List each co-author in order of contribution by typing initial of the first name followed by the last name (e.g., A. Mbuthia).
- Affiliations: Include credentials and institution name for each author.

Note: If your abstract is accepted, all correspondence will be directed to the first author.

2. Title.

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- Be brief. Clearly indicate the subject and scope of the study.
- Avoid subtitles, abbreviations or acronyms
- Capitalize the first letter of each word (with the exception of prepositions and articles).
- Give geographic location (country, state, city or region for multi-country studies) and year of study or investigation as applicable. Do not abbreviate geographic locations, separate them e.g., Challenges of Managing Childhood Malaria in Developing Countries: The Case of Kenya, Nigeria and Ghana (2010- 2020)

Abstract Text:

3. Background section should address:

a. The public health significance of the subject.
b. The scientific background and rationale for the study (see sample abstract)
c. The target population and objectives of the study.

4. **Methods** section should include a description of data collection techniques and applicable statistical analysis.

5. **Results** must contain comprehensive data to answer the scientific question(s). Should clearly show the association between the interventions and outcomes. Simply state the findings without bias or interpretation and organize them in a logical sequence.

> **Note:** Because of time constraints, changes cannot be made to the abstract after it is submitted. You may find, however, that the results and conclusions of the study do change, based on data analysis done after submission of the abstract. If your abstract is accepted and significant changes have been made after submission of the abstract, please highlight the changes in your presentation, whether oral or poster.

6. **Conclusion** section should help the audience understand why your research is important. Convey the implication of your study as directly supported by the results, avoid speculation.

7. **Recommendations**: If applicable

8. Key words: Please include 4-6 key words.

Word count of abstract: Abstracts should be limited to a maximum of 500 words. If an abstract exceeds this length the review committee will either truncate the abstract or reject the abstract outright.

STYLE GUIDELINES:

- Avoid the use of jargon, such as cases for patients.
- Define all abbreviations at the first use in the abstract, e.g., oral contraceptives (OC), except for those used in standard measurements, e.g., 25 mg\L.
- Spell out numbers less than 10 except in the case of standard measurements such as time, dose, and temperature, e.g., "two patients," but "2 cc" and "9 p.m."

- Use metric units. Show conventional terms, if desired, in parentheses, e.g., "10^0 (32 F)."
- Use "%" with specific measurements, e.g., "2%," but use "percentage" in stating a generality or category, e.g., "The percentages reflect . . ."
- When a percentage is given in addition to a numerator and denominator, the percentage should directly follow the numerator and be enclosed in parentheses, e.g., "18 (86%) of 21 patients developed..."

ADDITIONAL SUGGESTIONS/ADVICE

- Carefully review all submission guidelines and the evaluation criteria.
- Proofread! Accepted abstracts will be reproduced exactly as submitted.
- Before submitting, ask a colleague to read the abstract and offer constructive criticism.

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SAMPLE ABSTRACT

Author Information:
Authors: Marcello K. Sala, M. Miceli, P. Rombolà, F. Scolamacchia, A. Ubaldi and A. Battisti (list any institutional affiliations here)
Name of FETP: Italy FETP
FETP Graduation: 2006

Title:
High-Level Beta-Hexachlorocylcohexane Contamination in Dairy Farms Sacco River Valley, Latium, Italy, 2018

Abstract Text:
Background: In March 2018, the Italian National Monitoring System on Chemical Residuals in Food of Animal Origin detected levels of the pesticide beta-hexachlorocyclohexane (ß-HCH) in bulk-milk from a dairy farm in the Sacco River valley that were 30 times higher than the legal limit of 3ppb. B-HCH, a lindane isomer and possible human carcinogen, was subsequently found in milk from several neighboring farms. A study was therefore undertaken to evaluate the extent and risk factors for contamination.

Methods: All dairy cattle farms in the valley were enrolled in a retrospective cohort study and their bulk milk analyzed for ß-HCH. A questionnaire was administered to farmers to evaluate possible exposure factors. Low-level contamination was defined as ß-HCH levels in bulk-milk between 0-1.9ppb and high-level as ≥2ppb.

Results: Of 244 farms tested, 34 (13,9%) had high-level contamination. Feeding animals on fodder cultivated in soils watered with and/or flooded by river water was observed in 33/34 (97.0%) of high-level farms and in 23/210 (10.9%) of those with low contamination (relative risk =110.8; 95% confidence interval 15.5-792); the risk remained essentially unaltered after controlling for several potentially confounding variables. Subsequent investigation by local environmental authorities revealed that the source of contamination was an abandoned industrial site near the riverbank that had produced lindane for decades; high ß-HCH levels were demonstrated in water sediments, soil, and fodder from the area.
Conclusions: Cattle fodder cultivated near a contaminated river was the main risk factor for ß-HCH-contaminated milk. On the basis of the epidemiologic evidence and environmental testing, watering local fields with river water and production of fodder in farms with contaminated soil was banned, and all animals from positive farms were culled.

Keywords: beta-hexachlorocyclohexane, organochlorines, milk, cattle, cohort study

Word count: 272

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EVALUATION CRITERIA

1. Background and rationale for study (0-4)

- Does the background clearly state the public health problem or question the study will help to resolve?
- Are key antecedent data or issues presented to set the stage for the study? (If necessary)
- Does the background clearly state the objective(s) of the study?

2. Appropriateness of methods (0-4)

- Are critical definitions clearly stated or obvious (for example, case, principal exposure)?
- Do the selected methods correspond with the nature of study and study questions?
- Is a clear and easy-to-follow sequence of methods presented?
- Are essential methods described with precision and avoid undefined terms or jargon?

3. Presentation of results (0-4)

- Do the study results logically follow the described methods?
- Are study results appropriately summarized using quantitative terms? (For example, number of individuals in study, major time, person, and place of findings)
- Are relevant comparisons made using the data?
- Are appropriate epidemiological measures used for all implied or direct comparisons?
- Are comparisons epidemiologically correct and free from fallacious interpretation? (For example, rates vs proportionate frequencies, numerical estimates of risk and impact measures vs "high" or "low"
- Are sufficient and adequate data presented to allow the reader to reach a conclusion?
- Are the results organized in a way that assists the reader in reaching a conclusion?

4. Conclusions and interpretations of results (0-4)

- Does the conclusion have its principal basis in the data?
- Does the conclusion integrate the key results?
- Does the conclusion answer the problem and objectives stated in the background?

- Are the findings and their interpretation consistent with existing scientific knowledge?

5. Public health significance (0-4)

- Does this study, in both topic and results, have an obvious application to improving public health, and is this application obvious to the reader without the need for complex explanation or extrapolation?
- Is the study sufficiently sound (including clarity and strength of results) to serve as a basis for taking public health action?

- Does the data solve an immediate problem or build on existing knowledge (and not simply repeat what is already known)?
- Are clear criteria used to stress the public health significance of the problem under study?

6. Recommended intervention and estimation of public health impact (0-4)

- Are actions/recommendations/control measures practical, and derived directly from study results?
- Are public health actions recommended or reported as undertaken? (For example, initiating or enhancing prevention or other public health programs, developing procedures, policies or legislation, implementing and strengthening public health surveillance systems)
- Does this study actually document the potential or actual public health impact? (For example, reporting on process or outcome indicators: number of persons treated, number of increased resources devoted to a prevention activity, evidence of improvements in the functioning of a surveillance system, estimation of morbidity or mortality prevented, or ways in which the public health actions were innovative)

7. Overall clarity of the abstract (0-4)

- Is the writing clear and brief?
- Is there a logical sequence and cohesiveness among all abstract sections?
- Are proper and simple terms used to describe methods and discuss findings?