

**TOWNSVILLE HEALTH RESEARCH SHOWCASE
ABSTRACT COVER SHEET**

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3. If from THHS – Select Service Group:
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6. Title of presentation:

7. **Word Length of Abstract** (capped at 250 words excluding titles and author information)

8. **Preference for type of presentation (TICK ALL THAT APPLY)**

- ☐ Oral presentation (10 minutes of presentation and 5 minutes of question time).
☐ Poster presentation

9. **Select the subject area your presentation best represents (SELECT ONLY ONE)**

- | | |
|--|--|
| <input type="checkbox"/> Providing Safe, Efficient, Effective and Sustainable Services | <input type="checkbox"/> Building Better Communities |
| <input type="checkbox"/> Focusing on Individual Health Outcomes | <input type="checkbox"/> Leading Excellence & Innovation |
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10. **Does your project have HREC/AEC approval?**

- ☐ Yes ☐ No ☐ Not Applicable –

if you have selected “No” or “Not Applicable”, please explain why in your submitting email

11. If yes, please list your Ethics Approval Reference Number:

Please note - If your project does not have ethics approval (if applicable) you are required to have this prior to the date of your presentation.

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