The 47th Annual Meeting of The Japanese Society of Intensive Care Medicine

**English Session [Template for abstract]** Please type your abstract below.

1. **Name of first author Required**

First name and middle name (if applicable) Family name

Ex.) John A. Ex.) Smith

1. **Name(s) of affiliation Required**

(Please type in full/official name. Information below will be printed as is on the abstract book)

Ex.) Department of Intensive Care Medicine, ABC hospital, USA

1. **Name(s) and affiliation(s) for co-authors**

If you have co-authors, please list in the text box below. \*Up to 10 persons and 10 affiliations.

Ex.)

1. April Smith, Department of Intensive Care Medicine, ABC hospital, USA

2. Richard Williams, Department of Surgery, The DEF University / Department of Surgery, ABC hospital, Japan

**4. Contact e-mail address Required**

Please type in your email address below.

Acceptance notice and other notifications from the society will be sent to this email address.

**5. Occupation of first author** (please choose one)　**Required**

○Doctor

○Nurse

○Pharmacist

○Clinical engineer

○Physical therapist

○Occupational therapist

○Speech therapist

○Clinical laboratory technician

○Administrative dietitian,

Nutritionist

○Researcher

○Engineer

○Business person

○Student

○Other (　　　　　　 )

**6. Title of Abstract \*Within 20 words Required**

**7. Abstract Body \*Within 350 words Required**

**\*If you wish to insert diagram or table, please submit separately.（File format should be JPEG, PNG, TIFF etc., black and white,** 945pixels (width) x 472pixles (height).

The diagram should include font size larger than 9 point to have the words clearly printed.

**8. Do you have any Conflict of Interest (COI) to disclose?**

○Yes　　○No

**9. Approval from Ethics Committee**

(1) Approval from Ethics Committee (Please choose one)　**Required**

○Approved　　○Applying　　○Will apply　　○Do not require approval

(2) Reason if you selected [Do not require approval]

○It is a case report　○It is not objected to person or animals　○Other

(3)Please type in your reason in detail below if you chose “Other” in (2) above.

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(1) Is your abstract applicable for duplicate presentation? (Please choose one) **Required**

○Yes　○No

[Duplicate presentation]…An abstract that has the same content as the one which has already been presented or submitted. If an abstract with the same content has already been accepted prior to submission due date, it will also be regarded as duplicate presentation.

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**11. Do you require VISA issuance?**

(1) ○Yes　○No

(2) If yes, please type in JSICM member name who nominates you, and their affiliation and contact email address below.

**12. If you are a member of JSICM:**

Will you accept your presentation session changed to JSCIM-KSCCM joint congress?

○Yes　○No

-------------------Abstract submission---------------------

Secretariat of The 47th Annual Meeting of The Japanese Society of Intensive Care Medicine

Email: jsicm2020@sunpla-mcv.com