**DEADLINE OF SUBMISSION:FEBRUARY 28, 2025 (23:59 UAE/GST)**

NOTIFICATION OF ACCEPTED ABSTRACTS: MARCH 7, 2025

The scientific committee is delighted to receive your abstracts for the **14th International Neonatology Conference on "Hottest Topics in Neonatal Medicine,"** | Grand Hyatt Hotel in Abu Dhabi, UAE | April 19-20, 2025 & pre-conference workshops on April 18, 2025.

**THEMES**

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

|  |  |
| --- | --- |
| Point-of-Care Ultrasound (POCUS) in Neonatology  Genetics in Neonatal Care  Evidence-Based Practices in Neonatal Medicine  Quality Improvement in Neonatal Intensive Care  Neonatal Resuscitation and Emergency Protocols  Neonatal Neurodevelopment and Monitoring  Family-Centered Care and Parental Involvement | Advances in Neonatal Nutrition  Innovations in Neonatal Respiratory Care  Infection Prevention and Control in the NICU  Long-Term Outcomes and Follow-Up Care  Multidisciplinary Collaboration in Neonatal Care  Ethics and Decision-Making in Neonatology  Data Analytics and Technology in Neonatology  OTHERS: [please specify]  Click or tap here to enter text. |

**AUTHOR & ABSTRACT INFORMATION**

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| No. of abstracts | maximum of **2** entries |
| Delegated Presenter | Only **one presenter** is permitted to present the abstract. The designated presenter must be agreed upon by all co-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 the 2-day conference, April 19-20, 2025 |
| Author & Presenter Information | **I am the PRINCIPAL AUTHOR**  **I am a CO-AUTHOR**  The selected abstract / presenter will receive:   * Complimentary registration (Apr 19-20) * Certificate of attendance (CME certificate) * Appreciation certification for presenting at the conference |
| Travel & Accommodation | The presenter is responsible for arranging his or her own airfare, visa, transportation, and hotel stays. |
| I agree on the above arrangements | YES  NO |

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| --- | --- | --- | --- | --- |
| *\*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 | **QUALITY PROJECT / AUDIT** |
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| ABSTRACT DETAILS (400 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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