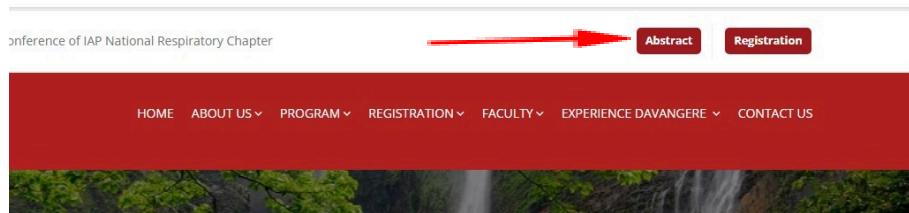


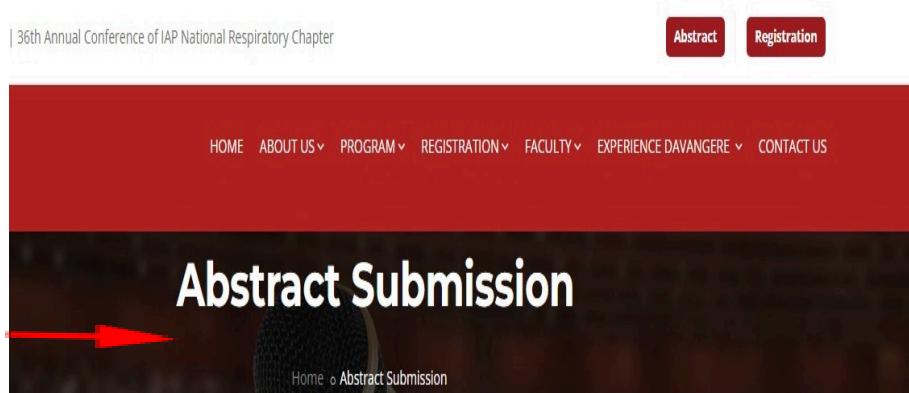
8.Abstract Submission

Sample Link : <https://annualmeeting2025.apbmt.org/abstracts/>

Step 01- Click here for Abstract Submission



Step 02 –The Abstract Submission Guidelines, which are dynamic and vary by conference, will appear after the abstract



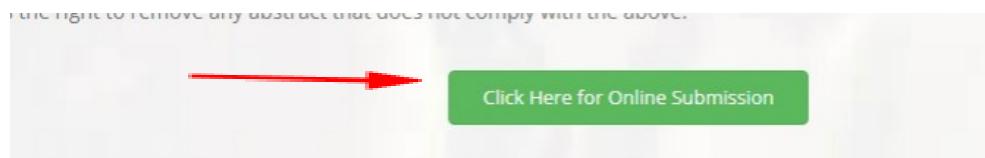
INSTRUCTIONS FOR ABSTRACT SUBMISSION FOR FREE ORAL PAPER AND E- POSTER: - this should be visible on the abstract submission page

- o Prior registration is mandatory for the presentation.
- o Abstract should be submitted online to the conference website only. Kindly mention details of the presenter along with the abstract.
- o Last date for abstract submission extended to **10th July 2023**
- o Abstract should be within 250 words for oral paper and within 200 words for poster presentation.
- o Abstract should be in the following sections for original study (paper/ poster) : Background, Methodology, Results and Conclusion; and for Case report (poster): Background, Case report, Conclusion.
- o Time allotted for oral paper is 6 minutes for presentation and 2 minutes for discussion.

- o Time allotted for e-poster is 5 minutes for presentation and 2 minutes for discussion.
 - o Abstracts previously published/presented at any National/ International forum are not permitted.
 - o The KANCIPS scientific committee will review the abstract and acceptance will be communicated to the presenter.
 - o Selection of abstract for presentation is at the sole discretion of KANCIPS Scientific committee.
 - o The scientific committee has the right to consider the submitted abstract for either free paper or e-poster after review.
- o Instructions for submission for E- poster presentation**
- Create only one slide image for your presentation.
 - Orientation: Use the landscape layout (16x9) for your slide in PowerPoint.
 - Font Types: Utilize Arial or Calibri font types for your text.
 - Font Size: Ensure that the font size is equal to or greater than size 11.
 - Hyperlinks, Animated Images, Animations, GIFs, Embedded Documents, and Videos: Do not include any of these elements in your slide as they are not permitted.
 - Images and Tables: Maintain a resolution of at least 200 dpi for images and tables. It is crucial to have good picture quality.
 - File naming and saving : save your PPT slide in **jpg image** format . Avoid using symbols or special characters (I.e +@/) while naming the file.
 - File Size: The file size should not exceed 5 MB.
 - Template: Utilize the e-poster template provided on the website for creating your poster.
 - Color Suggestions: Avoid using light colors for fonts to ensure readability
- Spot registrations are not allowed for presenters**

(Guidelines will be dynamic & might change from conference to conference)

Step 03 – Bottom for “Click Here to Submit”



Step 04 : Delegate Login

Sign-in using conference credentials. Delegates can click the button & submit an abstract only if they have registered for the conference.

If not registered yet, they have to register themselves & then submit their abstract.

The image shows a login interface with the following elements:

- Email or Phone ***: A text input field with a red asterisk indicating it is required.
- Password ***: A password input field with a red asterisk indicating it is required. To its right is a small icon of an eye with a slash, likely a password visibility toggle.
- Remember me**: A checkbox labeled "Remember me".
- Sign in**: A large orange rectangular button with white text.
- Login by code**: A link to an alternative login method.
- Registration**: A link to register a new account.

Step 05: Landing Page after login

Button Required

1. Abstract
2. Scientific Schedule
3. Hotel List
4. Faculty
5. Invoice
6. Registration

Buttons required

- a. Submit Abstract
- b. Edit Abstract
- c. View Status

- If the abstract is approved then button d & e should be made visible to the delegate.
- d. Preset Template
- e. Upload final abstract

f. Abstract Certificate

Step 06: Submit Abstract -

Abstract Submission Form

1. **Abstract Title:** (*Submitted*)
2. **Submitted by:** (*Name of the Presenter/Author*)
3. **Registration Payment ID:**
4. **Registration Number:**
5. **Presentation Type:** Oral / Poster/Award /Paper/e-Poster/Free Paper
6. **Final Abstract Title:** (*if updated*)
7. **Co - Authors Name:**
8. **Institution Name:**
9. **Upload Abstract File:** (*Word/PDF Format*)

Sample Abstract Format for reference:

Submitted by:	Mamatha M
Registration Number:	123456
Registration Payment ID:	pay_QU2w5NmFWBc72x
Presentation Type:	Paper Presentation
Final Abstract Title:	NEONATAL MYOCARDITIS IN PRETERM NEONATE – CASE REPORT
Co - Authors Name:	Dr. MOHIT SINGHAL 2 , Dr. ANKUR RAJVANSHI 3
Institution Name:	BIMS BELAGAVI.
Abstract Authors : Dr M Tejasree 1 , Dr Vijaykumar B Murtelli 2 , 1.Post graduate .Department of Paediatrics, 2. Associate Professor, Department of Paediatrics, Bims , Belagavi. Background: Waardenburg syndrome (WS) is a rare neurocristopathy caused by the failure of neural crest cells to migrate during embryogenesis, with an incidence of approximately 1 in 40,000–60,000 live births. It is inherited in an autosomal dominant pattern and is characterized by pigmentary anomalies of the hair, skin, and iris, sensorineural hearing loss, and defects in neural crest-derived tissues. Shah-Waardenburg syndrome (Type IV WS), a rare autosomal recessive variant, is distinguished by its association with Hirschsprung's disease, resulting in aganglionic megacolon, which leads to high morbidity and mortality. Case Presentation: A one-day-old male neonate presented with bilious vomiting, abdominal distension, and failure to pass meconium since birth. On examination, phenotypic features suggestive of WS were noted, including a white forelock, iris heterochromia, a depressed nasal bridge, and increased intercanthal distance. Abdominal radiography and ultrasonography revealed distal small bowel obstruction. Based on the clinical findings and imaging, Shah-Waardenburg syndrome was diagnosed. Conclusion: Shah-Waardenburg syndrome should be considered in neonates with intestinal obstruction accompanied by characteristic pigmentary and craniofacial features. Early recognition, followed by timely surgical management of the aganglionic segment, is crucial to reducing the risk of life-threatening complications such as enterocolitis and sepsis. Keywords: Shah-Waardenburg syndrome, Waardenburg syndrome type IV, Hirschsprung's disease, aganglionic megacolon, neonatal intestinal obstruction, pigmentary anomalies, neural crest disorder	
Abstract	Full Abstract Upload a File Drag and drop files here Only uploaded manuscripts.pdf, docx, doc, rtf, txt, and zip formats. If you'd like to submit your abstract in file format, please convert your manuscript into one of these formats before you upload it. Submit
File Upload	

Step 07: View Status

Status	Pending
	Pending
	Approved
	Rejected

Step 08: Template for final abstract

If the abstract is approved by the Organizing Committee person, the final Template for their abstract submission should be visible & we have to provide an option to submit the abstract with preset format.



MANGALORE PEDICON 2025

Theme: Transforming Little Lives, Every Child Included

Title – NON-SPHEROCYTIC HEMOLYTIC ANEMIA DUE TO GPI DEFICIENCY

Authors – Dr. Riyaz M M, Dr. Shridhar P V

Affiliation – Department of Pediatrics, Mandy Institute of Medical Sciences, Mandy.

Introduction	Case Details	Discussion/Conclusion
<ul style="list-style-type: none"> GPI is rare autosomal recessive disorder. GPI is crucial enzyme for glycolysis, deficiency of this leads to breakdown of RBC prematurely, disrupts antioxidant mechanism in RBC leading to chronic hemolytic anemia. It is characterized by anemia, jaundice, splenomegaly, gallstone and in some cases ID, ataxia can be seen. It can range from mild to severe, in severe cases affected individuals won't survive, mild cases survive into adulthood. GPI gene mutation causes breakdown of monomer easily with interfering with its function in nerve cells leads to neurological problems. 	<ul style="list-style-type: none"> 2yr male, 3rd born to 2nd degree CM couple admitted with fever, cough, hematuria since 3days. On evaluation, child had pallor, icterus. Vitals stable. Hepatosplenomegaly present. O/I Hb-4.6gm/dl with leucocytosis, retic count 25% PS- macrocytic with anisocytosis, polychromatophils, target cell, fragmented cell, occ spherocytes seen. Hemoglobinuria seen. Clinical exome sequencing revealed homozygous missense mutation in exon 13 of GPI gene. Parenteral workup for hereditary hemolytic anemia was unremarkable. 	<ul style="list-style-type: none"> GPI deficiency can range from mild to severe with some have hemolytic crises triggered by infection. Diagnosis is mainly on demonstrating reduced GPI activity in RBC, mutation in GPI gene. Treatment mainly focuses on symptomatic including regular blood transfusion. Due to the genetic nature of the disorder, genetic counselling is recommended for families with history of GPI deficiency.
Reference		
<ul style="list-style-type: none"> Indian academy of Pediatrics. https://doi.org/10.1016/j.phoj.2024.08.001 https://medlineplus.gov/ency/article/003247.htm 		

Step 10: Final Upload

Full Abstract

Upload a File
Drag and drop files here

File upload supports pdf, doc, docx, txt, & rtf formats. If you choose to submit your abstract in file format, please include your name, title, summary and full abstract in the file.

Submit

Step 11 : Final Selected Candidates

SI No	Abstract No	Name	Mobile No	Email ID	Title	Presentation
1	ABST-KAR-007	DR NETRA S KANNUR	8217296744	netraskannur17@gmail.com	Determining the relationship between the head circumference and the gestational age with corpus callosum-fastigial length in neonates-a prospective observational study	Award Paper Presentation
2	ABST-KAR-019	DR JHANSI CHOUDHARY B	9481625849	jhansibheemaneni@gmail.com	A study to determine the time taken for first successfully latch in newborn at birth in a tertiary care centre, a prospective observational study	Award Paper Presentation
3	ABST-KAR-023	DR RANGANATHA A DEVARANA VADAGI	9972 874332	drranganath_a@gmail.com	Multisystem Inflammatory Syndrome in Neonates (MIS-N): A New Scourge and Therapeutic Dilemma	Award Paper Presentation

Final Template with Time and Hall Details:

Dear DR ABDUL AZIZ

Your submission titled - Diagnostic Utility of Cerebrospinal Fluid Procalcitonin in Neonatal Meningitis

Abstract Number : ABST-MP-071

Has been accepted for presentation in the Free paper category,

- 1.Date and time: Sunday, 16/03/2025, 09:00 AM onwards
- 2.Duration allotted for your presentation is 5 minutes + plus 1 minutes for discussion.
- 3.You are requested to strictly adhere to the time allotted.
- 4.Kindly Limit your slides 10 to12.

Important Information:

- 1.Conference registration is mandatory for participation.
- 2.IAP Membership Compulsory
- 3.Students are required to mail the slides by 13.03.2025 to iapdakshinakannada@gmail.com
- 4.Please report by 8:30 AM at Hall A.

Please revert back for any questions

Thanks & Regards,
Organizing Committee
Mangalore Pedicon 2025

Step 12 : Email Confirmation Sent



Organizer/Event Manager Access

Step-by-Step – How to View and Export Data from the Dashboard

1. Login to Admin Panel

- o Use your **Login Credentials** to access the dashboard.

Buttons on home page:

- a. Dashboard
- b. Manage abstracts
- c. Logout

2. Click on "Manage Abstract" Section

Display Submitted Abstracts - The dashboard displays a list with all the abstract details

3. Headers to be displayed

- **Abstract No:**
- **Submission Date:**
- **Presenter Name:**
- **Email ID:**
- **Mobile No:**
- **Abstract Title :**
- **Co-Author Name :**
- **Institution Name :**
- **Search/Filter/Sort:**
- **Status - Approved/Pending/Rejected**

Search / Sort / Filter / Export options to be made available.

"Export to Excel" button to be made available to download all abstract data in spreadsheet format.

4. Click here to view abstract - category-wise

- Abstract to be made visible with full screen
- Buttons to be made available
 - a. Download
 - b. Mark Status -

5. Download Uploaded Files

- o Each row in the Excel sheet or table includes a **Download** button or file link to retrieve the submitted abstract file

Step 01- Sign Up (Login Credential)

The screenshot shows a login form titled "Welcome Back!" with the sub-instruction "Sign in to continue to RESPICON 2024 Admin.". It contains two input fields: "Username" (with placeholder "admin@respicon.in") and "Password" (with placeholder "....."). Below the password field is a red asterisk indicating it is required. A green "Sign Up" button is at the bottom.

Step 02 –Open Dashboard

After the abstract is submitted, we need a day-by-day count of how many poster papers are received. This count should be updated dynamically in the table.

Category	Received	Pending	Approved
Free Paper Presentation	13	13	
Award Paper Presentation	12	12	
Poster Presentation	11	11	
e-Poster Presentation	23	23	
Total			

Step 03 – Click Manage Abstract

The screenshot shows the 'Abstract Submission' page. On the left sidebar, 'Manage Abstract' is highlighted with a red arrow. The main area displays a table with one row of data. The columns are: #, Submitted by, Email, Mobile, Conference Reg. ID, Abstract Title, Status, Date, and Action. The data in the first row is: DR DILEEP C K, dileepck728@gmail.com, 7899660967, 500134, To know the efficacy of HHHFNC and nCPAP in reducing the need for higher respiratory support in respiratory distress developed in preterms of 28-36, Pending, 20-10-2024 11:16:06, and a yellow 'View' button.

This screenshot is identical to the one above, showing the 'Abstract Submission' page with a single record. A red arrow points to the yellow 'View' button in the last column of the table.

Step 04 –When we click View Button

Abstract	Shah-Waardenburg syndrome, Waardenburg syndrome type IV, Hirschsprung's disease, aganglionic megacolon, neonatal intestinal obstruction, pigmentary anomalies, neural crest disorder
File Upload	<p>Full Abstract</p> <p>Upload a File Drag and drop files here</p> <p>Only upload supported pdf, doc, docx, ppt & pdf formats. If you choose to submit your abstract in file format, please include your name, title, summary and full abstract in that file.</p> <p>Upload</p>
Status	<p>Status</p> <p>Pending Rejected Approved</p>
Switch To	1.Free Paper Presentation 2.Poster Presentation 3.E-Poster Presentation 4.Award paper Presentation
Confirmation Email	<p>send</p>

