**JHS PRESENTATION FORM**

**A. INFORMATION ON PRESENTER:**

1. DATE OF REQUEST: \_\_\_05\_\_\_\_\_/ \_\_\_21\_\_\_/ \_\_2014\_\_\_\_\_

2. REQUESTED BY: \_\_\_\_\_\_Wei Wang\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3**.** CONTACT INFORMATION (phone and email): \_\_601-984-4361\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_WWANG@UMC.EDU\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. INFORMATION ON THE PRESENTATION/MEETING**

1. TITLE OF PRESENTATION: Effects of Serum Creatinine Calibration on Estimated Glomerular Filtration Rate and CKD Determination in African Americans: the Jackson Heart Study

2. AUTHOR NAME, TITLE/PRESENTER NAME, TITLE (If different from author):

Wei Wang, Assistant Professor

3**.** TYPE OF PRESENTATION: \_\_\_\_\_\_PAPER \_\_X\_\_\_ORAL \_\_\_\_\_OTHER

4**.** PURPOSE OF THE PRESENTATION:

a. NATIONAL MEETING \_\_\_\_\_X\_\_\_\_\_ If yes, complete items 7 & 8

1. LOCAL MEETING \_\_\_\_\_\_\_\_\_\_
2. TEACHING/CLASSROOM \_\_\_\_\_\_\_\_\_\_
3. OTHER \_\_\_\_\_\_\_\_\_\_

e. SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5PRESENTATION LOCATION: \_\_\_\_\_Philadelphia, PA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6**. DATE OF PRESENTATION: \_\_11-16\_\_\_\_\_\_/ \_\_NOV\_\_\_\_/ \_\_\_2014\_\_\_**

7**.** TITLE OF THE MEETING: \_\_\_\_\_\_American Society of Nephrology 2014\_\_\_\_\_\_\_\_\_

8. DUE DATE FOR MEETING ABSTRACT SUBMISSION: \_\_05\_\_\_\_/ \_\_\_JUN\_\_\_\_\_/ \_\_\_2014\_

**C. INFORMATION ON DATA**

1**.** WILL PRESENTATION INVOLVE THE INITIAL RELEASE OF JHS RESULTS? YES NO

X

2. WILL JHS DATA BE USED IN PRESENTATION? YES NO

X

3. MANUSCRIPT PROPOSAL NUMBER, IF RELATED TO JHS MANUSCRIPT

PROPOSAL? \_\_\_\_P#408\_\_\_\_\_\_

**D. COMMITTEE DISPOSTION:**

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_ DISAPPROVED: \_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS: