The scientific committee is delighted to receive your abstracts for the **3rd International Conference on Hemophilia and Rare Bleeding Disorder**| 5-6 October 2024 | Grand Hyatt Hotel, Abu Dhabi, UAE.

**DEADLINE OF SUBMISSION: AUG 01, 2024 (23:59 UAE/GST)**

**NOTIFICATION OF ACCEPTED ABSTRACTS: AUG 09, 2024**

**ABSTRACT SCOPE**

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| --- |
| Hemophilia  Rare Bleeding Disorders  OTHERS:  (please specify) Click or tap here to enter text. |

**AUTHOR & ABSTRACT INFORMATION**

* A maximum of **2 abstracts** may be submitted.
* For abstracts with several authors, you must choose **one individual** to present the abstract at the conference.
* The 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.
  + summarize the work's substantive outcomes rather than simply listing subjects to be explored.
  + be 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.
  + include enough information for reviewers to determine the nature and significance of the topic, the sufficiency of the investigation technique, the nature of the results, and the conclusions, according to the criteria
* The primary author/first author/presenting author will receive:
  + complimentary registration for all days of the conference and
  + a certificate of attendance and appreciation for your presentation
* The presenter must NOT utilize the session to promote services, products, or other entities that are commercial in nature.
* Travel and lodging expenses will be shouldered by presenter.

**PRESENTER INFORMATION**

This area is to be filled out by the details of the presenting author.

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| **COMPLETE NAME** | Click or tap here to enter text. | |
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| **BRIEF BIOGRAPHY (150 words)** | Click or tap here to enter text. | |
| **NAMES OF CO-AUTHORS + DESIGNATION & AFFILIATION + EMAIL ADDRESS + CONTACT NO.**  (Please provide a maximum of 5 names as co-authors) | | |
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| **ATTENDANCE MODE** | LIVE IN-PERSON (preferred) | VIRTUAL |

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| **\*\*PRESENTATION MODE** | ORAL (limited slots) | POSTER |

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| **\*\*CATEGORY** | CLINICAL RESEARCH | CASE REPORT | AUDIT / QUALITY IMPROVEMENT |

***\*\*****The scientific committee will make the final decision on accepting submissions, assigning the presentation mode and/or category. Time allocation is also dynamic and may change on committee’s discretion.*

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| **ABSTRACT TITLE** | Click or tap here to enter text. |
| **ABSTRACT CONTENT** (400 words maximum) | |
| 1. Introduction / Background 2. Objectives 3. Methods 4. Results 5. Discussion 6. Conclusion(s) 7. References | |

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| *Is this abstract published or has it been presented at any international conferences?* | Yes  No |
| *Has this abstract won any awards?* | Yes  No |
| *\*Is this abstract complete?*  *(Incomplete submissions will not be reviewed)* | Yes  No |

For accepted abstracts, please acquire permission from your department, Chief, or Academic department to attend the conference.

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