



Tips for Abstract Submission
Abstract Submission is April 13 – June 9, 2022

To ensure your abstract receives proper scientific consideration, be sure to submit to the appropriate category.

List of abstract categories for ReSS 2022:

24.107	Airway Management
24.108	Basic Science
24.109	Biomarkers
24.110	COVID-19
24.111	CPR
24.112	Defibrillation
24.113	Disparities
24.114	ECPR/ECMO
24.115	Epidemiology
24.116	Hemorrhagic Shock
24.117	In-Hospital Arrest
24.118	Intra-Arrest Management
24.119	Mechanical CPR
24.120	Monitoring
24.121	Outcome Predictions
24.122	Pediatric
24.123	Pre-hospital/EMS
24.124	Post Arrest
24.125	Resuscitation Devices
24.126	Resuscitation Guidelines
24.127	Targeted Temperature Management
24.128	Training/Education
24.129	Translational
24.130	Trauma
24.131	Survivorship - Caregivers
24.132	Pre-hospital/EMS

Abstract Submissions:

- Submit all abstracts in English.
- Authors should not "split" data to create several abstracts from one. If splitting is judged to have occurred, priority scores of related abstracts will be reduced.
- Abstracts containing identical or nearly identical data submitted from the same institution and/or individuals will be disqualified.
- Proofread abstracts carefully to avoid errors before submission. The abstract will be reviewed exactly as submitted. Edits cannot be made after submission.
- An abstract must have a short, specific title (containing no abbreviations) that indicates the nature of the investigation.

- Describe briefly the objectives of the study unless they are contained in the title. Include a brief statement of methods if pertinent. State findings in detail sufficient to support conclusions. Abstracts should not describe research in which the chemical identity or source of the reagent is proprietary or cannot be revealed.
- Use generic drug names.
- Do not begin sentences with numerals.
- Standard abbreviations may be used without definition. Nonstandard abbreviations (kept to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated.
- Do not include references, credits or grant support.
- Do not include the names or personal information of any patient participating in the study or trial.
- The body of the abstract must not exceed 1,950 characters (not including spaces). The addition of a graphic deducts 250 characters. Graphic files should only include one image per file.
- If the graphic is to accompany the abstract, it must be submitted as a digital image with the following specifications:
 1. Format the image (meaning a figure or a table) to a pre-sized .gif, .jpg or .tif image file only.
 2. The acceptable dpi range is 72 to 300.
 3. If the image is black, save it as black/grayscale. If the image is in color, save it as RGB.
 4. Crop out white space around the figure and crop it tight (but do not cut off any text or lines).
 5. The maximum width of the image is 440 pixels (no limit on length). If the image is smaller, do not increase its size. Note: images wider than 440 pixels may not be usable on the journal Web site.

Abstract Acceptance

- Guidelines for abstract presentation will be provided to the presenting author of accepted abstracts in mid-August via email.
- Abstracts are reviewed in blinded fashion and selected on the basis of scientific merit. The symposium Program Committee will determine whether the abstract is to be presented orally or by poster.
- Request poster only or any format on the Presentation Preference tab of the Submitter Site. The selection of one of these options will neither prejudice acceptance nor guarantee an oral or presentation because abstracts will be arranged to fit into a thematic group for presentation. Although every effort will be made to accommodate your presentation request, there is not guarantee that you will present in the mode of your preference unless you specify "poster only".
- Expenses associated with the submission and presentation of an abstract are the responsibility of the presenter.
- Presenting/submitting authors must register and pay associated fees for attendance at the symposium.
- All oral presentations must be in electronic slide form (16:9 ratio) and submitted to the American Heart Association 4 hours in advance of session start time through the speaker resource room onsite. Hours and information for the speaker resource room will be provided to you at a later date.
- No person may record any portion of the AHA Scientific Sessions, Scientific Conferences, and ASA International Stroke Conference, whether by video, still, or digital photography; audio; or any other recording or reproduction mechanism. This includes recording of presentations and supporting A/V materials and of poster presentations and supporting poster materials.

Additionally, science information shared by investigators at the time of a meeting is confidential and often unpublished data. Taking photos of or recording the content of meeting room slides is also prohibited and is considered intellectual piracy and unethical. Attendees who ignore this policy will be asked to leave the educational session and are at risk of losing their badge credentials.

- The American Heart Association and American Stroke Association reserve the rights to all recordings or reproductions of presentations at AHA/ASA scientific conferences and meetings.
- The AHA reserves the right to all video or audio recordings of presentations at Resuscitation Science Symposium 2022.

Abstract Title

An abstract must have a short, specific title (containing no abbreviations) that indicates the nature of the investigation.

Author Name(s)

- The submitting author is designated as the primary/presenting author. You may rearrange the order of the authors; however, always list the senior author last.
- If an author's name appears on more than one abstract, it must be identical on each abstract.
- Additions or deletions of author names are not permitted after the submission deadline. NO EXCEPTIONS.
- All authors' names should be carefully reviewed for accuracy. If the abstract is accepted and eventually published, changes cannot be made after publication.

Abstract Data

- All abstracts must be submitted (and will be presented) in English with accurate grammar and spelling suitable for publication. Abstracts must contain original material neither published nor presented elsewhere prior to the Resuscitation Science Symposium 2022 (in print or electronically).
- Authors should not "split" data to create several abstracts from one. If splitting is judged to have occurred, prior scores of related abstracts will be reduced.
- Abstracts containing identical or nearly identical data submitted from the same institution and/or individuals will be disqualified.
- To ensure that the abstract receives proper scientific consideration, please make sure that the abstract is submitted to the appropriate abstract category.
- Proofread abstracts carefully to avoid errors before submission. The abstract will be published exactly as it has been submitted – NO EXCEPTIONS.

Abstract Text

- Abstracts may have the following identifiable sections: Introduction, Hypothesis, Methods, Results and Conclusions. These fields can be edited or deleted as appropriate for your abstract.
- Describe briefly the objectives of the study unless they are contained in the title. Include a brief statement of methods if pertinent. State findings in detail sufficient to support conclusions. Abstracts should not describe research in which the chemical identity or source of the reagent is proprietary or cannot be revealed.
- Use generic drug names.
- Do not begin sentences with numerals.
- Standard abbreviations may be used without definition. Nonstandard abbreviations (kept to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated.
- Do not include references, credits, or grant support.
- Do not include the names or personal information of any patient participating in the study or trial.
- Abstracts are limited to 1,950 characters (about 300–350 words). This includes the text plus any graphics, but not the title or authors. All graphics (figures) and text-based graphics (tables) should be provided as 72–300 dpi, pre-sized .gif, .jpg or .tif images only, with a maximum width of 440 pixels (no limit on length). Black-and-white digital images should be in grayscale mode. Color images should be saved in RGB color mode. Addition of an image whether a figure or a table deducts 250 characters. Spaces do not count as characters.
- If an abstract accepted for publication, any images submitted with the abstract are placed after the abstract that will appear in the online-only supplement to *Circulation*, an American Heart Association journal.