

Abstract Submission Form (Page 1)

Seventh CME for Medical Laboratory Technologists, 24th-25th November 2017

TMH, Mumbai.

Mr./ Ms.

First Name

Middle Name

Last Name

Designation:

Speciality: Hematology Biochemistry Microbiology Immunology

Clinical pathology Paramedical Please specify

Institute:

Address for Correspondance:

City:

State:

Zip Code:

Country:

Telephone :

Mobile:

Fax:

Email(1) :

Email(2) :

Important: Copy of abstract should be sent by email on following addresses:

hematologycme@gmail.com

Abstract Submission Form (Page 2)

Word count (not more than 250 words):

Abstract title:

Authors & Affiliations:

Introduction

Material & Methods

Results

Conclusions

Keywords: