

IMPORTANT

The instructions accompanying this form must be followed COMPLETELY for all abstracts.

ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS

SECRETARY CHECKLIST

Before mailing check abstract for the following common errors:

- DETACH BOTH ABSTRACT FORM AND FORM LETTER OF TRANSMITTAL BEFORE TYPING
- TYPE MUST BE DARK ENOUGH TO REPRODUCE
- Be certain **TITLE IS COMPLETELY CAPITALIZED**
- DO NOT use ABBREVIATIONS IN TITLE
- DO NOT indent title
- THE NAME OF THE AUTHOR WHO WILL PRESENT MUST BE UNDERLINED**
- Initials or first names must precede last name
- Institutional affiliation and city are required
- Be sure that degrees, street address, zip code and grant support are NOT listed in abstracts
- DO NOT begin author's name or address on a new line unless necessary
- Begin body of abstract on a new line that is indented three spaces
- There must be no unacceptable abbreviations
- Abstracts must stay within rectangular borders**
- DO NOT blacken borders of abstract rectangle
- Left-hand border must be perfectly straight
- DO NOT squeeze letters on lines
- Smudges or faint typing may require retyping of the abstract
- DO NOT use CAPITALS or UNDERLINE for emphasis
- Check accuracy of SPELLING and HYPHENATION
- There should be no space between lines or paragraphs
- A conclusion must be stated. A hopeful promise of additional data or discussion is not acceptable

ENCLOSURES

- E-mail original copy of abstract form**
- Original form letter of transmittal**

ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS

Office of Administration
Telephone 410-916-4996 Fax (410) 602-8725

39th Annual Scientific Meeting

Instructions for Author

Preparation of Abstract:

Title should be brief and clearly state the content of the paper. List the presenting author's name *first*. Give the name and the location of the institution where the work was done. (If not done at an institution, then only give the city and state.) Titles, positions, and institutional appointments should not be included.

Organize the body of the abstract as follows:

RELATIONSHIP BETWEEN SUCRALFATE, GASTRIC CYTOPROTECTION AND PROSTAGLANDIN AND MUCUS SYNTHESIS AND SECRETION. E. Quandros, E. Ramsamooj, D.E. Wilson; Dept. of Medicine, SUNY, Downstate Medical Center, Brooklyn, N.Y.

Sucralfate (SC) has been reported to inhibit the development of experimentally induced gastric ulcers, possibly by stimulation of mucosal prostaglandin (PG) synthesis.

1. *Purpose of the study (one sentence if possible)*
2. *Simple statement of methods*
3. *Summary of results obtained*
4. *Statement of the conclusions reached (do not state: "The results will be discussed.")*

Standard abbreviations may be used:

RBC, g, kg, mg, ml, % (percent), / (per)

Simple tables or graphs (in black ink) may be included if they fit within the abstract.

Nonproprietary (generic) names should be used the first time a drug is mentioned. These should be in small letters. Proprietary names are capitalized.

There is a firm deadline for receipt of abstracts of August 29, 2025.

An original copy of the abstract typed on the official Abstract Form, accompanied by one Transmittal of Abstract Form should be sent to:

Office of Administration
Association for Academic Minority Physicians, Inc.
P.O. Box 271
Stevenson, Maryland 21153-0271
Phone: 410.916.4996 Fax: 410.602.8725

Notification of abstracts selected for presentation will be made on September 8, 2025
DEADLINE FOR RECEIPT OF ABSTRACTS IS August 29, 2025

PROGRAM No. _____

ABSTRACT No. _____

ABSTRACT FORM
ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS
39th AAMP Annual Scientific Meeting
(Baltimore, Maryland)
(Confirmation of Dates Forthcoming)

TITLE OF ABSTRACT _____

PRIMARY AUTHOR _____	AAMP Member	Non Member	Student/ Trainee
<div style="display: flex; justify-content: space-between; font-size: small; color: blue;"> First Name M.I. Last Name & Degree </div>			

Mailing Address _____

(Affiliation or Institution)

()

Street
City
State
Zip
Telephone

Institute where work was done if different from above _____

UNLESS OTHERWISE INDICATED, ALL CORRESPONDENCE WILL BE CONDUCTED WITH THE PRIMARY AUTHOR. IT IS ASSUMED THAT IN THE EVENT THE PAPER IS ACCEPTED, THE PRIMARY AUTHOR WILL PRESENT.

ADDITIONAL AUTHOR(s) (List in the same order as they appear on the abstracts)

First Name	M.I.	Last Name	Degree	AAMP Member	Non Member	Student/ Trainee

We will require the following speakers' aid: _____ **PowerPoint equipment**

NOTE: The primary author affirms that this material will not have been previously published or presented by any national meeting of a national society.

(Signature of Primary Author)

An original and two photocopies of the abstract typed on the official Abstract Form, accompanied by one Transmittal of Abstract Form should be sent to:

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 Stevenson, Maryland 21153-0271
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TYPE ABSTRACT HERE
Be sure to single-space and stay within border.
See enclosed instructions.

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DO NOT BEND