Template for FRS Abstract Submissions:

1. Use Calibri (body) 12 size font.
2. Use single line spacing for the entire document, as well as "Left" alignment.
3. Make sure left and right sided margins are 2 inches.
4. ALL CAPS the title of the abstract, Underline and **Bold**.
5. List all participants in their respective order by Last, First name, followed by their title (MD, PHD, etc.), and each separated by a semicolon.
6. Next list the SINGLE MAIN institution where the first author completed their work followed by the city and state, all in *Italics*.
7. Then leave a single space and include the abstract itself (which should be **NO MORE THAN 250 WORDS**). Abstracts that are longer may not be included in the Abstract Booklet due to spacing constraints.
8. Keep the entire abstract as ONE PARAGRAPH without indentations or spacing.
9. If the abstract has sections such as "Purpose," "Materials and methods," etc., please again keep everything as a single paragraph but **Bold** the title of each section in the abstract (ex. **Purpose**: To evaluate if sedation with propofol during catheter directed thrombolysis (CDT) in patients with submassive PE affects survival. **Materials and methods**: This single-center, retrospective study identified 136 patients from 2011 to 2017 who underwent CDT for acute submassive PE…).
10. Lastly, save the abstract in a Word document and not as a PDF or in the body of the email sent for submission.

Example:

NOT YOUR TYPICAL BACILLARY PELIOSIS HEPATIS

Dell, Wayne; Shah, Jehan MD; Mihora, Danielle C. MD; Larue, Raymond MD; Gosalbez, Miguel, MD.
University of Florida Health, Gainesville, FL.

Peliosis hepatis is a rare vascular condition of the liver typically characterized by the proliferation of the sinusoidal capillaries resulting in cystic blood-filled cavities. Etiologies leading to this condition can include drug-related factors, immune disorders (including HIV), as well as infectious diseases. Bacillary peliosis hepatis is a form of the disease that is specifically brought on by Bartonella *henselae* infections in AIDS patients. We present a case report of a 30-year-old male patient with HIV not on antiretrovirals for over a year who was diagnosed with an atypical form of bacillary peliosis hepatis. The patient initially presented to the hospital for right upper quadrant pain and fevers. He was pancytopenic and admitted with a working diagnosis of acute cholecystitis given elevated liver function tests and alkaline phosphatase. A CT of the abdomen and pelvis was performed and showed no evidence of acute cholecystitis, however demonstrated a miliary pattern of small hypodensities throughout the liver initially concerning for microabscesses. Despite treatment with several different antibiotics (zosyn, metronidazole, and cefepime), the patient's symptoms did not improve. Further lab work revealed a positive serum PCR for Bartonella *henselae*. Eventually a biopsy of the liver was performed which did not demonstrate angiomata but instead revealed focal areas of lymphocytic infiltrates likely corresponding to the findings on CT.