



## TASK LIST



Your submission will be complete when you have finished the tasks below. Click on each task in order to work through your submission. Your data is saved as you complete each task.

**A green check mark must appear next to each task in order for the submission to be complete.**

When all tasks are complete, click "Submit."

Should you need technical assistance, please contact Cadmium CD at 410.638.9239.

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Submission ID#16714

Untitled Submission

Proposal Category: [Study Group Submission](#)

Submission Status: [Withdrawn](#)

Submit Information



**1. Task #1: Study Group Submission Guidelines**

Download the study group submission guidelines.



**2. Task #2: Study Group Participants**

Click here to add participants to this submission.



**2. Task #2: Study Group Participants**

Click here to add participants to this submission.



**3. Task #3: Engage Participants**

Notify participants to complete individual tasks.



**4. Task #4: Statement of Intent to Present in a Study Group**

Read and acknowledge the statement of intent.



**5. Task #5: Affirmation Statements**

Read and acknowledge the affirmation statements.



**6. Task #6: Overall Abstract & Details**

Upload the abstract and add supporting details.



**7. Task #7: ACNP Conflict of Interest Disclosure Statement**

Complete the ACNP Financial Disclosure form.

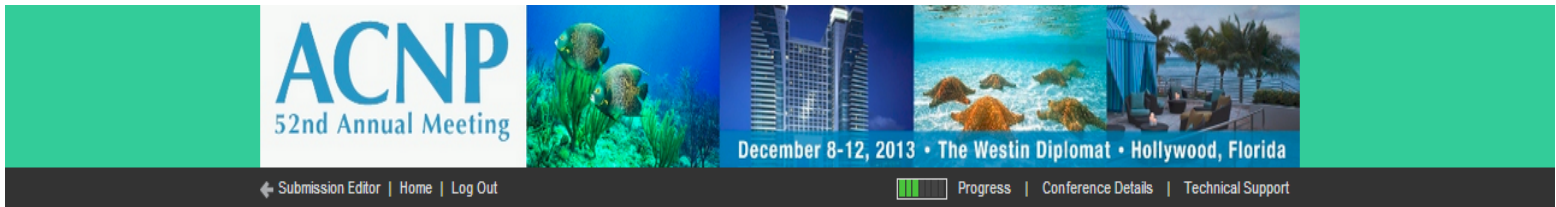
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Submit Information

Your contribution to the submission will be complete when you have finished the tasks below. Click on each task in order to work through your submission. Your data is saved as you complete each task.

**A green check mark must appear next to each task in order for the submission to be complete.**

## Task 1: ACNP Study Group Submission Guidelines



### TASK #1: STUDY GROUP SUBMISSION GUIDELINES

I've read and understand that I must adhere to the study group submission guidelines.

Please download the study group submission guidelines and read over them carefully.

Click "Submission Editor" on top left-hand corner to return to the task list.

 [ACNP Study Group Submission Guidelines](#)

## Task 2: Study Group Participants



### TASK #2: STUDY GROUP PARTICIPANTS

Save Participants

Please create the list of study group participants for this submission.

**Study Groups are limited to the following roles:**

1. Chair
2. Co-Chair (Optional)
3. Participant
4. Moderator (Optional)

Study groups should have no more than 8 participants total, including the chair, co-chair, participants and moderator.

**Follow these steps:**

1. Enter the person's first name, last name, and a **valid email address**.
2. Next, select their role in the session, and click "Add Participant." *Remember: The Chair of a study group MUST be an ACNP member.*
3. Use the up and down arrows next to participant names in order to change presentation order.
4. Once all participants have been added, click "Save Participants."

**Notes:**

- After all participants have been added, return to the task list and click on the second task entitled "Engage Participants" in order to notify participants to complete individual tasks.
- **A green check mark must appear next to each name in order for the task to show as complete.**
- Any time a change is made to this task, be sure to click "Save Participants" before returning to the task list.

Click "Submission Editor" at the top, left-hand corner to return to the task list.

1



**Participant(s)**

**Laura Hill, Ph.D.**

Role: Chair

Login details sent 2/26/2013, 12:17 PM CST CST inviting Laura to complete the details for their 5 tasks.

2



**marshy brad, M.D.**

Role: Co-Chair

Login details sent 1/28/2013, 8:53 AM CST CST inviting marshy to complete the details for their 1 task.

3



**ken barbie**

Role: Moderator;Participant

4



**sam iam**

Role: Participant

Login details sent 1/28/2013, 8:53 AM CST CST inviting sam to complete the details for their 1 task.



First Name ...

Last Name ...

Email ...

Add Participant

Chair

Co-Chair

Moderator

Participant

Please indicate the role the identified person will play in the study group. The chair must be a member of ACNP. If a person is performing more than one role, such as chair and participant, please indicate here.



## PARTICIPANT DETAILS

**ADMIN MODE:** Multi-author submitter data entry is blocked, but you can [click here](#) this form as an administrator.



Only Traci King can complete this form.

### Follow these steps:



1. Fill in all required fields as denoted by a **red asterisk**. Be sure to input a valid email address.
2. Complete the section entitled "Personal Information" with a birth date, gender, and ethnicity.
3. Select credentials.
4. Please write a biography to be used in program materials such as the itinerary planner and mobile application.
5. Answer "Yes" or "No" to the ACNP membership question.
6. Press "Continue."



### Personal Details

Prefix   
First Name  \*  
Middle Initial



### Mailing Address

Address Line 1  \*  
Address Line 2   
Address Line 3



### Contact Details

Office Phone  \*  
Cell Phone   
Fax

Last Name  \*  
Suffix

City  \*  
State / Province  \*  
Zip / Postal Code  \*  
Country  \*

Email  \*



### Personal Information

Please complete the following fields regarding personal information.

Date of Birth  
   \*

Gender  
 \*

Ethnicity  
 \*



### Administrative Assistant (they will be copied on all emails)

Name  Telephone  Email   Not applicable



### Professional Information (as it will appear on conference materials)

Position / Title  
 \*

Primary Affiliation

 \*

Secondary Affiliation (optional)

Credentials

- M.D.
- Ph.D.
- Student/Trainee
- Other

### Study Group Role \*

Please indicate the role the identified person will play in the study group. The chair must be a member of ACNP. If a person is performing more than one role, such as chair and participant, please indicate here.

- Chair
- Co-Chair
- Moderator
- Participant

### Biography

Please write a succinct biography describing your scientific background and personal merits. Biographies will be used in creating program materials such as the Itinerary planner and mobile application.

 \*

3 words

### ACNP Member

Is this participant an ACNP member?

 \*

\* indicates required field



## PAST PRESENTER INFORMATION

Continue . . .



Please answer the following questions regarding your participation in the 2011 and 2012 ACNP Annual Meetings.

Once completed, click "Continue."

Did you participate in a mini-panel, panel, or study group at the 2011 ACNP Annual Meeting?

Did you participate in a mini-panel, panel, or study group at the 2012 ACNP Annual Meeting?

If you were a participant in the 2012 ACNP Annual Meeting, did you receive financial support from ACNP?



## UPLOAD - PHOTO

Continue



Please upload a recent photo to be used in creating program materials such as the itinerary planner and mobile application.

Click "Continue."



Select an image file on your computer (4MB max):

No file chosen

By uploading a photo of yourself, you certify that you have the right to distribute the image and you release it for use on the program materials for the event.

If you do not wish to upload a photo, please click here.

### Task 3: Engage Participants



#### TASK #3: ENGAGE PARTICIPANTS

Use the following instructions to notify participants through automated emails:

- In order to send emails to all participants, click the **red button: "Contact All Authors"**.
- To send emails to individual participants, click on the individual's name in **blue**.
- After clicking, a pop up will come on the screen with "Login details sent 8:53 AM CST to Sam lam to complete the details : their requirements," indicating that emails have been sent to participants
- **TIP:** Return to this page and repeat the steps above if participants need a reminder to complete their individual tasks.

Click "Submission Editor" at the top, left-hand corner to return to the task list.

Contact All Participants

##### Participant(s)

1

[Laura Hill, Ph.D.](#)

Role: Chair

Login details sent 2/26/2013, 12:17 PM CST CST inviting Laura to complete the details for their 5 tasks.

2

[marshy brad, M.D.](#)

Role: Co-Chair

Login details sent 1/28/2013, 8:53 AM CST CST inviting marshy to complete the details for their 1 task.

3

[ken barbie](#)

Role: Moderator;Participant

### Task 4: Statement of Intent to Present in a Study Group



#### TASK #4: STATEMENT OF INTENT TO PRESENT IN A STUDY GROUP

Save Data

Click on the participant name in **blue** to read and acknowledge the Statement of Intent to Present in a Study Group.

[A green check mark must appear next to each name in order for the task to show as complete.](#)

Click "Save Data."

Click "Submission Editor" at the top, left-hand corner to return to the task list.

- ✓ [Laura Hill, Ph.D.](#)  
Permissions data was submitted on 1/28/2013, 8:56 AM.
- ✗ [marshy brad, M.D.](#)
- ✗ [ken barbie](#)
- ✓ [sam iam](#)  
Permissions data was submitted on 1/28/2013, 10:03 AM.



## TASK #4: STATEMENT OF INTENT TO PRESENT IN A STUDY GROUP

**ADMIN MODE:** Multi-author submitter data entry is blocked, but you can [click here](#) this form as an administrator.

Follow these steps:

- Read the statement below.
- Check the box.
- Sign on the line.
- Click "Submit Agreement."

Notes:

- Proposals will be considered **only** when accompanied by the completed Statement of Intent that indicates each participant's willingness to attend the entire Meeting and be available for additional discussions relative to their presentation.



Only Laura Hill can complete this form.



**Form completed**  
This task is now complete.

I hereby acknowledge my intention to participate in a study group at the American College of Neuropsychopharmacology 2013 Annual Meeting and will be available for the entirety of the Meeting.

I have read and agree to the above Statement of Intent

traci king

Please indicate your agreement by typing in your full name above.

## Task 5: Affirmation Statements

← Submission Editor | Home | Log Out Progress | Conference Details | Technical Support



## TASK #5: AFFIRMATION STATEMENTS

Save Data

Click on the participant name in **blue** to read and acknowledge the ACNP Policies.

A green check mark must appear next to each name in order for the task to show as complete.

Click "Save Data."

Click "Submission Editor" at the top, left-hand corner to return to the task list.

- ✓ **Traci King, Ph.D.**  
Permissions data was submitted on 2/11/2013, 9:09 AM.
- ✓ **Laura Hill, Ph.D.**  
Permissions data was submitted on 2/11/2013, 9:22 AM.
- ✗ **Julie cAUTHEN, Ph.D.**
- ✗ **Sarah Timm**
- ✗ **elizabeth mobley**





## TASK #5: AFFIRMATION STATEMENTS

Submit Agreement

**ADMIN MODE:** Multi-author submitter data entry is blocked, but you can [click here](#) this form as an administrator.

Follow these steps:

- Read the statement below.
- Check the box.
- Sign on the line.
- Click "Submit Agreement."

Notes:

- Please notice the ACNP Press Release Policy is linked in the text below.

The College requires investigators to affirm that all experimental protocols in animal studies were approved by the Institutional Animal Care and Use Committee and were conducted in accordance with the National Institutes of Health Guide for the Care and Use of Laboratory Animals, or by the applicable requirements of the investigator's institution. The College also requires conference presenters to reveal the structure of a compound or gene if it is mentioned in the abstract and to agree to the ACNP Press Policy.



**Form completed**

This task is now complete.

Please review and agree to the following requirements:

- I affirm that all experimental protocols in animal studies were approved by the Institutional Animal Care and Use Committee and were conducted in accordance with the National Institutes of Health Guide for the Care and Use of Laboratory Animals, or by the applicable requirements of my institution.
- I have read and understand the ACNP Press Release Policy.
- I agree to reveal the structure of a compound or gene if it is mentioned in my abstract.

I affirm that the guidelines listed above were followed.

*traci kin*

## Task 6: Overall Abstract

ACNP  
52nd Annual Meeting

December 8-12, 2013 • The Westin Diplomat • Hollywood, Florida

← Submission Editor | Home | Log Out

Progress | Conference Details | Technical Support



## TASK #6: OVERALL ABSTRACT & DETAILS

Continue

Follow these steps:

1. Input the overall abstract for the session. Type the abstract title. The title is limited to 250 characters. If the title exceeds 250 characters, the character count will turn **red**. A title containing greater than 250 characters will not be accepted in the system.
2. Select the submission topic by clicking on the drop down list
3. Answer the question "Are all of the presenters from the same institution?" If the answer is yes, a rationale must be provided.
4. Select the primary and secondary categories.
5. Answer yes or no to whether the abstract is in response to an RFP. If so, use the space below to write which RFP category.
6. Next, use the space to further describe the abstract's category. If no further explanation is needed, write "None".
7. Input the overall abstract in the text field. The character limit is 2000. If the abstract exceeds this maximum, the character count will turn **red**, and it **will not** be accepted in the system. Note: tables, figures, and pictures are not permitted.
8. Input unique data. The character limit is 950. If the abstract exceeds this maximum, the character count will turn **red**, and it **will not** be accepted in the system. Note: tables, figures, and pictures are not permitted.
9. Click "Continue."

Click "Submission Editor" at the top, left-hand corner to return to the task list.

## Proposal Title

Notes:

- Enter the title of your abstract in the space below.
- The title must be brief and indicate clearly the nature of the proposal. Abbreviations must not be used in the title.
- Use title case when entering your title; that is, capitalize only the first letter of the each *significant* word of the title, the first word after a colon, and any proper nouns or abbreviations.
- *Example: This is a Test of the Emergency Broadcasting System*
- The title is limited to 250 characters. If the title exceeds 250 characters, the character count will turn red. A title containing greater than 250 characters will not be accepted in the system.

test \*

4 characters (250 max)  
1 words (75 max)

## Presentation Type

Use the drop down menu to identify the submission as basic, clinical or integrative.

Select one... \*

Are all of the presenters from the same institution?

\*

If yes, provide a rationale.

## Primary Category

Please select the category that best encapsulates your abstract.

Select One \*

## Secondary Category

Please select the category that best encapsulates your abstract.

Select One \*

Is this abstract in response to an RFP category?

No \*

If you said 'yes,' please tell us which RFP this abstract is in response to. Otherwise, write 'No.'

\*

Tertiary: If you need more space to explain the category of your abstract, please do so here. If not, write 'No.'

\*

## Describe Study Group

Study Groups will be on issue-oriented topics only. The total length of this summary should be 2950 Characters.

**B** *I* U | | | | | | | | | | | \*

sfadsad asdasdsad sadasdsa

## Task 7: ACNP Conflict of Interest Disclosure Statement



### TASK #7: ACNP CONFLICT OF INTEREST DISCLOSURE STATEMENT





Save Disclosures

Each participant must have a completed disclosure form.

A green check mark must appear next to each name in order for the task to show as complete.

Click "Save Disclosures" located in the top right corner of the page.

Click "Submission Editor" at the top, left-hand corner to return to the task list.

- ✓  **Laura Hill, Ph.D.**  
Disclosure data edited 1/30/2013, 1:26 PM.
- ✓  **marshy brad, M.D.**  
Disclosure data edited 1/28/2013, 9:29 AM.
- ✓  **ken barbie**  
Disclosure data edited 1/28/2013, 9:29 AM.
- ✓  **sam iam**  
Disclosure data edited 1/28/2013, 10:03 AM.



### TASK #7: ACNP CONFLICT OF INTEREST DISCLOSURE STATEMENT

Complete Disclosure Form

**ADMIN MODE:** Multi-author submitter data entry is blocked, but you will can use this form as an administrator.



Only Laura Hill can complete this form.



#### Disclosure completed

This disclosure form is complete, but you can continue to update it.

If you make changes, don't forget to press the 'Complete Disclosure Record' button at the bottom of this page.

#### 1. Financial Relationships\*:

In the past 12 months, have you (or an immediate family member) had a financial relationship with a commercial organization that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients? If so, click the 'Add a financial relationship' link below.

- I have no relevant financial interests to disclose. If this is chosen, please skip to #6.
- I (or my spouse/partner) do have potential conflicts of interest to disclose.

**2. All Financial Involvement with a pharmaceutical or biotechnology company, a company providing clinical assessment, scientific, or medical products or companies doing business with or proposing to do business with ACNP over past 2 years (Calendar Years 2011 - Present): Amounts do not need to be disclosed, but all professional financial involvement should be listed here:**

If this question is not applicable to you, do not type in the box below.

**3. Income Sources & Equity of \$10,000 per year or greater (Calendar Years 2011 - Present):**

If this question is not applicable to you, do not type in the box below.

**4. Financial Involvement with a pharmaceutical or biotechnology company, a company providing clinical assessment, scientific, or medical products or companies doing business with or proposing to do business with ACNP which constitutes more than 5% of personal income (Calendar Years 2011 - Present):**

If this question is not applicable to you, do not type in the box below.

**5. Grants from pharmaceutical or biotechnology company, a company providing clinical assessment, scientific, or medical products directly, or indirectly through a foundation, university, or any other organization (Calendar Years 2011 - Present):**

If this question is not applicable to you, do not type in the box below.

**6. My primary employer is a pharmaceutical/biotech/medical device company. List company name:**

If this question is not applicable to you, do not type in the box below.

**7. Attestation Statement**

I certify that all my (and my immediate family's) affiliations with or financial involvement (e.g., employment, consultancies, honoraria, equity ownership or stock options, grants, contracts, patents, received or pending, or royalties) with any organization or entity having a financial interest in or a current or potential financial conflict with any matters related to the ACNP are disclosed completely here. For purposes of disclosure, financial involvement is defined as any income source having occurred within the last 2 years. Please note if any income source is greater than or equal to \$10,000 per year or has the potential to generate that amount per year in the future (e.g. patents or royalties). Also, please note if the financial involvement constitutes more than 5% of one's personal income.

I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.

I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.

*traci king*

By signing this box with my electronic signature, I attest that all information above is true and correct.

**Complete Disclosure Form**