

MISHC Publication Proposal Submission Form

June 2024

Date of submission:

Your Name:

Email Address:

Phone Number:

Hospital you represent:

Are you a participating member of MISHC? Yes No

1. Name of First Author:

Email Address:

2. Senior Author:

Email Address:

3. Other Authors:

Email Address:

4. Name of project:

5. Background of project:

6. Objectives/hypotheses:

7. Describe data requested:

8. Analysis Plan:

8a. Table(s):

(Please create a table of variables that you would like. This will be used by the statistician to plan your analysis. Statistician cannot populate and format these tables for you)

8b. Figures:

9. Significance:

Direct submissions to:

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