

DISSEMINATION REVIEW COMMITTEE: SUBMISSION CHECKLIST

Please email completed submissions to Jaclyn Cacia at caciaj@chop.edu. Investigators may also submit outside of this form as long as all applicable sections are included.

Title of Abstract/Manuscript/Secondary Analysis Proposal: _____

Primary Author: _____

Submitting DBPNet Site: _____

Additional DBPNet Sites Involved in Authorship:

- | | |
|--|---|
| <input type="checkbox"/> CHOP | <input type="checkbox"/> Hasboro Children's Hospital |
| <input type="checkbox"/> Children's Hospital Boston | <input type="checkbox"/> Stanford University |
| <input type="checkbox"/> Cincinnati Children's Hospital MC | <input type="checkbox"/> Rainbow Babies and Children's Hospital |
| <input type="checkbox"/> UC-Davis, MIND Institute | <input type="checkbox"/> University of Arkansas for Medical Sciences |
| <input type="checkbox"/> Albert Einstein College of Medicine | <input type="checkbox"/> University of Oklahoma Health Sci. Center |
| <input type="checkbox"/> Boston University Medical Center | <input type="checkbox"/> Children's Hospital Los Angeles |
| <input type="checkbox"/> NYU Grossman School of Medicine | <input type="checkbox"/> Children's Hospital Colorado |
| <input type="checkbox"/> Baylor College of Medicine, Houston | <input type="checkbox"/> Kansas City Developmental Behavioral
Pediatrics (KC-DBP) Consortium |

Scientific Meeting (for abstracts) or Journal (for manuscripts) to which the work will be submitted:

Author Name: _____ **Date:** _____

Author Signature: _____

- ☐ I have read and reviewed this abstract/manuscript and attest that it is in final form, has been carefully edited for grammar and formatting for the targeted scientific meeting or journal to which it will be submitted.

***Abstracts require primary author attestation only; manuscripts require attestation by all authors**
For submitted MANUSCRIPTS, please repeat (copy and paste) for each author.