



What you should know before you submit an abstract

1. Abstracts can only be **submitted online**. Abstracts submitted in any other way will be completely ignored.
2. Abstracts must be submitted **no later than 1 February 2018** (i.e. Central European Time).
3. Each first author can only submit **one** abstract.
4. Abstracts should only be submitted if at least one (co)author plans to **attend** the Annual Meeting.
5. By default the first author will also be the **presenting author** in case the abstract is accepted for oral or poster presentation.
6. If for any reason the first author is **unable to attend** the meeting, he/she will arrange for one of the co-authors of the abstract to give the presentation. The ESHRE Central Office should be notified of any such a replacement as early as possible, but not later than 1 week before the start of the Annual Meeting.
7. Selected abstracts that are not presented **without good reason and without prior notice from the first author**, will be removed from the programme and all related publications.
8. **Changes or corrections** to abstracts that have been accepted for presentation will only be allowed when reported in writing within 30 days following confirmation of acceptance.
9. At submission, the content of the abstracts should be:
 - a. original, **unpublished** material or original material that has been accepted for publication, but which is not due to be published at least 3 months before the start of the Annual Meeting
 - b. **original** material that has not been previously presented at any international meeting in the field of reproductive medicine/science.
10. Abstracts should be submitted **in English only**
11. **Abbreviations** can be used after defining them first.
12. The **use of graphs, tables and images** is strongly discouraged



13. **List the authors** with family name first, followed by initials (i.e. Jones, B.; Smith, J.; and Simpson, A.) Do not include professional titles or degrees. A maximum of 15 names will be allowed
14. Authors are requested to mention a minimum of three and a maximum of five **keywords**.
15. Abstract **title**. Do not use capital letters and do not indent. The title should reflect the contents and should be no longer than 25 words
16. The abstract will need to be categorized by either one of the three following **categories**:
 - Basic science
 - Clinical science
 - Paramedical
17. When “Basic Science” or “Clinical Science” is selected the abstract will need to be categorized by one of the following **topics**:
 - a. **Andrology** (incl. male (in)fertility, spermatogenesis, diagnostic tests, treatment, MESA, TESA, TESE, sperm donation, lifestyle and environmental factors related to male fertility, immunology, male contraception, sperm selection and processing, intrauterine insemination, infectious and male infertility)
 - b. **Embryology** (incl. IVF/ICSI, oocyte and embryo selection, culture, cryopreservation, developmental biology, quality control)
 - c. **Endometriosis**, endometrium and fallopian tube, and benign disorders of the endometrium and fallopian tube
 - d. **Ethics and law**
 - e. **Female (in)fertility** (incl. diagnostic tests, prognostic models, intrauterine insemination, oocyte donation, body weight effects, smoking, sexually transmitted diseases)
 - f. **Female fertility** (incl. oogenesis, folliculogenesis, ageing, immunology, female contraception)
 - g. **Implantation and early pregnancy** (incl. miscarriage, recurrent miscarriages, termination of pregnancy, ectopic pregnancy, pregnancy of unknown location, gestational trophoblastic disease)
 - h. **Male and female fertility preservation** (incl. medical indications, elective gamete freezing, laboratory techniques)
 - i. **Psychology and counselling**
 - j. **Reproductive (epi)genetics** (incl. (epi)genetic causes of infertility, PGD, PGS, prenatal diagnosis)

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- k. **Reproductive endocrinology** (incl. ovarian reserve testing, ovarian stimulation, IVM, POI, PCOS, infancy, disorders of sexual development, puberty, adolescence, menopause)
- l. **Reproductive epidemiology, socio-cultural aspects and health economy** (incl. cross border & developing countries)
- m. **Reproductive surgery** (female and male)
- n. **Safety and quality** of ART therapies (incl. guidelines, accreditation, EUTCD, certification, complications: premature labour, malformations, neonatal risks, multiple pregnancy, long term follow-up of children, imaging in ART)
- o. **Stem cells** (inc. pluripotent stem cells (ESC-iPSC), somatic nuclear transfer, use of stem cells in reproduction, mesenchymal stem cells, artificial gametes, spermatogonial stem cells, oogonia, organoids, differentiation, pluripotency, regenerative medicine, CRISPR/CAS) Embryology (incl. IVF/ICSI, gamete and embryo selection, culture, cryopreservation, vitrification, developmental biology)

18. When “**Paramedical**” is selected the abstract will need to be categorized by the following topic:

- **Nursing and midwifery**

19. All abstracts should be **structured** (mandatory!) following a number of sub-headings (see below). Each sub-heading will be only be allowed a maximum number of words:

- Title (maximum 25 words)
- Study question (maximum 25 words)
- Summary answer (maximum 25 words)
- What is known already (maximum 100 words)
- Study design, size, duration (maximum 75 words)
- Participants/materials, setting, methods (maximum 75 words)
- Main results and the role of chance (maximum 200 words)
- Limitations, reasons for caution (maximum 50 words)
- Wider implications of the findings (maximum 50 words)
- Study funding/competing interest(s) (select one of the listed options. Mandatory!)
- Trial registration number (maximum 25 words)

Last but not least, do not wait until the very last moment to submit your abstract!