

Abstract Submission Form for the JACI Annual Meeting

Before submission, the following must be clarified by the authors:

1. any ethical issues in presenting the research
2. any privacy protection issues related to the research
3. any previous publication of the abstract

Please answer the following three questions by checking Yes/No:

Ethical Issues		
Your research must meet any of the following conditions: <ol style="list-style-type: none"> 1. approved by an appropriate ethics committee or institutional review board applicable to the contents of your research 2. conforms to the ethical norms and standards in the Declaration of Helsinki even if research involving human subjects is not applicable to review by any institutional ethical committee 3. approved by a research ethics committee handling animal experiments despite research not involving human subjects 4. research not involving human and/or animal subjects that does not require ethical consideration (e.g., studies using only cell lines) 		
Affirmation My research meets any of the above conditions 1 to 4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Privacy Protection		
Personal data must be protected in accordance with the The OECD Guidelines on the Protection of Privacy and Transborder Flows of Personal Data. If research includes identifiable patient data (e.g., gender, age, illness, photos, etc.), it is the author's responsibility to obtain written informed consent from the patient (or their parent or legal guardian, etc.).		
Your research must meet either of the following conditions below: <ol style="list-style-type: none"> 1. research performed complying with applicable laws or guidelines 2. research not involving human and/or animal subjects that does not require privacy protection 		
Affirmation My research meets either condition 1 and/or 2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Encore Abstracts		
We cannot accept abstracts that have been accepted for publication elsewhere unless substantial updates have been made. The Program Committee reserves the right to reject abstracts that fail to meet this requirement.		
Affirmation My abstract has not been published previously.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

First Author's Information			
Name	First name	Middle	Last name
Title	Member ID#		
Primary Address	Institution 1		

(If there are more addresses, add them to the "List of Additional Institutions".)	Department	
	Zip code	Country
	Phone (extension)	Email

List of Additional Institutions	
(Example)	Department of Immunology, Nagoya University, Nagoya, Japan
Institution 2	
Institution 3	
Institution 4	
Institution 5	
Institution 6	
Institution 7	
Institution 8	
Institution 9	
Institution 10	

Coauthors' Information			
Coauthor 2	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 3	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 4	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 5	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 6	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 7	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 8	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 9	First name	Middle	Last name

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Coauthor 10	First name	Middle	Last name
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Coauthor 11	First name	Middle	Last name
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Coauthor 12	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 13	First name	Middle	Last name
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Coauthor 14	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 15	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 16	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 17	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 18	First name	Middle	Last name
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Coauthor 19	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Coauthor 20	First name	Middle	Last name
	Institution No.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	

Category Selection (all three required)	
Category A	
Category B	
Category C	
Keywords that best describe the research (all three required)	
Keyword 1	
Keyword 2	
Keyword 3	

Abstract Title

Please write your title in title case. There is a limit of 30 words for the title.

(Example) Development of TCR-T Cell Therapy Targeting Minor Histocompatibility Antigens Derived from the *BCL2A1* gene.

Italic expression for gene names can be made by using `<I>` and `</I>` symbols before and after the word of choice, respectively. For example, `<I>albumin</I>` will result in *albumin* when printed in the abstract book.

Abstract Body

There is a limit of 300 words for the abstract body.

For superscript, subscript, italic, bold, and underline, please use ``, ``, `<I></I>`, ``, and `<U></U>` symbols before and after the word of choice, respectively. For example, `<I>albumin</I>` will result in *albumin* when printed in the abstract book. For Greek alphabet, see the table under this box.

We do not accept figures or tables.

Commands for Greek alphabet

Greek	α	β	γ	δ	ε	ζ	η	θ
input	<code>&alpha;</code>	<code>&beta;</code>	<code>&gamma;</code>	<code>&delta;</code>	<code>&epsilon;</code>	<code>&zeta;</code>	<code>&eta;</code>	<code>&theta;</code>

Greek	ι	κ	λ	μ	ν	ξ	ο	π
input	ι	κ	λ	μ	ν	ξ	ο	π
Greek	ρ	σ	τ	υ	φ	χ	ψ	ω
input	ρ	σ	τ	υ	φ	χ	ψ	ω