**T1D Exchange QI Collaborative Learning Session Abstracts, in partnership with the Journal of Diabetes. *Equitable Diabetes Care Improvements Spread and Sustained Through the Collaborative Network 2020-2022.* Miami, FL, November 7-8, 2022.**

**Call For Abstracts**

QI Collaborative clinics are invited to submit an abstract. Abstracts will be considered for publication in the *Journal of Diabetes* as well as for oral presentation at the November Learning Session.

Abstract Submission Guidelines

* Submission opens: May 17, 2022
* Submission closes: July 17, 2022
* Acceptance for poster notifications: October 3, 2022
* Abstracts go live by: November 1, 2022
* Submit via email to: qi@t1dechange.org

Abstract: 250 words maximum, with sub-headers.

Abstract Topic Areas:

Collaborative teams are encouraged to submit an Abstract of their work on diabetes

care related to the T1DX-QI KDD, including but not limited to any of the major drivers:

* Access to care & transitions of care
* Blood glucose monitoring
* Continuous glucose monitoring
* Diabetes data science
* Digital health & use of data
* Health equity & social determinants of health
* Health Literacy & education
* Insulin delivery
* Looping/DIY, AID, Hybrid closed loop
* Metrics for glycemia using CGM
* Psychosocial support
* Telehealth

Material must not have been presented or published previously and must reflect work completed in 2022.

Abstracts must contain data.

Abstract Format and Required Information

Each abstract should be no more than 250 words and should fit on a single 8.5x11 page. The title and author listing does not count as part of the word total. The abstract must be organized into four distinct paragraphs:

1. Background/Objective
2. Methods
3. Results
4. Conclusions

Please capitalize the first letter of all key words in your title. Do not include supplemental pages, photographs, tables, or references. Abstracts must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. ‘‘the significance of the results is discussed’’) should be avoided.

Please use only Times New Roman font. Please use the abstract template available here when preparing your submission.

Before you submit your Abstract

We require you to have the following information prepared before you begin the abstract application process:

Complete names, including ALL academic degrees, for each author. If none, specify NONE.

Email addresses for all authors.

Mobile phone number for all authors

A spell-checked abstract that conforms to the template is available [here](https://trello.com/c/ovWkrnLp/1-sample-abstract).

Abstract Submission

You will receive confirmation via e-mail when your submission is received, but this is not confirmation that your presentation has been accepted. NOTE: IF YOU DO NOT RECEIVE A CONFIRMATION WITHIN 72 HOURS OF SUBMISSION, THEN YOUR APPLICATION MAY NOT HAVE BEEN RECEIVED. IF THIS OCCURS, THEN PLEASE CONTACT QI@T1DEXCHANGE.ORG.

Selection for Poster Presentation

If your abstract is selected as a poster, we will ask you to speak for 10 minutes on the abstract’s topic during the virtual meeting website. All abstracts will be reviewed by the Publications Committee and the highest rated abstracts will be accepted for brief oral presentation session on Monday, November 8. All submitted abstracts will be considered for oral presentation. The Learning Session Planning Committee will also review the abstracts and contact the authors about incorporating their work into the overall meeting program.

Abstracts that are accepted for oral presentation will be shared and recommended for publication with the *Journal of Diabetes*. *Journal of Diabetes* is partnering with T1DX-QI to publish a selected number of abstracts from the November Learning Session.

Corresponding Author and Co-Authors

You may identify up to ten authors for this abstract. In all cases, the first author listed is considered the corresponding author. This corresponding author MUST fill in the FULL name, email address, postal address, and mobile phone number for each author. All academic degrees must be included for every author. If an author holds NO degree, please specify NONE. Author and co-author names and academic degrees will be published in a special section of the *Journal of Diabetes*.

NOTE: All fields are required for additional authors. Please do not use first author's email address for additional authors.

**Keywords**  
Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) [**browser list**](http://www.nlm.nih.gov/mesh/meshhome.html).

**Formatting requirements to follow (all formatting requirements confirm with *Journal of Diabetes* requirements.)**

**Tables**  
Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and \*, \*\*, \*\*\* should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

**Figure legends**Type figure legends on a separate page after References or Tables if the manuscript includes them. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

**Figures**  
All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration.

• Size - Figures should be sized to fit within the column (82mm), intermediate (118mm) or the full text width (173mm).

• Text sizing in figures - Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.

• Each figure should be supplied as a separate file, with the figure number incorporated in the file name and also showing within the figure. For submission, high-resolution figures (at least 300 d.p.i. for images, 600 d.p.i. for line art) saved as .eps or .tif files should be uploaded.

**Preparation of Electronic Figures for Publication:** We require high quality images to prevent the final product being blurred or fuzzy, please submit EPS (line art), TIFF (halftone/photographs), or PNG files. MS PowerPoint and Word Graphics are unsuitable for printed pictures. Do not use pixel-oriented programmes. Scans (TIFF only) should have a resolution of 300 dpi (halftone) or 600 to 1200 dpi (line drawings) in relation to the reproduction size (see below). EPS files should be saved with fonts embedded (and with a TIFF preview if possible). For scanned images, the scanning resolution (at final image size) should be as follows to ensure good reproduction: line art: >600 dpi; half-tones (including gel photographs): >300 dpi; figures containing both halftone and line images: >600 dpi.