

## ASOPRS Thesis Submission Cover Letter Template

- 1. Thesis Title:
- 2. Author names, institution, address, primary author email and telephone number:
- 3. List Financial Disclosures for all authors:
- 4. Identify which suitable topic the thesis addresses:
- 5. Explain the uniqueness of thesis and its contribution to the literature and/or overall concepts within the field of OPS:
- 6. Candidate attestation to role in thesis, and description of role:
- 7. This data has / has not been previously presented / published.
- 8. It was previously published / presented at (or NA):
- 9. (Internal Pathway candidates) If previously published in a peer-reviewed journal, I attest:
  - a. This study was initiated during my fellowship
  - b. I am the first author of the paper
  - c. The research article meets all guidelines and requirements outlined in the Thesis Guidelines.
- 10. (Internal Pathway candidates) If previously presented at a national or international conference, I attest:
  - a. The study was presented during my ASOPRS-approved Fellowship Training Program (or NA for External Pathway Candidates).
  - b. The study meets all guidelines and requirements outlined in the Thesis Guidelines.
- 11. (External Pathway Candidates) If previously published In a peer-reviewed journal, I attest It was published within five (5) years of the date of my membership application.

## 12. Lattest:

- a. The thesis has been formatted according to OPRS guidelines.
- b. All photographs/images are formatted according to the OPRS Image File Preparation.
- c. The thesis has been completely redacted of all identifying information.

<ul><li>13. I attest (or NA):</li><li>a. My case series has 10 or more patients.</li><li>b. My postoperative follow-up is 3 or more months.</li></ul>
14. I attest my clinical studies that utilize identifiable patient information has:
a. Informed consent;
b. IRB monitoring;
c. compliance with the Helsinki declaration;
OR
d. I have included the exemption letter from the IRB.
15. I attest animal studies have been monitored by my Institutional Animal Care and Use
Committee (or NA).  16. Explanation of waivers or exemptions:

Date

Candidate signature