



THE AMERICAN ASSOCIATION FOR THE  
**SURGERY OF TRAUMA**

ADVANCING TRAUMA AND ACUTE CARE SURGERY THROUGH  
COMPASSION, DISCOVERY, AND DEDICATION

## Survey Submission Form

Name of PI: \_\_\_\_\_

Name of AAST Fellow Sponsor: \_\_\_\_\_

Contact Information of the PI:

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Do you have any industry support for this survey:

No  Yes (if so who): \_\_\_\_\_

What is your relationship with this company? \_\_\_\_\_

Is this an AAST Committee sponsored survey?:

No  Yes (which committee): \_\_\_\_\_

Please select (in order of preference) what months to send the survey:

\*Survey will only be distributed twice and that the timing will be dependent on other survey's that are pending

January  May  September

February  June  October

March  July  November

April  August  December

Purpose of the Survey:

Survey link: \_\_\_\_\_

Survey E-mail Copy:

Are you planning to submit to the AAST abstract System?:

- Yes
- No

If no, I am planning to submit this to another meeting.

Meeting Name: \_\_\_\_\_

Are you planning on submitting a manuscript to JTACS or TSACO based on these results?

- Yes
- No

If no, how are you planning to distribute your findings?:

\_\_\_\_\_  
\_\_\_\_\_

AAST Office Only:

- Approved
- Not Approved
- Approved with Changes