



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

***Department of Surgery
Grand Rounds Topic & Objective Form***

PLEASE COMPLETE:

Presenter:

Title of Presentation:

Date of presentation:

Three Objectives:

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|----|
| 1) |
| 2) |
| 3) |

Will your presentation include discussion of an off-label or non-FDA-approved use of any commercial product or use of an investigational product(s)?

Yes No