Profile information

First Name

Last Name

E-mail *

Password *

Repeat Password *

Job Function

Select your Job function from the menu

Health Care Organisation or Hospital Name

Department/Other

Country

Select your Country from the menu

City
Qualifications
Separate values with comma,...

Biographical Information
Share a brief summary of your work, research and career – Text box 200 words

Update & proceed to submission
**Competition Entry Form**

**Corresponding author detail**
* Your details will appear along with your email on the submitted case study under the title of abstract

First Name

Last Name

E-mail *

Job Function

Select your Job function from the menu

Health Care Organisation or Hospital name

Department/Other

Country

Select your Country from the menu

**Co-authors**
* First name, Last name, Job title, Organisation and Country will appear under the title of the abstract.

First Name

Last Name

E-mail *

Job Function

Please choose

Health Care Organisation or Hospital name

Department/Other

Country

Please choose
Categories

- Acute
- Chronic
- Diabetic foot ulcers
- Flaps
- Grafts
- Infected wound
- Other
- Partial-thickness burns
- Pressure ulcers
- Sub-acute and dehisced wounds
- Traumatic
- Venous leg ulcers

My submissions

Your submissions will appear here

Ethics statement and conflict interest disclosure

The case study submitted to this competition should be unpublished and should not have been submitted elsewhere. Case studies that have previously been presented at conferences or appeared in other 'non-journal' venues (for example: blogs or posters) are not eligible. Informed patient consent should be either obtained or waived. Patient anonymity should be maintained.

☐ I confirm our submitted case study is in line with the above statement.

Image declaration

☐ YES - I have consent to use all images
☐ NO - I will not be using images

Other (max. 50-60 characters)

Upload proof of patient consent

[Upload file]
All information must be collected retrospectively. If available, please submit high resolution digital photos before and after therapy. For example, (1) immediately post-operative, (2) with therapy applied, (3) at end of therapy, and (4) at office follow-up. PLEASE DO NOT PROVIDE ANY PATIENT IDENTIFYING INFORMATION ON THE PHOTOS SUBMITTED.