



**EMORY**  
UNIVERSITY  
SCHOOL OF  
MEDICINE

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

**PLEASE COMPLETE:**

Presenter:

Title of Presentation:

Date of presentation:

Three Objectives:

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