

Editor

BELTON A. BURROWS, M.D.

Managing Editor

MARGARET B. GLOS

Associate Editors

ROBERT B. CHODOS, M.D.
MELVIN H. FARMELANT, M.D.
SEBASTIAN GENNA, PH.D.
GERALD J. HINE, PH.D.
E. JAMES POTCHEN, M.D.

Consulting Editorial Board

S. JAMES ADELSTEIN, M.D.
MERRILL A. BENDER, M.D.
WILLIAM H. BLAHD, M.D.
MONTE BLAU, PH.D.
GORDON L. BROWNELL, PH.D.
CLEMENT A. FINCH, M.D.
ALEXANDER GOTTSCHALK, M.D.
PAUL V. HARPER, M.D.
C. CRAIG HARRIS, M.S.
ERVIN KAPLAN, M.D.
JOSEPH P. KRISS, M.D.
JOHN S. LAUGHLIN, PH.D.
WIL B. NELP, M.D.
WILLIAM H. OLDENDORF, M.D.
MYRON POLLYCOVE, M.D.
JAMES L. QUINN III, M.D.
JOSEPH F. ROSS, M.D.
EDWARD M. SMITH, D.Sc.
JOSEPH STERNBERG, M.D.
W. NEWLON TAUXE, M.D.
GEORGE E. THOMA, M.D.
HENRY N. WAGNER, JR., M.D.

Production Manager

CHRISTA FOSTER

Production Editor

MARY ELLEN BROWN

INFORMATION FOR AUTHORS

The *Journal of Nuclear Medicine* will publish original articles in the following areas: basic sciences, in vivo function studies, in vitro studies, radionuclide imaging, clinical studies, and therapeutic applications of radionuclides. The category in which an article is submitted must be marked at the top of each manuscript. Articles must describe definitive and original studies which are completely documented by both references to the literature and description of the techniques used. Articles are accepted for publication on the condition that they are contributed exclusively to this journal. Authors alone are responsible for the technical accuracy of their manuscripts. All material submitted should follow the style outlined in the *Style Manual for Authors* available from the Society of Nuclear Medicine for \$1.

In addition to regular full-length articles, the Journal will consider manuscripts in the following areas:

Preliminary Notes communicating information about "works in progress". The text may not exceed 1,200 words. Authors may submit (A) two illustrations, (B) two tables, or (C) one table and one illustration. An additional 400 words of text may be submitted if no illustrations or tables are required.

Case Reports or brief clinical notes. More than one patient may be described if there are obvious similarities in the phenomena or reactions described. The requirements for length of a Case Report are the same as those of Preliminary Notes.

Concise Communications are short, definitive articles of *completed* research. They must *not* describe work that will be published in fuller detail later or be a portion of a study being reported in several short papers. Concise Communications must be submitted without errors and must conform exactly to the instructions for style of manuscripts. If accepted, they will be given more rapid publication than longer articles. Concise Communications must not exceed ten double spaced typewritten pages including text, tables, figures, captions, and references. Each figure with its accompanying caption will be counted as one-half of a manuscript page.

Letters to the Editor are comments on material previously published in the *Journal* or personal opinions of limited but immediate interest in relation to the "state of the art".

In preparing manuscripts for submission, please note the following:

Manuscripts must be typed double spaced on one side of 8½ x 11-in. bond paper with at least 1-in. margin on each side. The original with one carbon must be provided.

Tables must be typed on separate sheets of bond paper, numbered consecutively with arabic numerals, and have titles (in caps) centered. Make titles descriptive and provide headings for all columns. Omit vertical lines. Place horizontal lines under title and under column headings.

Illustrations must be submitted in photographic form (8 x 10-in. glossy prints) or as original india ink drawings. Freehand lettering is not acceptable. Two sets of illustrations must be submitted. Labeling should be clear, set in initial caps and lower case. Poor-quality illustrations will be returned to the author to be redone because good quality is essential for clarity of presentation. Photographs should be mounted on white cardboard. Illustrations should be identified by a label pasted on the back (do not write on the back of photographs with pen or pencil) indicating number, author's name, and an abbreviated article title. The top of each illustration must be clearly marked. Descriptive legends with sufficient detail to make illustrations understandable without reference to text should be grouped on a separate sheet double spaced. Authors will be charged \$10 apiece for every illustration over four.

References must be cited in the text by number (underlined) in parenthesis in order of appearance. A consecutive list according to reference number must be submitted on a separate page double spaced. Literature references must be cited in the following order: name of author (last name first, then initials with no punctuation, cap and lower case), title of article (initial cap and lower case), name of periodical abbreviated and underlined for italic (check *List of Journals Indexed in Index Medicus* for abbreviation), volume number, colon, first to last page of article, year. Up to three authors will be listed; one or more authors past the third will be designated "et al." Example: Poe ND, Dore EK, Swanson LA, et al: Misinterpretation of lung scans in the diagnosis of pulmonary embolism. *J Nucl Med* 8: 345-362, 1967. For books, the order is the following: author's last name with initial(s): Title of book underlined in caps and lower case. City of publication, publisher, year of publication, page citation. Example: Berne E: *Principles of Group Treatment*. New York, Oxford University Press, 1966, p 26. Chapters in books will be treated as journal articles with regard to capitalization.