

# Information for Authors

## EDITORIAL POLICY

*The Journal of Nuclear Medicine* publishes several types of original articles in the clinical and basic sciences, case reports, technical notes, special contributions, editorials, letters to the editor, news items pertinent to the practice of the field, and articles of general medical interest. Manuscripts submitted must be original, including illustrations and tables, and not under consideration by another publication.

## MANUSCRIPT SUBMISSION

Submit all manuscripts to the Editor: Thomas P. Haynie, MD, The Journal of Nuclear Medicine, Office of Special Publications, The University of Texas M. D. Anderson Hospital, 6723 Bertner Avenue, Houston, TX 77030; (713)792-6015. Send an original and two copies of the manuscript with three sets of *unmounted* illustrations (glossies, no smaller than 3½"×5" or larger than 8"×10").

## COPYRIGHT

In compliance with the Copyright Revision Act of 1976, effective January 1, 1978, the following written statement must accompany all submissions: "Upon acceptance by *The Journal of Nuclear Medicine*, all copyright ownership of the article (complete title of the article in this space) is transferred to The Society of Nuclear Medicine. On behalf of any and all co-authors, I accept the responsibility for release of any part or all of the material contained within the article noted above. The undersigned stipulates that the material submitted to *The Journal of Nuclear Medicine* is original and has not been submitted to another publication for concurrent consideration." Copyright requirement does not apply to work prepared by United States government employees as part of their official duties.

## REVIEW PROCEDURE

Submitted manuscripts are reviewed for content on the basis of originality, significance, adequacy of documentation, reader interest, and composition. All manuscripts judged suitable for review by the editorial staff are reviewed by a minimum of two referees. Accepted manuscripts are subject to editorial revision for scientific accuracy and for clarity in the office of the Editor.

## MANUSCRIPT FORMAT

Begin each manuscript component on a new page in the following order: title page, abstract, text, footnotes, acknowledgments, references, tables (each on a new page), and legends for illustrations.

1. Every page must be typed double spaced, including title page, abstract, text, references, legends, acknowledgments, and footnotes, on nonerasable white bond (8½"×11").
2. Leave a 2-in. margin on all sides of typewritten pages.
3. Reference numbers in the text should be underlined and in parentheses. Do not underline in the reference list.
4. Paragraphs should begin with an indentation of at least five spaces.
5. Number all pages at the top right-hand side with names of the author(s) or title of the article.
6. Handwritten changes are not acceptable.
7. Papers must be written in English.
8. References in the text should not be made to institutions or locales except when germane to that particular article.
9. Generic names should be used. Manufacturers of instruments or radiopharmaceuticals should not be named in the manuscript unless their inclusion is absolutely essential to the content. When necessary, however, manufacturers should be identified by footnotes. Consecutive order of footnote symbols is: \*, †, ‡.

## TITLE PAGE

The title should be as short as possible, with a maximum of 72 characters including spaces. The title page should include: the first and last names of all authors; departmental and institutional affiliations of all authors; and complete mailing address, telephone number, and zip code of the author responsible for correspondence and reprints.

## ABSTRACT

Abstracts must be limited to 150 words and typed on a separate page.

## REFERENCES

References must be typed double spaced on a separate sheet and numbered consecutively as they are cited in the text. References included in a table or illustration are also numbered sequentially with those in the text. When more than three authors appear, the additional authors are listed as "et al". The Journal uses the *Index Medicus* style for references. Journal names are abbreviated according to the *List of Journals Indexed in Index Medicus*. Sample references are:

1. Burton GH, Vernon P: An automated quantitative analysis of ventilation-perfusion lung scintigrams. *J Nucl Med* 25:564-570, 1984
2. Freeman LM, Weissmann HS: *Nuclear Medicine Annual*, New York, Raven Press, 1980, pp 224-225
3. Odstrchel G, Hertl W, Ward FB, et al: New concepts for the assay of unbound thyroxine (FT<sup>4</sup>) and thyroxine binding globulin (TBG). In *Radioimmunoassay and Related Procedures in Medicine*, vol. 2. Vienna, IAEA, 1978, pp 369-378
4. Clouter RJ, Edwards CL, Snyder WS, eds: *Medical Radionuclides: Radiation Dose and Effects*, AEC Symposium Series 20, CONF-601212, Oak Ridge, TN, 1970
5. Dannals RF: The preparation and characterization of nitrogen-sulfur donor ligands and their technetium complexes. PhD Thesis, Johns Hopkins University, Baltimore, MD, 1981, pp 98-205
6. Snyder WS, Ford MR: A dosimetric study for the administrations of Neohydrin labeled with <sup>203</sup>Hg and <sup>197</sup>Hg. In *Health Physics Division Annual Progress Report*, Oak Ridge, TN, ORNL 4168, July 31, 1967, pp 267-273
7. Brown HS, Gray CT: New traces in old spaces. *J Nucl Med*: in press.

Numbered references to personal communications, unpublished data, manuscripts in preparation, or manuscripts submitted for publication are not acceptable.

## TABLES

Tables should be self-explanatory and supplement, not duplicate, the text. Each table must be cited in numerical order in the text and typed on a separate sheet of paper after the references. Number the tables consecutively with an arabic number following the word TABLE. The titles should be descriptive, brief, and centered in upper and lower case letters. Include explanatory material in the footnotes or the text. Place horizontal lines below the title, below column headings, and at the end of the table. Do *not* use vertical rules.

## ILLUSTRATIONS

Illustrations should be limited to those which clarify and augment the text. Since imaging is one of the major aspects of nuclear medicine, the selection of high-quality halftone illustrations is of paramount importance. High-contrast glossy prints should be submitted instead of film. Original line drawings and graphs are preferred for optimal reproduction and should be rendered professionally on white drawing paper in black India ink. Template or typeset lettering should be used. No hand drawings, typewritten art, or computer-generated art will be accepted. Figures of inferior quality will be returned to the author for correction and replacement. Details to be emphasized or crop marks should be indicated on a tissue overlay. Each illustration must be numbered and cited in order in the text. The following information should be typed on a gummed label and affixed to the back of each illustration: figure number, senior author, title of manuscript, and arrow indicating "top." *Authors are responsible for the costs of color reproduction.*

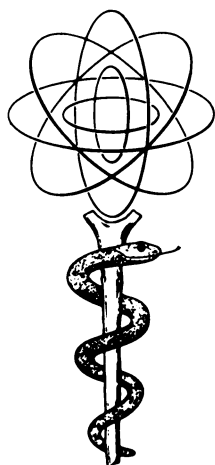
## LEGENDS FOR ILLUSTRATIONS

Submit a separate legend page with descriptive paragraphs for each figure, typed double spaced in numerical order with an arabic number following the word FIGURE. If illustrations have been published previously, authors are responsible for obtaining permission to reproduce them from both the original author and publisher. The source must be cited in the references and the following credit line must appear in the legend: (Reprinted by permission of Ref. X.) All permission releases must be submitted to the Editor at the time of acceptance.

## UNITS AND ABBREVIATIONS

Nomenclature, units, and abbreviations should conform to IUPAC recommendations and Systeme Internationale (SI). Chemical formulas follow the recommendations of the American Chemical Society.

# About The Society



**SNM**  
**The Society of  
Nuclear Medicine**

## Benefits of Membership

- **The Journal of Nuclear Medicine:** a subscription to the official publication of The Society of Nuclear Medicine and the most prominent journal in the field. Published monthly, it provides the membership with up-to-date information on current developments in nuclear medicine.
- **Annual Meetings:** discounts to scientific, clinical, and continuing education presentations, as well as commercial exhibits, to keep abreast of the latest developments.
- **Membership Directory:** distributed biannually, at no extra cost, to the entire membership.
- **Books and Monographs:** discounts on selected new topics published by the Society.
- **Audiovisuals:** discounts on slide/tape programs covering a wide variety of subjects designed for classroom use and self-instruction.
- **Pamphlets:** on a number of topics including how to present scientific papers and how to prepare scientific exhibits.
- **Awards:** presented to Society members for outstanding achievements and contributions to the field.
- **Continuing Education Credit:** for meeting courses, audiovisuals, and exhibits, approved for AMA Category 1 credit.
- **Research and Fellowship Support:** through SNM Education and Research Foundation.
- **Placement Service at Annual Meeting:** for those members seeking career opportunities in the field.
- **Effective Government Relations:** through committees and lobbying efforts.

## Organization

The Society of Nuclear Medicine (SNM) is a multi-disciplinary organization of physicians, physicists, chemists, radiopharmacists, technologists, and others interested in the diagnostic, therapeutic, and investigational use of radiopharmaceuticals. Founded in Seattle, Washington in 1954, it is the largest scientific organization dedicated to nuclear medicine.

## Objectives

- Maintain an organization supported by professionals of varied backgrounds who have a common interest in the clinical and scientific discipline of nuclear medicine;
- hold meetings and seminars to communicate new knowledge acquired and provide continuing medical education;
- advance the highest standards in the practice of nuclear medicine;
- disseminate information by means of journals, books, monographs, and audiovisuals;
- promote and maintain the highest standards of education and research.

## Membership Categories

**FULL** members are physicians or scientists with an advanced degree who have valid credentials indicating their professional interest in nuclear medicine.

**ASSOCIATE** members are scientists or technologists with a BA or BS or equivalent qualifications.

**TECHNOLOGIST** members are those who have valid credentials indicating their professional interest in the technology of nuclear medicine.

**AFFILIATE** members are persons who have an active interest in the objectives of the Society and who are not qualified for other categories of membership.

**IN-TRAINING** members are those who present a letter from the director of a training program certifying that they are in training and may be admitted to membership as an in-training Full, Associate, or Technologist member.

*See Reader Service Card to request a membership application.*

## Chapters

The Society is composed of individuals who are members of 16 regional chapters throughout the United States and Canada. Those who do not reside within this geographic area are considered to be "Members-at-Large."

## SNM Councils

To satisfy the needs of those individual disciplines within nuclear medicine, the Society has established special interest Councils that function autonomously within the Society and are open to all interested Society members: Academic, Computer, Correlative Imaging, Instrumentation, Radioassay, and Radiopharmaceutical Science.

## Technologist Section

Membership in the Technologist Section is open to any member of the Society, regardless of category, who can provide evidence of training and/or experience in nuclear medicine technology. Members receive all Section benefits, including a subscription to the *Journal of Nuclear Medicine Technology*.

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