I. EDITORIAL POLICY

The Journal of Nuclear Medicine publishes material of interest to the practitioners and scientists in the broad field of nuclear medicine. Proffered articles describing original laboratory or clinical investigations, case reports, technical notes and letters to the editor will be considered for publication. From time to time, invited articles, editorials, and reviews of selected topics will be published. Manuscripts, including illustrations and tables, must be original and not under consideration by another publication.

The Journal of Nuclear Medicine has agreed to receive manuscripts in accordance with the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals,* as cited in the following sources: *Ann Intern Med* (1988; 108:258–265) and *Br Med J* (1988; 296:401–405). In preparing manuscripts, authors should follow the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* and the specific author instructions detailed below. Also, helpful guidance in conforming to the "Uniform Requirements" may be found in *Medical Style & Format: An International Manual for Authors, Editors, and Publishers* by Edward J. Huth, MD (Philadelphia: ISI Press; 1987).

II. MANUSCRIPT SUBMISSION

Submit one original and three copies of the manuscript and four copies of the figures to:

Stanley J. Goldsmith, MD
The Journal of Nuclear Medicine
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New York, NY 10016-6760
(212) 889-1905
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Original manuscripts will not be accepted by facsimile.

All manuscripts should be accompanied by a covering letter from the author responsible for correspondence regarding the manuscript. The covering letter should contain the following copyright disclosure statement in compliance with the Copyright Revision Act of 1976, effective January 1, 1978.

Upon acceptance by The Journal of Nuclear Medicine, *all copyright ownership for the article* _____ *is transferred to The Society of Nuclear Medicine. We, the undersigned co-authors of this article, have contributed* ***significantly*** *to and share in the responsibility for the release of any part or all of the material contained within the article noted above. The undersigned stipulate that the material submitted to* The Journal of Nuclear Medicine *is* ***new,*** *original and has not been submitted to another publication for concurrent consideration.*

We also attest that ***any*** *human and/or animal studies undertaken as part of the research from which this manuscript was derived are in compliance with regulations of our institution(s) and with generally accepted guidelines governing such work.*

We further attest that we have herein disclosed any and all financial or other relationships which could be construed as a conflict of interest, and that all sources of financial support for this study have been disclosed and are indicated in the acknowledgement.

This statement must be signed ***by all of the listed co-authors.***

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The covering letter should also contain a statement that the manuscript has been seen and approved by all authors and should give any additional information which may be helpful to the Editor. If there has been any prior publication of any part of the work, this should be acknowledged and appropriate written permission included. If color illustrations are included, a statement that the author(s) is (are) willing to assume the cost of color separation and reproduction is requested.

You may suggest individuals who could serve as reviewers for your manuscript.

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Submitted manuscripts are reviewed for originality, significance, adequacy of documentation, reader interest, and composition.

Manuscripts not submitted in accordance with these instructions will be returned to the author for correction prior to beginning the peer review process.

All manuscripts considered suitable for review are evaluated by a minimum of two reviewers. It is unusual for a manuscript to be accepted for publication without first undergoing a process of revision. Revised manuscripts are judged on the adequacy of responses to suggestions and criticisms made during the initial review. Two copies of the revised manuscripts should be sent with a diskette (3.5 or 5.25) containing the word processing file of the manuscript. The disk should be labeled with the name of the file, word processing software, operating environment (i.e., DOS, Windows) and platform (i.e., IBM, MacIntosh). A diskette need not be sent before a revision is requested. Reviewers for the *Journal* may seek assistance from sources within their institution when reviewing manuscripts, but the data reported in submitted manuscripts must be kept confidential at all times.

All accepted manuscripts are subject to editing for scientific accuracy, clarity and style.

IV. FORMAT REQUIREMENTS

A. General Requirements

Manuscripts must be written in English. When necessary, authors should seek the assistance of experienced, English-speaking medical editors. A medical editor should review the final draft of the original and any revisions of the manuscript.

Type the manuscript on white bond paper, 8½ × 11 in. (21.6 × 27.9 cm), with margins of at least 1½ in. (4 cm). Type on one side of the paper only, double spacing every page. Begin each of the following sections on separate pages and in the following order: title page, abstract, text, acknowledgments, references, tables (each on a separate page), and legends. Number pages consecutively, beginning with the title page. Type the name of the senior author and page number in the upper right-hand corner of each page.

B. Title Page

The title page of the manuscript should include: (1) concise and informative title (fewer than 200 characters); (2) short running headline or footline of no more than 40 characters (letters and spaces) placed at the bottom of the title page and identified; (3) complete byline, with first name, middle initial, and last name of each author and highest academic degree(s), up to ten authors may be cited; (4) complete affiliation for each author, with the name of department(s) and institution(s) to which the work should be attributed; (5) disclaimer, if any; (6) name, address, and telephone number of one author responsible for correspondence about the manuscript; and (7) name and address of author to whom reprint requests should be directed, or statement that reprints are not available from the author. Financial support for the work should be noted in a statement on this page.

C. Abstract

A structured abstract must be included with each original scientific manuscript submitted to the *Journal*. The abstract should contain a maximum of 350 words and include four clearly identifiable elements of content: rationale (goals of the investigation), methods (description of study subjects or experiments, animals and observational and analytical techniques), results (major findings), and principle conclusions. Except for the rationale, which should state the goals of the investigation, these sections should be preceded by headings (i.e., **Methods**, **Results** and **Conclusions**). Three to five key words should also be submitted with the abstract.

D. Text

1. Presentation

Generic names should be used throughout the text. Identify instruments and radiopharmaceuticals by manufacturer name and address in parentheses and describe procedures in sufficient detail to allow other investigators to reproduce the results.

The text of **original scientific** and **methodology articles** is usually divided into the following sections: Introduction, Materials and Methods, Results, Discussion, and Summary or Conclusion. The text of original, scientific papers, exclusive of the abstract, legends, tables and references, should not exceed 5000 words.

Case Reports should contain a concise description of no more than 1250 words, exclusive of the abstract, legends, tables and references, illustrated with no more than three figures, emphasizing the nuclear medicine aspects and including methodology, data, and correlative studies.

Letters should concern previously published material or matters of general interest and should be brief and to the point. A diskette (3.5 or 5.25 disk only) containing a copy of the word processing file of the letter should accompany a hard copy version of the manuscript. The disk should be labeled as described above in Review Procedure. Letters should also be accompanied by a copyright disclosure statement as specified above in Manuscript Submission. All material is subject to editing. Letters commenting on previously published articles should be received within one year of the date of the referenced article's publication. Letters should contain no more than 10 references.

Journal policy prohibits the use of hyperbolic terms or phrases in the title, abstract, or body of the text of submitted manuscripts. Qualitative claims as to the superiority (superior, best...), primacy (first, novel, unique) or performance of an idea or instrument should be omitted.

2. References

References should be cited in consecutive numerical order at first mention in the text and designated by the reference number underlined and in parentheses. References appearing in a table or figure should be numbered sequentially with those in the text.

The reference list must be typed double-spaced and numbered consecutively, as in the text. The *Journal* follows *Index Medicus* style for references and abbreviates journal names according to the *List of Journals Indexed in Index Medicus*. "Unpublished observations" and "personal communications" should not be used as references, although written–not verbal–communications may be noted as such in the text. References cited as "in press" must have been accepted and not merely in preparation or submitted. The author is responsible for the accuracy of all references and must verify them against the original document.

For journal articles, list all authors when six or less; for seven or more authors, list the first three followed by et al.:

> Baumier PL, Krohn KA, Carrasquillo JA, et al. Melanoma localization in nude mice with monoclonal Fab against p97. *J Nucl Med* 1985; 26:1172–1179.
>
> Weissmann HS, Badia J, Sugarman LA, Kluger L, Rosenblatt R, Freeman LM. Spectrum of ^{99m}Tc-IDA cholescintigraphic patterns in acute cholecystitis. *Radiology* 1981; 138:167–175.

For books and book chapters, follow the examples below:

> DeGroot LJ. Evaluation of thyroid function and thyroid disease. In: DeGroot LJ, Stanbury JB, eds. *The thyroid and its diseases,* 4th edition. New York: Wiley; 1975:196–248.
>
> Dupont B. Bone marrow transplantation in severe combined immunodeficiency with an unrelated MLC compatible donor. In:White HJ, Smith R, eds. *Proceedings of the third annual meeting of the International Society of Experimental Hematology.* Houston: International Society for Experimental Hematology; 1974:44–46.

3. Units of Measurement

All measurements should be listed in SI units. Older conventions may be used after the SI units but should be placed in parentheses.

4. Abbreviations and Symbols

With the exception of units of measurement, the *Journal* discourages the use of abbreviations. For additional information on proper medical abbreviations, consult the *CBE Style Manual,* Fifth Edition (Bethesda, MD: Council of Biology Editors, 1983). When an abbreviation is used, it should be preceded by the full word or name of the item being abbreviated.

5. Tables

Type each table double-spaced on a separate page. Do not submit tables as photographs.

Tables should be self-explanatory and should supplement, not duplicate, the text. Each table must be cited in consecutive numerical order in the text. Number the tables consecutively with an arabic number following the word "TABLE." The titles should be descriptive, brief, and typed centered in upper- and lower-case letters. Place horizontal rules below the title, column headings, and at the end of the table. Do not use vertical lines. Give each column a short or abbreviated heading.

Place explanatory matter in footnotes, not in the heading. Use the following symbols, in this sequence: *, †, ‡, §, ¶, **. Expand in the footnote all nonstandard abbreviations used in each table. For footnotes, identify statistical measures of variations, such as standard deviation and standard error of the mean. If data from another published source are used, obtain written permission from the publisher of the original source and acknowledge fully. If data from an unpublished source are used, obtain permission from the principal investigator and acknowledge fully.

6. Illustrations

Illustrations should clarify and augment the text. Because imaging is a major aspect of nuclear medicine, the selection of sharp, high-quality illustrations is of paramount importance. Figures of inferior quality will be returned to the author for correction or replacement.

Submit four complete sets of glossy illustrations, no smaller than 3½ × 5 in. nor larger than 8 × 10 in. Do not send original artwork. Glossy photographs of line drawings rendered professionally on white drawing paper in black India ink, with template or typeset lettering, should be submitted. No hand-drawn or typewritten art will be accepted. Letters, numbers, and symbols (typeset or template) must be clear and of sufficient size to retain legibility after reduction.

Each illustration must be numbered and cited in consecutive order in the text. Illustrations should be identified on a gummed label affixed to the back of each illustration and contain the following information: figure number, part of figure (if more than one), senior author's name, and designation of "top."

Color illustrations will be considered for publication, but the author is responsible for all charges relating to separations and printing. An estimate of these charges will be sent to the author at the time of production. Author approval of charges is required before production will continue. Four complete sets of glossy color photographs (not transparencies) must be submitted for review. Polaroid prints are not acceptable. All submitted illustrations become the property of The Society of Nuclear Medicine and will not be returned unless the manuscript is rejected.

7. Legends for Illustrations

Legends for illustrations should be concise and should not repeat the text. Legends should be typed double-spaced on a separate page. Each figure should be cited in consecutive numerical order in the text. Number the figures with an arabic number following the word "FIGURE". Use letters to designate parts of illustrations (e.g., A, B, C) and describe each part clearly in the legend. Any letter designations or arrows appearing on the illustration should be identified and described fully.

Original (not previously published) illustrations are preferred for publication in the *Journal*; however, if illustrations have been published previously, authors are responsible for obtaining written permission from the publisher to reprint. The source of the original material must be cited in the references and the following credit line in parentheses included in the legend: "Reprinted with permission of Ref. X." All permission releases must be submitted to the Editor at the time of manuscript submission.

F. Acknowledgments

Acknowledge persons or agencies contributing substantially to the work, including any grant support.

V. MANUSCRIPT CHECKLIST

_____ Original double-spaced typed manuscript and three copies.

_____ 3.5 or 5.25 diskette

_____ Four sets of unmounted glossy figures (no smaller than 3½ × 5 in. nor larger than 8 × 10 in.).

_____ Copyright transfer.

_____ Title page with title, authors' names and complete affiliations; complete address, telephone number and fax number for corresponding author, complete address of author for reprint requests.

_____ Structured abstract (maximum 350 words) and key words..

_____ References in consecutive numerical order. Reference list typed double-spaced.

_____ Figures and tables in consecutive numerical order.

_____ Legends for all figures, typed double-spaced.

_____ Consent forms for patient photographs.

_____ Written permission from the publisher to reprint previously published figures and tables.

Syncor

The Service Difference

Syncor Pharmacy Services

December 6, 1993

Dear Health Care Colleague:

Syncor International Corporation and DuPont Radiopharmaceuticals recently announced tremendous news for the Nuclear Medicine community. Our two companies have signed a new long-term agreement in which Syncor will become the principal distributor for the Radiopharmaceutical Division of The DuPont Merck Pharmaceutical Company. Effective February 1, 1994, Syncor will be responsible for distribution of DuPont Radiopharmaceutical products throughout the United States. In addition to serving our present pharmacy customers, Syncor will also distribute products to customers currently purchasing directly from DuPont Radiopharmaceuticals.

Syncor and DuPont Radiopharmaceuticals will work together, combining our capabilities in innovative ways to contribute to the advancement and growth of Nuclear Medicine. By using our resources more efficiently, we will be able to bring more cost-effective services and products to our customers, and broaden our support of Nuclear Medicine. Such innovative, creative approaches will be essential to the growth of Nuclear Medicine in a new and challenging health care environment.

Syncor and DuPont Radiopharmaceuticals will still remain two independent companies. We believe that two separate companies, concentrating on our individual strengths, will best be able to meet your needs. Syncor will focus on pharmacy services and distribution, while DuPont Radiopharmaceuticals focuses on the development, manufacturing and marketing of radiopharmaceutical products. Syncor will build on the largest staff of Board Certified Nuclear Pharmacists and the most extensive network of commercial radiopharmacies, and we will expand our distribution resources to serve our new customers.

Syncor's commitment to the Nuclear Medicine community is that we will meet the needs of all customers. You will be able to purchase radiopharmaceuticals from Syncor in whatever form best meets your specific needs—whether you choose the convenience and assured quality of patient-specific Unit Dose prescriptions, or have the resources to prepare bulk radiopharmaceuticals in your own institution. Regardless of whether you purchase Unit Dose or bulk, Syncor will also continue to offer the broadest range of products—from all manufacturers—in Nuclear Medicine.

Your local Syncor Pharmacy Services team will be sharing more news in the weeks ahead, as we implement our new agreement with DuPont Radiopharmaceuticals. All of us look forward to continuing to provide you with the highest level of cost-effective services and products.

Sincerely,

Gene McGrevin

Gene R. McGrevin
President and Chief Executive Officer

20001 Prairie Street • Chatsworth, CA 91311 • 818-886-7400

DU PONT
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Dear Nuclear Medicine Professional:

DuPont Radiopharmaceuticals is pleased to announce a new distribution agreement for the U.S. with Syncor International Corporation. In February 1994, DuPont Radiopharmaceuticals will begin to distribute bulk products, i.e., kits, radioisotope vials, and TechneLite™ generators, through Syncor. Syncor and other commercial radiopharmacies will continue to provide unit dose service to meet your needs for these products. DuPont Radiopharmaceuticals and Syncor will remain independent entities, collaborating to bring you enhanced value by making better use of our resources.

Over the past few years, nuclear medicine customers have increasingly turned to commercial radiopharmacies to provide greater efficiency and to enable hospital and clinic staffs to focus their efforts on patients rather than preparations. As a result, the network of radiopharmacies has grown substantially and our distribution channels have overlapped and often become redundant. In this new reality of healthcare delivery cost consciousness, we in nuclear medicine can no longer afford to maintain redundancies. Together, with Syncor, we can better allocate our total resources to each focus on our unique strengths and thereby deliver greater value to you.

DuPont Radiopharmaceuticals will continue to invest in new product research and development; in quality manufacturing; and in product information and education—all of which will enhance the quality and growth of nuclear medicine. Syncor will deliver *The Service Difference*™ in pharmacy service and distribution by providing greater efficiencies in the use of isotopes; lower radioisotope waste; and highly responsive local customer service.

We expect this new alliance will be a win-win-win situation for DuPont Radiopharmaceuticals, Syncor, and most importantly for you, our nuclear medicine customers. Thank you for your past support, and best wishes from all of us at DuPont Radiopharmaceuticals for a happy, healthy, and prosperous New Year.

Sincerely,

Kenneth G. Kasses
President