Information for Authors

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. Occasionally, invited articles, editorials and reviews of selected topics are published. Manuscripts, including illustrations and tables, must be original and not under consideration by another publication.

The Journal of Nuclear Medicine agrees 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 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, three copies of the manuscript and four copies of the figures to:

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

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All manuscripts considered suitable for review are evaluated by a minimum of two reviewers. 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. 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 manuscript and figures should be sent with a diskette (3.5- or 5.25-in.) containing the word processing file of the manuscript. The diskette 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.

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 senior author’s name and the page number in the upper right-hand corner of each page.

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The title page of the manuscript should include: (1) concise and informative title (fewer than 200 characters); (2) short running headline or footnote 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 fax telephone numbers of the author responsible for correspondence about the manuscript; (7) e-mail address; and (8) 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.

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A structured abstract of a maximum of 350 words must be included with each original scientific manuscript submitted to the Journal. The abstract must contain 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 Conclusion). Three to five key words should also be submitted with the abstract.

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Letters should concern previously published material or matters of general interest and be brief and to the point. A diskette (3.5- or 5.25-in. disk only)
should accompany a hard copy version of the manuscript. The disk should be labeled as described in Review Procedure. Letters should also be accompanied by a copyright disclosure statement as specified 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.

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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 Index to 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. Authors should use sources such as MEDLINE to verify the accuracy of their references. All references must be verified for accuracy and completeness.

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F. Acknowledgments

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

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