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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 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).

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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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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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All manuscripts considered suitable for review are evaluated by a mini-

um 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-in.) 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. *JNM* reviewers 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. Authors of accepted manuscripts may also incur printing charges (\$80 per page) for articles exceeding eight printed pages. A list of charges will be sent to the author with the acceptance letter.

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.

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A structured abstract must be included with each original scientific manuscript submitted to the *JNM*. 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 Conclusion**). 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-in.

JNM

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**FIRST IMPRESSIONS:
Technetium-99m-MDP Uptake in Craniofacial Fibrous Dysplasia**



Figure 1.



Figure 2.

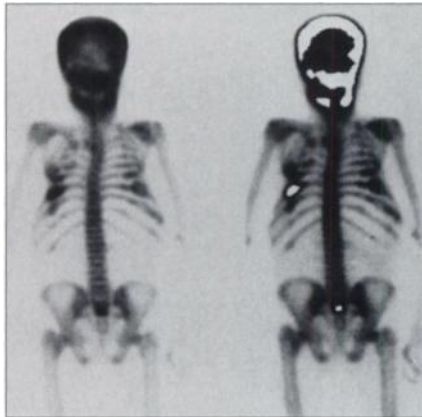


Figure 3.



Figure 4.

PURPOSE

A 26-yr-old woman with a diagnosis of hyperparathyroidism secondary to chronic renal failure with an associated congenital deformity (Fig. 1) was referred for a bone scan. Enlargement of the maxilla and mandible were the most prominent physical findings. The ^{99m}Tc-MDP bone scan detected multiple scintigraphic features of renal osteodystrophy and intense tracer uptake in the maxilla and mandible (Fig. 2A,B). Histopathological examination of the mandible revealed fibrous dysplasia.

TRACER

Technetium-99m-MDP (methylene diphosphonate), 740 MBq

ROUTE OF ADMINISTRATION

Intravenous

TIME AFTER INJECTION

3 hours

INSTRUMENTATION

General Electric, STARCAM 4000-I gamma camera

CONTRIBUTORS

T. Basoglu, A.F. Demircali, C. Caksun, Ondokuz Mayıs University, Kurupelit, Samsun, Turkey.

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.

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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.

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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.

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Place explanatory matter in footnotes, not in the heading. Use the following symbols in this sequence: *, †, ‡, §, ¶, **. Expand in the footnote all non-standard 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

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F. Acknowledgments

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

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