# Full title: Concise and informative. Avoid unnecessary terms, abbreviations, and reference to the site/city where the study was carried out

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**Word count of the main text:** Original articles should not exceed 3,000 words and Review articles should not exceed 6,000 words, not including abstract, acknowledgements, references, tables and legends to figures.

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a) The manuscript is original.

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**e)** The authors have disclosed all information concerning relationships or financial involvement with organizations or individuals that might lead to a conflict of interest.

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**Abstract:**

The abstract should have no more than 250 word. Abbreviations should be avoided. Do not include words that could identify where the study was performed.

**Abstract for original articles:**

**Objective:** Precisely define the main purpose of the study; only the most relevant secondary objectives should be listed.

**Method:** Describe the study design (randomized, blinded, prospective, etc.); setting (level of care, i.e., primary, secondary or tertiary, private clinic or public institution, etc.); patients or participants (selection criteria, number of cases at the beginning and at the end of the study, etc.); interventions (methods and duration of the study); and criteria used to measure the outcomes.

**Results:** Describe the most important findings, confidence intervals, and statistical significance of the findings.

**Conclusions:** Only describe conclusions that reflect the purpose of the study and that are supported by your findings. Discuss possible applications of the findings, with equal emphasis on positive and negative findings that have similar scientific merit.

**Keywords:** Three to six keywords: Keyword 1; Keyword 2; Keyword 3.

Please use Medical Subject Headings (MeSH), available at http://www.nlm.nih.gov/mesh/ meshhome.html

**Abstract for review articles:**

The abstract should have no more than 250 word. Abbreviations should be avoided. Do not include words that could identify where the study was performed.

**Objective:** Explain why the review was performed, stating whether it focuses on a special factor, such as disease etiology, prevention, diagnosis, treatment or prognosis.

**Sources:** Describe all sources of information, defining databases and years researched. Briefly state the criteria used to select articles for review and to assess the quality of information.

**Summary of the findings:** State the main quantitative or qualitative findings.

**Conclusions:** State your conclusions and their clinical application, keeping generalizations within the scope of the subject under review.

**Keywords:** Three to six keywords: Keyword 1; Keyword 2; Keyword 3.

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**Text for original articles**

**Introduction**

It must be brief, including only references that are strictly relevant to underscore the importance of the topic and to justify the study. Research objectives must be clearly stated.

**Methods**

It describes the study population, the sample being analyzed, and the selection criteria; it should also clearly define the variables under study, and describe in detail the statistical methods employed (including appropriate references about statistical methods and software). Procedures, products, and equipment should be described in sufficient detail to allow reproduction of the study. A statement concerning approval by the research ethics committee (or equivalent) of the institution in which the work was carried out must be included.

**Results**

Study results should be presented in a clear, objective manner, following a logical sequence. Information contained in tables or figures should not be repeated in the text.

**Discussion**

Results should be interpreted and compared with previously published data, emphasizing new and important aspects of the present study. Discuss the implications of the findings, the limitations of the study, and the need for additional research. Conclusions should be presented as a new paragraph at the end of the Discussion section.

**Acknowledgements**

Acknowledgements should be brief and objective; only individuals or institutions that contributed significantly to the study, but are not qualified for authorship, should be mentioned. Individuals cited in this section must agree in writing to the inclusion of their names, since readers may infer their endorsement of the conclusions of the study.

**Text for review articles**

**Introduction**

The sections in review articles may vary depending on the topic. We suggest that authors include a brief introduction, in which they explain (from the perspective of the medical literature) the importance of the review for the practice of pediatrics.

**Collection and summary of the data**

It is not necessary to describe how data were selected and collected. However, the summary of the findings must present all the relevant and detailed information.

**Conclusions**

The conclusions section should correlate the main ideas in the review to possible clinical applications, keeping generalizations within the scope of the subject under review.

**Acknowledgements**

Acknowledgements should be brief and objective; only individuals or institutions that contributed significantly to the study, but are not qualified for authorship, should be mentioned. Individuals cited in this section must agree in writing to the inclusion of their names, since readers may infer their endorsement of the conclusions of the study.

**References**

Original articles should not exceed 30 references. For review articles, a minimum of 30 up-to-date references should be cited.

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Articles in journals:

Up to six authors:

[1] Araújo LA, Silva LR, Mendes FA. Digestive tract neural control and gastrointestinal disorders in cerebral palsy. J Pediatr (Rio J). 2012;88:455-64.

More than six authors:

[2] Ribeiro MA, Silva MT, Ribeiro JD, Moreira MM, Almeida CC, Almeida-Junior AA, et al. Volumetric capnography as a tool to detect early peripheric lung obstruction in cystic fibrosis patients. J Pediatr (Rio J). 2012;88:509-17.

Organization as author:

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No author given:

[4] Informed consent, parental permission, and assent in pediatric practice. Committee on Bioethics, American Academy of Pediatrics. Pediatrics. 1995;95:314-7.

Article published electronically ahead of the print version:

[5] Carvalho CG, Ribeiro MR, Bonilha MM, Fernandes Jr M, Procianoy RS, Silveira RC. Use of off-label and unlicensed drugs in the neonatal intensive care unit and its association with severity scores. J Pediatr (Rio J). 2012 Oct 30. [Epub ahead of print]

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[6] Blumer JL, Reed MD. Principles of neonatal pharmacology. In: Yaffe SJ, Aranda JV, eds. Neonatal and Pediatric Pharmacology. 3rd ed. Baltimore: Lippincott, Williams and Wilkins; 2005. p. 146-58.

Academic studies:

[7] Borkowski MM. Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]. Mount Pleasant, MI: Central Michigan University; 2002.

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[8] Anderson SC, Poulsen KB. Anderson’s electronic atlas of hematology [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins; 2002.

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Paper presentation:

[10] Bugni VM, Okamoto KY, Ozaki LS, Teles FM, Molina J, Bueno VC, et al. Development of a questionnaire for early detection of factors associated to the adherence to treatment of children and adolescents with chronic rheumatic diseases - “the Pediatric Rheumatology Adherence Questionnaire (PRAQ)”. Paper presented at the ACR/ARHP Annual Meeting; November 5-9, 2011; Chicago, IL.

**Table 1** Full titlea.

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