GUIDE FOR AUTHORS

INTRODUCTION

This document contains complete guidelines for the preparation of your manuscript. For instructions regarding online submission, please visit http://www.elsevier.pt/pbj. Technical support is available by email at support@portobiomedical.com. In any correspondence, please provide the corresponding author’s name, title of the manuscript, manuscript number (if assigned), and a clear description of the problem.

Contact details for submission
All manuscripts must be submitted online through the PBJ’s Elsevier Editorial System (EES) Web site at http://www.evise.com. Electronic files of the manuscript contents must be uploaded at that Web site, and the onscreen steps should be followed to submit the manuscript to the Editorial Office.

BEFORE YOU BEGIN

Ethics in publishing
For information on Ethics in publishing and Ethical guidelines for journal publication see http://www.elsevier.com/publishingethics and http://www.elsevier.com/journal-authors/ethics.

Human and animal rights
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans, http://www.wma.net/en/30publications/10policies/b3/index.html. Uniform Requirements for manuscripts submitted to Biomedical journals, http://www.icmje.org. Authors should include a statement in the manuscript that informed consent was obtained for human subjects, and the privacy rights of human subjects must always be observed.

All animal experiments should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, the European Communities Council Directive of 24 November 1986 (86/609/EEC) or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. All animal studies need to ensure they comply with the ARRIVE guidelines. More information can be found at http://www.nc3rs.org.uk/page.asp?id=1357.

Conflict of interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If there are no conflicts of interest then please state this: ‘Conflicts of interest: none’. See also http://www.elsevier.com/conflictsofinterest. Further information and an example of a Conflict of Interest form can be found at: http://service.elsevier.com/app/answers/detail/a_id/286/supporthub/publishing.

Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see http://www.elsevier.com/sharingpolicy), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service CrossCheck http://www.elsevier.com/editors/plagdetect.

Contributors
Each author is required to declare his or her individual contribution to the article: all authors must have materially participated in the research and/or article preparation, so roles for all authors should be described. The statement that all authors have approved the final article should be true and included in the disclosure.

Authorship

Authorship requirements

Please note:

a. To be listed as an author, an individual must meet the requirements approved by the International Committee of Medical Journal Editors (ICMJE). In order to be included in the list of authors, an individual must have done all of the following: (1) made substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafted the article or reviewed it critically for important intellectual content; and (3) given final approval of the version to be published.

b. The PBJ does not allow “ghostwriting,” or uncredited authorship. All writers of a manuscript should be clearly identified.

c. Statements and opinions expressed in the articles and communications in the Journal are those of the author(s) and not necessarily those of the Editor(s) or publisher, and the Editor(s) and publisher disclaim any responsibility or liability for such material. Neither the Editor(s) nor the publisher guarantee, warrant, or endorse any product or service advertised in this publication, nor do they guarantee any claim made by the manufacturer of such product or service.

Changes to authorship

Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion, or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if ap-
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proved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Clinical trial results

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors’ meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

Reporting clinical trials

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram can be found on http://www.consort-statement.org.

Registration of clinical trials

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies that evaluate the role of health-related interventions do not meet CONSORT recommendations. Trials must register at or before the onset of patient enrolment. The CONSORT checklist and template flow diagram can be found on http://www.consort-statement.org.

Role of the funding source

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Funding body agreements and policies

Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder’s open access policies. Some authors may also be reimbursed for associated publication fees. To learn more about existing agreements please visit http://www.elsevier.com/fundingbodies.

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Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier’s WebShop (http://webshop.elsevier.com/languagediting/) or visit our customer support site (http://support.elsevier.com) for more information.

Informed consent and patient details

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals,

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http://www.elsevier.com/patient-consent-policy. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor’s decision and requests for revision, is sent by e-mail.

Submit your article

Please submit your article via http://ees.elsevier.com/pbj.

Referees

Please submit the names and institutional e-mail addresses of several potential referees. For more details, visit our Support site http://help.elsevier.com/app/answers/detail/a_id/161/p/8045. Note that the editor retains the sole right to decide whether or not the suggested reviewers are used.

Revision of manuscripts

As with new submissions, revisions must be submitted electronically through http://ees.elsevier.com/pbj. Ensure that the revised manuscript is prepared in accordance with the journal’s format and style for the type of article being revised. Adherence to these guidelines is important to prevent a delay in processing the revised manuscript. Revisions must include the following:

1. Responses to Comments. A document that includes point-by-point responses to the comments made by the Reviewers, Editor, and Editorial Office. In your responses to Comments document, reproduce each comment verbatim and in its entirety and follow the comment with your detailed response. Each of the comments should be preceded by the word «COMMENT,» and the font style for each comment should be bold. Each of your responses should be preceded by the word «RESPONSE,» and the font style for each response should be regular (not bold). In each response, indicate where relevant changes have been made in the manuscript or explain why no changes would be appropriate. If any alterations have been made to your figures or if any figures have been removed or replaced, describe the changes.

2. Marked Manuscript. The Marked Manuscript should be a version of your revised manuscript in which all of the ways in which it is different from the original manuscript are indicated for the sake of the Editor. The preferred method of indicating changes is Microsoft Word’s Track Changes feature. Alternately, any text that has been added should be underlined, and any text that was deleted should be indicated by strikethrough formatting. Any table that was part of your original submission should be either embedded within the Marked Manuscript or provided as a separate file (e.g., «Table II - Marked»); if changes have been made to the table, they should be indicated. Likewise, any figure that was part of your original submission should be either embedded within the Marked Manuscript or provided as a separate file (e.g., «Figure 1 - Marked»); if changes have been made to the figure, they should be described in your Responses to Comments document. Line numbering (continuous) should be used throughout the Marked Manuscript.

3. Conflict of Interest Disclosure forms. If you are submitting your Conflict of Interest disclosure forms to us as part of your electronic submission in EES, please be sure to include all of these forms with each subsequent revision of your manuscript.

PREPARATION

Peer review

This journal operates a double blind review process. All contributions are sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor’s decision is final. For more information on the types of peer review, please visit: http://www.elsevier.com/reviewers/peer-review

Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor’s options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: http://www.elsevier.com/guidepublication). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the ‘spell-check’ and ‘grammar-check’ functions of your word processor.

Article structure

A. Original articles

These should describe fully, but as concisely as feasible, the results of original clinical, laboratory or biomedical research.

Special note regarding case studies: Case studies will be considered for publication only in the Letters to the Editor section of the Journal.

The average Original Article fills 7 pages in the printed journal, although manuscripts that exceed this may be occasionally accepted for publication at the Editors’ discretion. In general, an Original Article should not exceed 3500 words, not including the abstract, figure legends, and references. Abstracts should be 250 words or less. If possible, each figure legend should be held to 60 words or less. Each Original Article may be accompanied by no more than 8 graphic presentations (tables and/or figures)-for example, 3 tables + 5 figures. (Additional text, tables, or figures can be designated as “supplemental” material, which will be included in the PBJ’s Online Repository. Please note: Original Article manuscripts that are determined to significantly exceed these limits, or that do not include all of the elements listed below, may be returned to the authors for revision prior to review.

The title page, abstract, Capsule Summary, key words, abbreviations, text, acknowledgments, references, tables and figure legends should be included in one word-processing file (in .doc or .wpd format). Figures should be loaded as separate files in the format specified below.

1. Title, authors and funding body

- Keep the title succinct: Limit it to 12 words or fewer.
- Communicate a single subject or idea in the title.
- Construct the title around the article’s key words.
- Include the specific symptom, condition, intervention, mechanism, or function of the paper’s central focus.
- Mention any defining population, age, gender, or animal species that distinguishes the work.
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• Use terms that are specific rather than general (e.g., “penicillin” rather than “beta-lactam antibiotic”) and include terms that clarify (e.g., “CXCR4” rather than “chemokine receptors”).

• Avoid using strong words (such as “robust,” “innovative,” “significant,” “vigorous,” and “aggressive”), as they may suggest exaggerated or unwarranted claims.

• Use wit carefully and appropriately; be informative first and clever second. Although a universally understood pun can work well to attract interest, ensure that it will not confuse or mislead the reader.

The titles of papers accepted for publication in the Porta Biomedical Journal may be revised for improved clarity and appeal to the readership. Such revision will have final approval by the authors.

The title should be followed by:

• The list of authors, including their full names, highest academic degrees, and institutional affiliations. Please see the guidelines above regarding which contributors should be included in the author list.

• The name, address, telephone number, fax number, and email address of the author who should be contacted regarding the manuscript following its publication. Note: A different author may be designated as the Corresponding Author in EES for the duration of the submission and review processes.

• A declaration of all sources of funding for the research reported in the manuscript.

Note regarding National Institutes of Health-sponsored research: The PBJ publisher, Elsevier, facilitates author posting in connection with the posting request of the NIH (referred to as the NIH “Public Access Policy”; see http://publicaccess.nih.gov). If an author indicates that the research reported in their article was sponsored by the NIH, either by checking the appropriate box on the Transfer of Copyright form or by completing the relevant field during the online submission process, Elsevier will send the accepted version of the manuscript to PubMed Central (PMC) for public access posting 12 months after final publication. Please note that the accepted version of the manuscript does not include changes that are made during the review of galley proofs. For more information about PubMed Central, please visit http://www.ncbi.nlm.nih.gov/pmc/about/pag/

2. Abstract. As a general rule, the abstract should be no longer than 250 words. It should summarize the results and conclusions concisely. Tabular data should not be included and acronyms/abbreviations should be avoided or spelled out fully. Abstracts should be structured as follows:

• Background: What is the major problem that prompted the study?

• Objective: What is the purpose of the study?

• Methods: How was the study done?

• Results: What are the most important findings?

• Conclusion: What is the most important conclusion drawn?

3. Highlights. Highlights are a short collection of bullet points that convey the core findings of the article. Highlights are optional and should be submitted in a separate editable file in the online submission system. Please use ‘Highlights’ in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). See http://www.elsevier.com/highlights for examples.

4. Key words. A list of up to ten key words should follow the Highlights.

5. Abbreviations. Provide a list of any abbreviations/acronyms and their definitions following the key words. Only standard abbreviations are to be used. If you are uncertain whether an abbreviation is considered standard, consult Scientific Style and Format by the Council of Science Editors or the AMA’s Manual of Style. A laboratory or chemical term or the name of a disease process that will be abbreviated must be spelled out at first mention, the acronym or abbreviation following in parentheses.

6. Text. The manuscript should be written in clear and concise English. Authors whose primary language is not English should obtain assistance with writing to avoid grammatical problems. The text should be organized in sections as follows: Introduction, Methods, Results, and Discussion. Each section should begin on a new page. The generic terms for all drugs and chemicals should be used.

In studies involving human subjects, a statement describing approval by the appropriate Institutional Review Board is required. Studies involving experimental animals must include a statement in the Methods section indicating which guidelines were followed for the care and use of the animals (e.g., the “Principles of Laboratory Animal Care” formulated by the National Society for Medical Research or the “Guide for the Care and Use of Laboratory Animals” prepared by the Institute of Laboratory Animal Resources, National Research Council, and published by the National Academy Press [revised 1996]).

7. Acknowledgments. General acknowledgments for consultations, statistical analyses, and the like should be listed at the end of the text, including full names of individuals involved. However, as noted above, acknowledgment of funding should be listed on the title page.

8. References. It is the Editors’ expectation that authors will perform a comprehensive search of the literature to gather the most current articles relative to the subject matter. All references that are five years old or more should be replaced with current literature, unless the referenced publication is a classic work that underscores the core subject.

B. Letters to the Editor

Letters to the Editor are brief reports of clinical or laboratory observations, substantiated by controlled data but limited in scope, and without sufficient depth of investigation to qualify as Original Articles. Like Original Articles, these manuscripts are subject to peer review.

A Letter to the Editor must:

1. Be brief. The average Letter to the Editor fills 2 pages in the printed journal, although manuscripts that exceed this may be occasionally accepted for publication at the Editors’ discretion. In general, a Letter to the Editor should not exceed 1000 words, not including the figure legend(s) and references. If possible, the figure legend(s) should be held to 60 words or less. Please note: Letter to the Editor manuscripts that are determined to significantly exceed these limits may be returned to the authors for shortening prior to review.

2. Have a short, relevant title. Please see the suggestions that appear above (under “A. Original Articles”).

3. Have a complete title page (see section A1).

4. Be accompanied by a short summary that encapsulates the report’s findings for a clinically oriented audience (see above).

5. Begin with the salutation “To the Editor:”

6. Close with the author’s name(s), academic degree(s), institutions(s), and location(s).

7. Have no more than nine references.

8. List the references as complete bibliographic citations following the closure of the letter (see section above for formatting).

9. Present lists of Key words, as relevant (see sections above).

10. Be limited to a total of 2 figures and/or tables. (Additional figures or tables may be placed in the article’s Online Repository; please see the relevant section below.)

C. Correspondence and replies

Correspondence concerning recent publications in the Journal will be considered for publication and accepted based on their pertinence, their scientific quality, and available space in the Journal. If the correspondence is considered acceptable, a response will be requested from the authors of the referenced PBJ article. Upon review
and approval by the Editor, the Correspondence and relevant Reply will both be published together.

Both Correspondence and Reply manuscripts must:

1. Be no longer than 500 words.
2. Have a short, relevant title, distinct from the title of the referenced article. Please note that all Replies should have the title “Reply to [Corresponding author’s name].”
3. Have a complete title page (see section above).
4. List the references as complete bibliographic citations at the end of the letter with the journal article being discussed as the first reference (see section above). The total number of references should be no more than seven. Replies should include the Correspondence to which they are replying as one of the references.
5. Have no more than one graphic presentation (table or figure). See the section on Graphic Presentations below.
6. Begin with the salutation “To the Editor:” and close with the author’s name(s), academic degree(s), institutions(s), and location(s).

D. Review articles

Definitive, in-depth, state-of-the-art reviews of clinical and research subjects. Unsolicited reviews are not generally published in PBJ. Before submitting any unsolicited reviews, please forward an outline to the Editor for consideration.

Systematic reviews and meta-analyses should follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (see http://www.prisma-statement.org/). A PRISMA flow diagram (http://www.prisma-statement.org/documents/PRISMA%202009%20flow%20diagram.pdf) should be used to describe the steps of the systematic review, and a complete PRISMA checklist (http://www.prisma-statement.org/documents/PRISMA%202009%20checklist.pdf) should be provided during submission.

E. Clinical Guidelines (type of article Practice guidelines in submission system)

Official recommendations from professional organizations on issues related to clinical practice and health care delivery. PBJ is most interested in publishing the primary guideline documents but will also consider synopses of guidelines when the primary document is published elsewhere. Synopses should focus on those issues of most relevance to generalist clinicians.

Manuscripts must:

1. Have an ≤ 275 words, structured abstract (use the following subheadings: Description, Methods and Recommendations).
2. Include the name of the responsible organization in the title and identify the article as a clinical guideline.
3. Primary Guideline Reports: PBJ is flexible with length, reference, and other format requirements given the variability in the format of guidelines developed by different organizations. However, if guidelines are lengthy (>4000 words), we may require the production of an executive summary document with the full document published as a digital-only appendix. A concise table or concise graphic summarizing the recommendations and other key points is desirable.

Guideline Synopses: Text of synopses include the following sections and subheadings:


Images in Biomedicine

Images in Biomedicine articles consist of clinical pictures (e.g., X-rays, CT scans, biopsies, endoscopic visualizations, etc.) that impart important clinical information. They are accompanied by a brief description, limited to 500 words.

F. Case Report

A brief description of a particular condition that provides insights into diagnosis or clinical management. A case report must make a distinct, novel contribution to the understanding of the etiologic agents, its clinical manifestations, and/or its diagnosis or treatment. Manuscripts must be written in good English (American or British usage is accepted, but not a mixture of these), be no longer than 1000 words and should consist of: Cover Page, Abstract, Introduction, Case, Discussion, Acknowledgements, Conflict of Interest Statement, and a maximum of 9 References.

G. Rostrum articles (type of article Short review in submission system)

Opinion articles about subjects of particular interest and/or debate may be accepted for peer review after preliminary review by the Editor. Proposals for rostrum articles may be emailed to the Editorial Office; they will be evaluated based on level of interest, novelty, and the current needs of the Journal.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

General acknowledgments for consultations, statistical analyses, and the like should be listed at the end of the text, including full names of individuals involved. However, as noted above, acknowledgment of funding should be listed on the title page.

Units

Follow internationally accepted rules and conventions; use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Artwork

Image manipulation

Whilst it is accepted that authors sometimes need to manipulate images for clarity, manipulation for purposes of deception or fraud will be seen as scientific ethical abuse and will be dealt with accordingly. For graphical images, this journal is applying the following policy: no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Non-linear adjustments (e.g., changes to gamma settings) must be disclosed in the figure legend.

Electronic artwork

General points:

- Make sure you use uniform lettering and sizing of your original artwork;
- Embed the used fonts if the application provides that option; Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar;
- Number the illustrations according to their sequence in the text;
- Use a logical naming convention for your artwork files;
- Provide captions to illustrations separately;
• Size the illustrations close to the desired dimensions of the published version;
• Submit each illustration as a separate file.

A detailed guide on electronic artwork is available on our website: http://www.elsevier.com/artworkinstructions.

You are urged to visit this site; some excerpts from the detailed information are given here.

**Formats.** If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format. Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS (or PDF): Vector drawings, embed all used fonts.
- TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
- TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- TIFF (or JPEG): Combinations bitmapped line/halftone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:

- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

**Color artwork.** Please make sure that artwork files are in an acceptable format (TIFF or JPEG, EPS or PDF or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) in addition to color reproduction in print. For further information on the preparation of electronic artwork, please see http://www.elsevier.com/artworkinstructions.

**Illustration services.** Elsevier’s WebShop (http://webshop.elsevier.com/illustrationservices) offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier’s expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image ‘polishing’ is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

**Figure captions**

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

**Text graphics**

Text graphics may be embedded in the text at the appropriate position. See further under Electronic artwork.

**Tables**

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules.

**References**

**Citation in text**

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either ‘Unpublished results’ or ‘Personal communication’. Citation of a reference as ‘in press’ implies that the item has been accepted for publication.

**Reference style**

Text: Indicate references by superscript numbers in the text. The actual authors can be referred to, but the reference number(s) must always be given.

**List:** Number the references in the list in the order in which they appear in the text.

**Examples:**

Reference to a journal publication:


Reference to a book:


Reference to a chapter in an edited book:


Note shortened form for last page number, e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by ‘et al.’ For further details you are referred to ‘Uniform Requirements for Manuscripts submitted to Biomedical Journals’ (J Am Med Assoc 1997;277:927–34) (see also http://www.nlm.nih.gov/bsd/uniform_requirements.html).
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