

Instructions to Authors

Clinical Molecular Pathology accepts papers written in the Vancouver style. The requirements of this style are detailed in *BMJ* 1991;302:338-41.

All material submitted will normally be refereed, and the critical assessment will include ethical considerations. The Editors retain the customary right to change style if necessary, and a manuscript may be referred back to the authors for shortening. Receipt of manuscripts will be acknowledged by the editorial office.

The direct line to the journal is 0121 773 1161; fax 0121 773 1182.

Manuscripts

Manuscripts should be sent in triplicate to the Editors, typed double spaced on one side of the paper only, with 5 cm margins on both sides. Word processed material should be on separate sheets, and if a dot-matrix printer is used this must be of high quality. Pages must be numbered in sequential order throughout. Authors should include the names and addresses of four experts whom the authors consider suitable to peer review their work. Revised manuscripts must be submitted on disk and as hard copy. Guidelines will be sent to authors when invited to revise.

Articles should report original research of relevance to the understanding and practice of clinical pathology. They should be written in the standard form: a structured abstract; an introductory passage; details of the material and methods used and of the patients studied, if applicable; the results of the investigation; and a discussion of what the results mean in the context of previous findings, clinical practice, and future research.

The journal uses a structured form of abstract in the interests of clarity. This should be short (no more than 250 words) and include four headings: *Aims*—the reasons for the study; *Methods*—what was done, and with what material; *Results*—what was found; and *Conclusions*—what the findings mean and the message that the authors wish to convey.

Leaders are published by editorial invitation, though unsolicited reviews or commentaries will be considered.

Single case reports of outstanding interest or clinical relevance, short technical notes, and brief investigative studies are welcomed and usually published in the form of a Short Report. The format for Short Reports is that they should not exceed 1000 words, there should be up to two figures or tables, and no more than 10 references.

Letters to the Editor should be no more than 500 words with a maximum of five references and one figure or table. These should be double spaced in the same way as papers. Letters are not indexed, and usually are on matters arising from previously published articles.

The names of the authors, with initials, should be followed by the name of the institution where the work was carried out. An indication of the position held by each author should be given in an accompanying letter to the Editors, and manuscripts should bear the name of one author to whom correspondence should be addressed. If available, a fax number should be supplied. A copyright form, which must be signed by all the authors, will be sent if the manuscript is accepted for publication. Guidelines on authorship are given in *J Clin Pathol* 1986;39:110.

Results should not be shown as both tables and graphs, and should not duplicate information in the text of the article. Histograms should not be used instead of tables to document numerical data, but may be acceptable if used simply to illustrate differences between data sets or distribution of a parameter.

Abbreviations must be spelt out on first use or be accompanied by explanation in the text. The use of non-standard abbreviations and acronyms should be avoided. Symbols and abbreviations should be in the Vancouver style, and all measurements should be given in SI units.

If requested, authors should produce the data upon which the manuscript is based for examination by the Editors.

Illustrations

Diagrams should be reproduced photographically. Letters and other marks which are to appear on the face of a photomicrograph should be made on a photocopy; they will be added in the Journal style in the editorial office when the manuscript is accepted. Legends for illustrations should be typed with double spacing on a separate sheet. The staining technique used should be stated. Magnifications should be given for electron micrographs but not for light micrographs except in cases where this is important.

Photographs and photomicrographs should be on glossy paper for half tone reproduction. The printing process requires that prints are unmounted and unbacked, and of high quality, with full tonal scale. Illustrations that will not reproduce well will be returned and this may delay publication. Areas in which tissue does not appear ("background") should be as near white as possible.

The top of the figure should be marked and the name of the first author and the figure number should be written on the back of the illustration using an adhesive label or very soft crayon; ball point and felt tip pens must **not** be used.

Half tone prints must be sized to fit the page format of the Journal. They should be 6.7, 10.3, or 13.9 cm wide or, in exceptional circumstances, 17.5 cm wide to span the entire

page width. **Three sets of prints must be supplied with each manuscript.** Only salient features should be included to preserve detail. The Journal reserves the right to crop illustrations where necessary.

Colour reproduction of figures in papers is encouraged and is heavily subsidised by the Journal. Advice on costs to authors and type of material to be submitted for colour work should be sought from the Editorial Office.

Description of laboratory methods

When a manufacturer's method is used in a study with a particular item of equipment or kit of reagents, the source of this method and reference to the scientific literature on which it was based should be given. Authors might consider it courteous to inform manufacturers that an article assessing their product has been submitted for publication.

Sponsors of research must be declared.

For quantitative methods, information on the sensitivity, precision, and accuracy in the hands of the authors should always be provided. When a well recognised method is used, these requirements could be met simply by providing the references to the methodology and discussing the performance in a recognised current quality assurance scheme. Modifications to methods that have not been previously published should be detailed in the text and supported by evidence of their efficacy.

It is useful to indicate, either from personal observations or by reference, the working range of an assay and the normal reference range when it is used on samples from human beings. When information is expressed as mean \pm 2SD, the distribution of the range (normal, skew, or logarithmic) should be stated.

References

References should be double spaced and numbered in the order in which they are first mentioned in the text. References in the text should be identified by arabic numerals in brackets—for example, [1][2]. The sequence for numbering references cited only in tables or legends to figures is determined by the first identification in the text of the particular table or illustration. At the end of the article the numbered list of references should include the

names and initials of all authors (unless there are more than six when only the **first six** should be given, followed by *et al*); the title of the article, which should be abbreviated in the style of *Index Medicus*; the year of publication; the volume number; and the first and last pages of the reference. Titles of books should be followed by the edition, the place of publication, the publisher, and the year of publication, and the page numbers of the chapter cited.

Manuscripts accepted but not yet published may be cited, followed by (in press), but "unpublished observations" and "personal communications" should not be used in the reference list. Similarly, abstracts presented at symposia should not be referenced unless they have been published. It is the responsibility of the authors to check the accuracy of the references; they should be verified against the original documents or photocopies of them before submitting the article.

Journal reference:

- 1 Fletcher CDM, McKee H. Sarcomas—a clinicopathological guide with particular reference to cutaneous manifestations. I. Dermatofibrosarcoma protuberans, malignant fibrous histiocytoma and the epithelial sarcoma of Enzinger. *Clin Exp Dermatol* 1984;9:451-65.

Book reference:

- 2 Washington JA. Conventional approaches to blood culture. In: Washington JA, ed. *The detection of septicæmia*. West Palm Beach, Florida: CRP Press, 1978:41-87.

Proofs

After acceptance for publication the article will be subedited into house style and prepared for press. Page proofs will be sent to the correspondence author and should be carefully checked. Proof corrections should be kept to a minimum, should conform to the conventions given in *Whitaker's Almanack*, and should be typed on a separate sheet of paper for clarity; changes made to the text at proof stage are expensive and if extensive, the authors may have to bear the cost of correction.

Reprints

Reprints may be ordered when the proof is returned. The charge quoted is on the understanding that reprints will be for the authors' use: prices for large numbers of reprints will be given on request. There are no reprints of book reviews and correspondence.