



Journal of Ultrasound in Medicine

The multidisciplinary medical ultrasound journal

Guidelines for Authors

1. TYPES OF MANUSCRIPTS

The *Journal of Ultrasound in Medicine* publishes manuscripts in the following categories:

Original Research—An Original Research article is a research paper that provides new information derived from original data and usually includes extensive statistical analysis.

Review Article—A Review Article is an in-depth analysis of the current status of a particular topic. It is not an original article with new data but represents a well-balanced summary of a timely subject with reference to the literature.

Pictorial Essay—A Pictorial Essay is a paper in which the message is primarily contained in the images, with the text and legends to the images providing brief historical, descriptive, or interpretive information. A Pictorial Essay does not contain data or new statistical analysis but rather provides its message through unique and timely images.

Technical Innovation—A Technical Innovation is a paper that describes a new method, procedure, technology, technique, or treatment with a practical approach.

Case Series—A Case Series is a paper that describes a group of cases or particular observations with unique imaging features or involving novel procedures. Case Series are usually retrospective and not associated with extensive statistical analysis.

Commentary—A Commentary is a short paper that describes the personal views of the author on a particular subject. It includes some review of the literature in making a point, although it is clearly an opinion piece rather than a review of the subject.

Point/Counterpoint—A Point/Counterpoint usually consists of 2 short articles, published together, that present opposing viewpoints by authorities on a subject. These short articles include only a few references used to bolster each author's opinion.

Letter to the Editor—A Letter to the Editor offers brief comments on published material and should be objective, constructive, and educational.

Clinical Letter—A Clinical Letter is a brief description of a single unique or unusual case. The manuscript should include a title, authors' full names, degrees, and affiliations, a brief text description/discussion without headings, up to 10 references if applicable, and figure legends. No more than 4 images total may be included. It should not contain tables or data analysis. Clinical Letters are generally not peer reviewed and are published at the discretion of the editor based on space available; publication is not guaranteed.

Video Essay—A Video Essay is an educational video demonstrating a novel sonographic technique or application. It is published online and should include a brief text summary (≤ 250 words) for print publication. Videos should be submitted in the smallest file size possible.

Manuscripts are considered for publication with the understanding that they are submitted solely to the *Journal of Ultrasound in Medicine* and are not under consideration elsewhere.

2. ORGANIZATION OF THE MANUSCRIPT

Manuscripts should be organized in the following order, as applicable: title page, abstract or summary, full text, acknowledgments, references, tables, figure legends, and figures. All text elements and tables should be combined in a single document, double-spaced, with line numbering.

Title Page

This first page contains the complete title of the article, names and degrees of all authors, institutional affiliations of all authors, and a short running title (≤ 60 characters). The corresponding author should be indicated, including a complete mailing address, telephone number, fax number, and e-mail address.

Abstract or Summary

An abstract is required for Original Research articles. The abstract should be divided into Objective, Methods, Results, and Conclusions sections. It should not exceed 250 words. Three to 6 key words should be provided at the end. The abstract should not contain figure, table, or reference citations, trade names, or manufacturer names. Statements of statistical significance should include *P* values or 95% confidence intervals. The abstract should not include data that are not given in the full text.

In place of an abstract, a summary is required for Review Articles, Pictorial Essays, Technical Innovations, and Case Series. Content should adhere to the guidelines for abstracts but should not be divided into sections. It should not exceed 100 words and should give a brief overview of the article. Three to 6 key words should be provided at the end.

Full Text

For Original Research articles, the full text of the manuscript should be divided into the following sections: Introduction, Materials and Methods, Results, and Discussion. For other articles, the text may be divided into sections if desired.

Acknowledgments

On a separate page preceding the references, contributions made by colleagues who are not authors of the paper should be acknowledged. This page should also include acknowledgments of published material reproduced with permission, previous presentations of the work at meetings, related grant support received, and disclosures of relevant commercial interests.

References

Each reference must be cited numerically and listed in the order in which it appears in the text. Duplicate references should not be listed; rather, subsequent citations of a reference should use its initial number. When more than 6 authors are included in a reference, et al replaces the names of all authors after the first 3. Inclusive page ranges should be given where applicable.

Accepted work in press includes the journal title or the publisher if it is a book. Material not accepted for publication cannot be included as a reference and should be cited parenthetically in the text as unpublished data, including all participants' initials and surnames and the year).

Abbreviations of journal titles should conform to those used in the National Library of Medicine's *PubMed Central*. The style and punctuation of references should follow the formats illustrated by the following examples:

Journal Article With Up to 6 Authors

1. Luo W, Zhou X, Gong X, Zheng M, Zhang J, Guo X. Study of sequential histopathologic changes, apoptosis, and cell proliferation in rabbit livers after high-intensity focused ultrasound ablation. *J Ultrasound Med* 2007; 26:477-485.

Journal Article With More Than 6 Authors

2. Fleischer AC, Lyschik A, Jones HW Jr, et al. Contrast-enhanced transvaginal sonography of benign versus malignant ovarian masses: preliminary findings. *J Ultrasound Med* 2008; 27:1011-1018.

Journal Article Published Online Ahead of Print

3. Cumminsford K, Sundar S, Hagberg R, Mahmood F. Real-time three-dimensional transesophageal echocardiography and a congenital bilobar left atrial appendage [published online ahead of print June 24, 2009]. *J Cardiothorac Vasc Anesth*. doi:10.1053/j.jvca.2009.04.005.

Abstract of a Paper Presented at a Meeting

4. Shipp TD, Bromley B, Benacerraf BR. Comparison of the fundal endometrial diameters using 3-dimensional rendering for those with embedded and nonembedded intrauterine devices [abstract]. *J Ultrasound Med* 2009; 28(suppl):S47.

Whole Book

5. Cardenas G. *Breast Imaging*. 1st ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2004.

Edited Book

6. McGahan JP (ed). *Interventional Ultrasound*. Baltimore, MD: Williams & Wilkins; 1990.

Chapter in a Book

7. Caspers JM, Reading CC, McGahan JP, Charboneau JW. Ultrasound-guided biopsy and drainage of the abdomen and pelvis. In: Rumack CM, Wilson SR, Charboneau JW (eds). *Diagnostic Ultrasound*. 2nd ed. St Louis, MO: CV Mosby Co; 1997:599-628.

Website

8. Online Mendelian Inheritance in Man. *National Center for Biotechnology Information website*. <http://www.ncbi.nlm.nih.gov/omim>. Accessed June 15, 2010.

Tables

Tables must be numbered consecutively with Arabic numerals in the order in which they appear in the manuscript. Each table should appear on a separate page and should contain a title that includes the table number. No vertical lines or borders may appear in a table. Tables must contain all necessary information so that they may stand alone, independent of the text. Data given in the text should not be duplicated in tables. All tables must be cited in numerical order in the text. Tables should be included in the text document and should not be submitted as graphics.

Figure Legends

For initial submissions, figure legends should be provided with their corresponding images at the end of the text document. Figures must be numbered consecutively with Arabic numerals in the order in which the figures appear in the article. All figures must be cited in numerical order in the text. See Section 3 for more information.

Abbreviations

Abbreviations of common clinical and technical terms listed in the *American Medical Association Manual of Style, 10th Edition*, may be used if they appear 3 or more times in the full text and abstract/summary, respectively. Each abbreviation should be defined at first use in the full text and abstract/summary, respectively. Use of other abbreviations is discouraged unless they are essential to the clarity of the manuscript.

3. MANUSCRIPT SUBMISSION PROCESS

New Manuscript Submissions

Submit manuscripts through the journal's online system. To begin, go to www.rapidreview.com/AIUM2/CALogon.jsp. Once in Rapid Review, first-time users should click on "New to Rapid Review" and proceed as instructed.

Prepare version 1 manuscripts as follows:

Cover Letter—A brief cover letter identifying the type of type of manuscript as described in Section 1 (Original Research, Review Article, Pictorial Essay, etc) must accompany the manuscript submission and should be entered in the text box provided in Rapid Review. The cover letter should identify the author responsible for correspondence, including address, telephone number, fax number, and e-mail address.

Text—Microsoft Word is preferred. All text should be double spaced, and all text elements, including tables, should be combined in a single document in the order listed in Section 2. Manuscripts should include continuous line numbering.

Images and Graphics—For initial submissions, please embed images into the text file at the end of the document. Please clearly label images and place the corresponding legend with each image. See also Guidelines for Images of Patients

Revised Manuscript Submissions

When submitting revised manuscripts, be sure to enter a rebuttal statement into the field provided in the Rapid Review system. Each reviewer's comment should be addressed in the rebuttal statement.

Please prepare version 2+ manuscripts as follows:

Text—Revised manuscripts should have changes indicated by the "Track Changes" function; manual highlighting and strikethroughs should not be used to show changes. All text should be double spaced, and all text elements, including tables, should be combined in a single document in the order listed in Section 2. Text documents should include continuous line numbering.

Images and Graphics—For version 2+ manuscripts, graphics must be submitted as individual TIFF or EPS files according to the requirements for images listed below.

Guidelines for Images of Patients

Images of specific patients should be restricted to 1 figure per patient, with multiple images of the same patient denoted by letters as applicable. Multiple images should be submitted as separate files and will be combined during production; the letters themselves should not appear on the images but should be included in the file names. The legend should begin with a description of the patient, as in the following example:

Figure 1. Infiltrating ductal carcinoma of the left breast in a 40-year-old woman. A, Transverse sonogram showing a hypoechoic mass with irregular margins. B, Color Doppler sonogram showing increased vascularity in the surrounding tissue.

Final Requirements for Accepted Manuscripts

Image File Formats—Color or gray scale images should be submitted as TIFF files. Line art/drawings (images purely black and white) should be submitted as EPS files. Image files should be flattened and contain no alpha channels.

Image Resolution Requirements—300 pixels per inch (ppi) for color or gray scale halftones; 600 ppi for combination halftones (images containing pictures and text).

Image Size Requirements—Single-column image size for the *Journal of Ultrasound in Medicine* is 3.125 inches wide. Double-column image size is 6.5 inches wide.

Image Color Modes—Gray scale images must be submitted in GRAYSCALE mode. Color images must be submitted in CMYK mode. The *Journal of Ultrasound in Medicine* will pay for the publication of color images deemed essential by the editors.

Image File Naming—Please use the following naming convention when saving files: first author name, figure number, color mode, and file extension. Examples: smith1.c.tif; smith2a.g.tif; smith3.l.eps, where c indicates color, g indicates gray scale, and l indicates line art, respectively. Identification letters and numbers (eg, 1A) should not appear on the images themselves.

Supplemental Video Clips—Supplemental video clips can be submitted for posting online. Video files must be submitted as supplemental files in QuickTime Video format. For best results, video files should be compressed into a single .zip file.

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A transfer of copyright form, filled out by all authors, must be submitted upon the manuscript's acceptance for publication. The form should be e-mailed as an attachment to jum@aium.org. To obtain this form, see opposite page or go to <http://www.aium.org/publications/jum/authors.aspx>.

Disclosure Form

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5. INSTITUTIONAL REVIEW BOARD APPROVAL AND INFORMED CONSENT

For all manuscripts reporting data from studies involving human participants or animals, formal review and approval, or formal review and waiver, by an appropriate institutional review board or ethics committee is required and should be described in the Methods section. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (see <http://www.wma.net/en/30publications/10policies/b3/index.html>). For investigations of humans, state in the Methods section the manner in which informed consent was obtained from the study participants (for example, oral or written). Editors may request that authors provide documentation of the formal review and recommendation from the institutional review board or ethics committee responsible for oversight of the study. When reporting experiments on animals, authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed. Manuscripts that do not comply with these rules will not be accepted for publication.

6. AIUM POLICY ON MANAGING ALLEGATIONS OF SCIENTIFIC MISCONDUCT

If substantial doubts arise about the honesty or integrity of work, either submitted or published, it is the editor's responsibility to ensure that the question is appropriately pursued, usually by the authors' sponsoring institution. However, it is not ordinarily the task of editors to conduct a full investigation or to make a determination; that responsibility lies with the institution where the work was

done or with the funding agency. The editor should be promptly informed of the final decision, and if a fraudulent paper has been published, the journal must print a retraction. If this method of investigation does not result in a satisfactory conclusion, the editor may choose to conduct his or her own investigation. As an alternative to retraction, the editor may choose to publish an expression of concern about aspects of the conduct or integrity of the work.

The retraction or expression of concern, so labeled, should appear on a numbered page in a prominent section of the print journal as well as in the online version, be listed in the contents page, and include in its heading the title of the original article. It should not simply be a letter to the editor. Ideally, the first author should be the same in the retraction as in the article, although under certain circumstances the editor may accept retractions by other responsible persons. The text of the retraction should explain why the article is being retracted and include a full original citation reference to it.

The validity of previous work by the author of a fraudulent paper cannot be assumed. Editors may ask the author's institution to assure them of the validity of earlier work published in their journals or to retract it. If this is not done, editors may choose to publish an announcement expressing concern that the validity of previously published work is uncertain.

7. EDITING

Accepted manuscripts will be copyedited to eliminate grammatical and typographical errors and to ensure conciseness and clarity. The corresponding author will receive proofs of the copyedited article before publication.

8. REPRINTS

Reprints may be ordered by using the reprint order form that accompanies proofs. Color reprints should be ordered before publication, because postpublication orders are substantially more expensive. Black-and-white reprints can be ordered at any time, with no additional late fees. To ensure prompt delivery after publication, place reprint orders before publication. For additional information about reprints, phone the AIUM Publications Department at 800-638-5352 or 301-498-4100.

9. PERMISSION REQUESTS

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10. SUBMISSION OF NIH-FUNDED WORKS TO PUBMED CENTRAL

In compliance with the US National Institutes of Health (NIH) Public Access Policy, authors of NIH-funded works are required to submit their final peer-reviewed manuscripts for inclusion in *PubMed Central*. Authors of NIH-funded *Journal of Ultrasound in Medicine* articles should submit their final peer-reviewed manuscripts to the NIH Manuscript Submission System at <http://www.nihms.nih.gov/>. Manuscripts should be submitted no earlier than 6 months and no later than 12 months after publication, with the first of the issue month considered the date of publication.

11. CONTACTING THE JOURNAL

The *Journal of Ultrasound in Medicine* Editorial Office may be contacted through the following:

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 - Drafting the article or revising it critically for important intellectual content, and
 - Final approval of the version to be published.
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