

## Information for Authors

Welcome to *Clinical Medicine & Research* 2009 Information for Authors.  
This document is also available for download from our Web site, <http://www.clinmedres.org>.

*Clinical Medicine & Research* will consider original manuscripts that are relevant, well-documented, and that appeal to a multi-specialty audience in the areas of research, medicine, preventive medicine and basic science.

*Clinical Medicine & Research* adheres to the requirements for submission outlined by the International Committee of Medical Journal Editors *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*, <http://www.icmje.org/> and the *Editorial Policy Statements approved by the CSE Board of Directors, 02/18/02*, [http://www.councilscienceeditors.org/services\\_DraftApproved.shtml](http://www.councilscienceeditors.org/services_DraftApproved.shtml).

Send manuscripts for consideration to:  
*Clinical Medicine & Research*  
Editorial Office: Marshfield Clinic (2R1)  
1000 North Oak Avenue  
Marshfield, WI 54449  
Tel: 715-389-3501  
Fax: 715-389-3808  
Email: [clinmedres@mcrf.mfldclin.edu](mailto:clinmedres@mcrf.mfldclin.edu)

### SCOPE

*Clinical Medicine & Research* is a peer reviewed publication presenting relevant, credible information that addresses topics of interest to a multi-specialty audience in medicine, preventive medicine, translational medicine, epidemiology, research and basic science.

*Clinical Medicine & Research* serves as a source for rural health research, interventions, education and safety issues.

*Clinical Medicine & Research* serves as a forum on nonclinical aspects of science, medicine, and public health, covering political, philosophic, ethical, environmental, economic, historical, and cultural issues.

### OBJECTIVES

*Clinical Medicine & Research* is committed to providing its readership with relevant, rigorously peer reviewed, original scientific medical research that substantially improves human health and well-being. *Clinical Medicine & Research* is available in print and electronic formats. Full text articles and abstracts will be available online at <http://www.clinmedres.org>.

*Clinical Medicine & Research* provides readers access to multidisciplinary sources for continuing medical education in basic and clinical sciences that enhance informed clinical decision-making.

### EDITORIAL FREEDOM

*Clinical Medicine & Research* will publish openly both sides of controversial issues.

*Clinical Medicine & Research* will not publish unethical studies, whether they are controversial or not, and whether they were performed in a quality manner or not.

Authors submitting manuscripts understand that the editor and the editorial staff edit manuscripts for clarity and conformity to the style of *Clinical Medicine & Research*. Revisions of this type will not require input from the author for clarification. Authors will receive a final galley proof for their approval. Changes will not be made once the final page proof is approved.

The *Clinical Medicine & Research* Editorial Board will, at all times, retain total editorial control of the content, structure, presentation of articles, editorials and all decisions relating to the publication and publication schedules.

*Clinical Medicine & Research* and its publisher, Marshfield Clinic, do not endorse companies, products or services displayed in any advertisements.

*Clinical Medicine & Research* will not accept advertisements that advertisers or advertising agencies specify must appear at the same time as an article describing the product or service in the advertisement.

**Manuscript Submission - Copyright Transfer Agreement  
Section 1: Statements of Authorship and Disclosure**

**Manuscript Title:** \_\_\_\_\_

**Corresponding Author:** \_\_\_\_\_

The Manuscript Submission – Copyright Transfer Agreement (MS-CT) is comprised of three sections:

- (1) Statements of Authorship and Disclosure, (2) Statements of Acknowledgments, (3) Copyright Transfer Agreement

The completed MS-CT must accompany all submitted manuscripts.

Manuscripts will not be processed until the agreement has been received by the senior editor.

In this section:

1. List all parties who participated in the writing / preparing of the manuscript. Add an additional sheet if necessary.
2. Parties who made a significant contribution to producing data in the manuscript should be listed as authors. Consult the *ICMJE – Uniform Requirements for Manuscripts Submitted to Biomedical Journals, 2001*, for guidelines on determining authorship credit and acknowledgments, <http://www.icmje.org/>.
3. The name of all parties and their corresponding contributions must be listed. Contributor signatures will document agreement on how each author(s)/contributor(s) involvement will be treated in the manuscript and the release of information for publication.

Type or print name of contributor: \_\_\_\_\_

<i>Contribution</i>	<i>Check all that apply</i>
Concept / idea / research design	
Data collection	
Data Analysis	
Writing	
Fund procurement	
Provided subjects	
Provided facilities / equipment	
IRB staff	
Clerical / support staff	
Consultation (manuscript review prior to submission)	
Authorship Credit	
Acknowledgment	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print name of contributor: \_\_\_\_\_

<i>Contribution</i>	<i>Check all that apply</i>
Concept / idea / research design	
Data collection	
Data Analysis	
Writing	
Fund procurement	
Provided subjects	
Provided facilities / equipment	
IRB staff	
Clerical / support staff	
Consultation (manuscript review prior to submission)	
Authorship Credit	
Acknowledgment	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print name of contributor: \_\_\_\_\_

<i>Contribution</i>	<i>Check all that apply</i>
Concept / idea / research design	
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IRB staff	
Clerical / support staff	
Consultation (manuscript review prior to submission)	
Authorship Credit	
Acknowledgment	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print name of contributor: \_\_\_\_\_

<i>Contribution</i>	<i>Check all that apply</i>
Concept / idea / research design	
Data collection	
Data Analysis	
Writing	
Fund procurement	
Provided subjects	
Provided facilities / equipment	
IRB staff	
Clerical / support staff	
Consultation (manuscript review prior to submission)	
Authorship Credit	
Acknowledgment	

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Manuscript Submission - Copyright Transfer Agreement**  
**Section 2: Statements of Acknowledgment**

**Manuscript Title:** \_\_\_\_\_

**Corresponding Author:** \_\_\_\_\_

Please select (circle) the appropriate answer to each question listed below.

**Statement of Previous Publication / Redundant Publication**

This manuscript has not been published previously nor concurrently submitted for publication in any other forum other than a meeting abstract.

Yes                      No

**Statement of Acknowledgment of Access to Scientific Data**

I agree to abide by the *Clinical Medicine & Research* Policy on Access to Scientific Data.

Yes                      No

**Request for Double-Blind Peer Review**

*The corresponding author is responsible for the preparation of the manuscript for double-blind peer review. Please read the Peer Review Process section of our Instructions for Authors for more information on preparing your manuscript for double-blind peer review.*

This manuscript has been prepared for **double-blind** peer review.

Yes                      No

**Potential Reviewers**

The corresponding author may *suggest* up to four potential reviewers who have not been co-authors or collaborators within the last three years. The corresponding author may also *suggest* names of individuals who the author would prefer not be considered as potential reviewers, due to known conflicts of interest or a competitive business relationships. On a separate sheet, list the name, institution, department, email address and fax number (if known) for each.

Note: Final determination of reviewers is at the discretion of the *Clinical Medicine & Research* editorial board and editorial staff.

**Randomized Control Trials (RCTs)**

RCTs have been identified. The completed *CONSORT Checklist* is submitted with the manuscript.

Yes                      No                      N/A

**Permission**

Permission has been granted and is enclosed for *Clinical Medicine & Research* to reproduce in print and electronic formats the previously published material of this manuscript.

Yes                      No                      N/A

**Ethics and Institutional Review Board (IRB) Approval or Exemption**

Institutional review board approval or exemption has been secured.

Yes                      No                      N/A                      SP#                      Date

Institutional review board approval or exemption has been documented in the text.

Yes                      No                      N/A



## MANUSCRIPT PREPARATION

### MANUSCRIPT FILES

Electronic manuscript files may be submitted to *Clinical Medicine & Research* by email to clinmedres@mcrf.mfldclin.edu. The manuscript text file must be created with Microsoft Word. Figures must be created as high resolution TIF or EPS files (see Figures for specifications). The submission requirements listed below must be followed exactly or the manuscript submission may be rejected:

1. Save text, tables, and figure legends as one file
2. Save each figure as a separate high resolution TIF or EPS file
3. Save the cover letter as one file
4. Label each file with:
  - a. Last name of corresponding author
  - b. Abbreviated manuscript title (eg, "Mechanisms of cellular injury" could be abbreviated as "MechCellInjury")
  - c. Manuscript part (ie, text, figure)
  - d. Separate naming section with underscores

Label examples:                      Johnson\_MechCellInjury\_Text.doc  
   Johnson\_MechCellInjury\_Fig1.tif

### FORMAT

1. Double space manuscript
2. Submit 1 original copy of manuscript, tables and figure legends
3. Submit 1 original copy of all figures (see Figures section for additional requirements)
4. Margins: 1 inch top and bottom, 1 inch left and right
5. Number pages consecutively, in the lower right corner, beginning with the title page
6. For double-blind peer review requests, a second copy of the manuscript should be submitted in which any identifying information in the text has been de-identified prior to submission.
7. Follow guidelines in the Word Count and Structure table

### COVER LETTER

All manuscripts must be accompanied by a cover letter.

The cover letter will specify:

1. The title of the manuscript
2. The manuscript category
3. How the manuscript complements the scope and objectives of *Clinical Medicine & Research*
4. **Key points or objectives (limit of five)** the author would like the reader to obtain from the manuscript

### TITLE PAGE

The title page will be treated as a new section and start at the top of the page. Include the following:

1. Title of article (**80 character limit**, including spaces)
2. Author Information. For each author, include:
  - a. Full name (first, middle initial, surname)
  - b. Highest educational degree(s)
  - c. Department and institution to which the work should be attributed
3. Name and address of the author responsible for correspondence
4. Sources of support in the form of grants, equipment, drugs and all sources of financial support
5. A short running footer of no more than **50 characters and spaces**
6. Keywords or phrases (**minimum of 3, maximum of 6 MeSH terms**)
7. Total number of tables and the total number of figures presented in the manuscript
8. "Word count" of the text, excluding abstract, tables, figures, legends and references
9. "Word count" of the Abstract, excluding headings
10. For double-blind peer review requests, include a second title page that provides all information that does not identify author(s) or institution(s) and indicate, "Prepared for Blinded Peer Review".

### ETHICS

IRB approval, patient consent forms and the *CONSORT Checklist* must accompany all manuscripts that involve human subjects, animal subjects, or are randomized controlled trials.

### ABSTRACT

The Abstract will be treated as a new section and start at the top of the page (See Word Count and Structure table for additional requirements).

#### **Structured Abstract Headings**

##### **1) Clinical Research, Meta-Analysis**

Divide the Abstract into the following headings: **Objective, Design, Setting, Participants, Methods, Results, Conclusion.**

Generic drug names will be listed in the Methods section (if brand name must be used, list in parentheses). The International Nonproprietary Name (INN) will also be included.

##### **2) Laboratory Research**

Divide the Abstract into the headings as listed above under Clinical Research, Meta-Analysis (do not include Setting and Participants). Generic drug names will be listed in the Methods section (if brand name must be used list in parentheses). The International Nonproprietary Name (INN) will also be included.

## TEXT

Text will be treated as a new section and start at the top of the page.

### **Text Headings**

Divide the text into the following headings: **Introduction, Methods, Results, Discussion, Conclusion.**

Generic drug names will be listed in the Methods section (if brand name must be used, list in parentheses). The International Nonproprietary Name (INN) will also be included.

## ACKNOWLEDGMENTS

Acknowledgments will be treated as a new section and start at the top of the page. Contributions of technical help and those that do not justify authorship should be listed here.

## REFERENCES

References will be treated as a new section and start at the top of the page. Accuracy of citations is the author's responsibility.

1. Double spaced
2. **DO NOT** use Endnote software, footnotes or automatic numbering functions to create the reference list
3. Cite reference number in the text sequentially (including references in tables), in superscript, following punctuation without a space. **DO NOT** enclose reference number in brackets.
4. List numerically in the References section, at the end of the manuscript, in order of appearance in the text. **DO NOT** list references alphabetically
5. Do not create multiple references under one number
6. Personal communications and unpublished results should be cited parenthetically in the text only, not included in the References section
7. Manuscripts submitted or in preparation and Internet/Web sites should be cited in the References section. Include date Web site was accessed.
8. Abbreviate Journal names according to *Index Medicus* (MEDLINE) style
9. List all authors, **DO NOT** use et al.
10. See the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* for additional examples of correct referencing, <http://www.icmje.org/>

**Journal article, one author:** Melba JM. Heart transplantation. *Ann Intern Med* 1996;124:980-983.

**Journal article, multiple authors:** Onitilo AA, Engel JM, Demos JM, Mukesh B. Prognostic significance of 18 F-fluorodeoxyglucose - positron emission tomography after treatment in patients with limited stage small cell lung cancer. *Clin Med Res* 2008;6:72-77.

**Book:** Evans LK, Rollins S. Hematology and blood diseases. 2nd ed. Albany, NY: Delmar Publishers; 1996.

**Chapter in a book:** Boyd KM, Jones MA. Chronic back pain. In: Malcom KM, Tomkin JR, eds. Opioids: Chronic pain and substance abuse. 2nd ed. New York, NY: Scholarly Press;1995. 465-478.

**Web sites:** Smallpox Safety Summary, DoD Smallpox Vaccination Program. Military Vaccines Web site. Available at: <http://www.smallpox.army.mil/media/pages/SPSafetySum.asp>. Accessed March 11, 2003.

## TABLES

The data presented in a table should not be repeated in the text. The table will summarize the data in an understandable format and should be able to stand alone. Data obtained from published and unpublished sources will be accompanied by permission to reproduce at the time of manuscript submission, and be given the proper acknowledgement.

1. Refer to each table in the text consecutively using Arabic numbers
2. Begin each table on a separate page following the References
3. Each table will include a title and be typed in Helvetica (preferred) or Arial, font size: 9 point
4. Articles should contain no more than 5 tables. Exceptions may be made on a case by case basis.
5. Do not submit tables as photographs

## FIGURES

Each figure will be treated as a new section and start at the top of a new page. Information conveyed by a figure or illustration should not be repeated in the text. Data obtained from published and unpublished sources must be accompanied by permission to reproduce at the time of manuscript submission, and be given the proper acknowledgement in the text.

1. Refer to each figure in the text consecutively
2. Explanatory markings should be included, if necessary
3. Name each figure file using the naming convention in section Manuscript Files
4. Three dimensional graphs or charts are not accepted
5. Radiographs should be submitted in high-contrast, right reading
6. Photographs where the subject is identifiable must be submitted with a completed patient consent form
7. The use of color figures is allowed where it improves clarity; however, the author is responsible for any printing surcharge (contact the Editorial Office for current pricing).
8. All figures submitted must be:
  - a. Created in high resolution TIF or EPS format (see requirements for DPI below)
  - b. No more than 5 inches wide
  - c. Original art should be created in Adobe Photoshop or Adobe Illustrator
  - d. Color images must be CMYK, 300 DPI, minimum
  - e. Gray scale (black and white) images must be 600 DPI, minimum
  - f. Line art (black and white, or color) must be 1200 DPI, minimum
9. Figure legends will follow tables. Save figure legends in the same file with the text and tables.

## MANUSCRIPT PREPARATION WORD COUNT AND STRUCTURE

<b>Abstract</b>	<b>Word Count and Structure</b>
Clinical Research, Meta-analysis	Brief, non-evaluative, <b>structured (350 words)</b> <b>Objective</b> <b>Design</b> <b>Setting</b> <b>Participants</b> <b>Methods</b> <b>Results</b> <b>Conclusion</b>
Laboratory Research	Brief, non-evaluative, <b>structured (350 words)</b> <b>Objective</b> <b>Design</b> <b>Methods</b> <b>Results</b> <b>Conclusions</b>
Systematic Reviews	Brief, non-evaluative, <b>unstructured (350 words)</b>
Case Reports	Brief, non-evaluative, <b>unstructured (200 words)</b>
Clinical Overview	Brief, non-evaluative, <b>unstructured (350 words)</b>
<b>Text</b>	<b>Word Count</b> (not including abstract, figure legends, tables and references)
Reports of Empirical Studies / Original Research / Meta-analysis	<b>5,500 words</b>
Systematic Reviews	<b>5,500 words</b>
Case Reports	<b>2,500 words</b>
Clinical Trials & Randomized Controlled Trials (RCT)	<b>2,500 words</b>
Clinical Overview	<b>5,500 words</b>
Perspectives / Guest Editorials	<b>2,500 words</b>
The Aperture / The Stage	<b>500 words</b>
The History of Medicine	<b>2,500 words</b>
Resources in Review	<b>1,000 words</b>
Professional Correspondence to the Editor / Letters to the Editor	<b>1,000 words</b> and may include references, tables and figures, when appropriate
<b>Title Page</b>	<b>Word Count / Other</b>
Title of article	<b>80 character limit</b> including spaces
Running footer	<b>50 characters and spaces</b>
Keywords or phrases	<b>Minimum of 3, maximum of 6 MeSH terms</b>
Tables and figures	List the total number of tables and the total number of figures included in the manuscript
Word Count, Text	“Word count” of the text, excluding abstract, table and figure legends, and references
Word Count, Abstract	“Word count” of the Abstract excluding headings

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# Call for Papers

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*Clinical Medicine & Research* invites authors to submit manuscripts for the following categories:

## **CLINICAL TRIALS AND RANDOMIZED CONTROLLED TRIALS**

*Clinical Medicine & Research* publishes reports of clinical trials and randomized controlled trials (RCT). Abstracts are structured according to the *CONSORT Checklist*, <http://www.ama-assn.org/>.

## **REPORTS OF ORIGINAL RESEARCH (CLINICAL RESEARCH, META-ANALYSES, LABORATORY RESEARCH)**

Manuscripts of original research and meta-analyses are to be well organized, concise and appeal to an audience of researchers and healthcare professionals.

## **SYSTEMATIC REVIEWS**

Manuscripts of systematic review will have a well-focused question, be explicit, reproducible and efficient. Manuscripts will be selected on the basis of the review benefiting medical practice and furthering research.

## **CASE REPORTS**

Case reports will have educational value, represent a paradigm shift, and appeal to a multi-specialty audience.

## **CLINICAL OVERVIEW**

In a profession where the only guaranteed constant is “change,” Clinical Overview is presented in order to assist healthcare professionals stay abreast of developments that impact clinical decision-making. Clinical Overview will integrate clinical experience with external clinical evidence obtained from systematic research, clinical findings, etiology, differential diagnosis, prognosis, diagnostic test, therapy and prevention.

## **RESOURCES IN REVIEW**

Tools and methods for accessing information are expanding at an exponential rate. Reviews of books, databases, database search techniques, Web sites, etc., are welcome. Resource reviews will be an evaluation, and contain significant ideas, facts and techniques.

## **PROFESSIONAL CORRESPONDENCE TO THE EDITOR / LETTERS TO THE EDITOR ON PUBLISHED ARTICLES**

Comments from our readers on recently published articles are welcome. Commentaries may include references, tables and figures when appropriate. Unless otherwise indicated, the submission of a Professional Correspondence to the Editor, grants *Clinical Medicine & Research* the permission to publish the letter. Letters of this type will be reviewed and accepted for publication based on accuracy and importance.

## **EDITORIALS**

The Editor-in-Chief of *Clinical Medicine & Research* is responsible for the editorial article. The Editor-in-Chief may, on occasion, invite a guest editorial to be written by a researcher or medical professional with expertise in a field that highlights one of the original articles or a current issue. Editorials may encompass subjects that are informative and have current interest, innovations, opinions or matters particular to publication content and design.

## **PERSPECTIVES**

Similar in style to a guest editorial, perspective articles will come from non-invited authors, and may contain original data in addition to opinions and commentaries. Perspectives may include references, tables and figures when appropriate.

## **THE APERTURE**

An aperture is the opening in the stage of a microscope that allows light to pass through for better viewing of the specimen. “The Aperture” section of *Clinical Medicine & Research* is a forum for images, art and humor that provides the readership with a portal for a new or different view of research and medicine.

## **THE STAGE**

Researchers and health care professionals are invited to share their knowledge and expertise, relate techniques, methods and procedures that celebrate the art of science and medicine. Communicate to other health care professionals the “tips and tricks” that one will not find documented in a textbook or medical journal.

## **THE HISTORY OF MEDICINE**

Researchers and healthcare professionals are invited to share their interest and knowledge of the history of medicine. This section will provide a context for the development of current therapies, treatments and clinical techniques, as well as historical overviews of important individuals in the development of medicine and medical research.

## PEER REVIEW PROCESS

### NOTIFICATION OF MANUSCRIPT RECEIPT

Manuscripts received by *Clinical Medicine & Research* are viewed as confidential documents. The corresponding author will be notified that the manuscript has been received within two weeks of the receipt of the manuscript. Manuscripts are assigned a unique number by the Editorial Office. The Unique Manuscript Reference Number (UMRN) will be listed in the notification.

### PEER REVIEW PROCESS

All submitted manuscripts are entered into the peer review process to determine the originality, validity and relevance of the content and conclusions. To determine the appropriateness of the manuscript for publication in *Clinical Medicine & Research*, a preliminary review will be conducted by the editor-in-chief, associate editors, senior editor, and may also be preliminarily reviewed by a subject matter expert. At the discretion of the editors, manuscripts may be rejected or accepted for publication during the preliminary review. Manuscripts considered appropriate for publication will continue through the peer review process, at which time the senior editor attempts to have all manuscripts reviewed by a minimum of three peer reviewers. In circumstances that result in fewer than three peer reviews, the author will be notified of this in the results of the review correspondence.

The author may suggest names of reviewers (limit of four) on the Manuscript Submission Copyright Transfer Agreement form (MS-CT). The potential reviewers must not have been co-authors or collaborators within the last three years. The author may also suggest names of individuals that they would prefer not be considered as potential reviewers, due to known conflicts of interest or competitive business relationships. Note: Final determination of reviewers is at the discretion of the *Clinical Medicine & Research* editorial board and editorial staff.

The standard peer review *Clinical Medicine & Research* uses is a single-blinded process. Authors will not be provided with the identity of reviewers of their manuscripts unless the reviewer chooses to sign their comments. *Clinical Medicine & Research* does not include reviewer comments with a published manuscript. Authors may request a double-blind peer review for their manuscripts in which the reviewers would not be provided the authors' identity. However, it is the authors' responsibility to properly blind the manuscript. See Manuscript Preparation for additional information on preparing manuscripts for double-blind peer review.

At the completion of the review process, the author will receive a copy of the reviewer comments. The reviewer comments will be accompanied by a cover letter stating the publication status of the manuscript.

### PEER REVIEWER RESPONSIBILITIES AND SUGGESTED GUIDELINES

Potential reviewers will receive a request by email or fax from the senior editor to review a recently submitted manuscript. The request includes the manuscript title page, abstract and review request letter. Upon agreeing to perform a review, a conflict of interest (COI) declaration form will be sent to the reviewer. The COI document provides the peer reviewer with a method to indicate any financial, subject, personal or other conflicts that may generate bias (positive or negative) or that may prevent the review from being completed within the stated timeframe. The reviewer will receive the complete manuscript for review, review sheets and COI document (review packet) within 48 hours of accepting a request to review. Reviewers are required to complete their assessment of the manuscript and return their comments within 2 weeks of receiving the review packet.

Upon receipt of the manuscript, if the reviewer realizes that a bias or conflict of interest does exist, which will inappropriately influence the review, or circumstances prevent the completion of the review by the stated time, the reviewer must immediately contact the senior editor stating the concern or bias. The senior editor, in consultation with the Editor-in-Chief, will determine whether the bias or concern warrants removal of the reviewer from the review panel for the manuscript.

Reviewer recommendations are the primary source in determining the acceptance of a paper. The reviewer should bear in mind that the results of several reviews may be compiled and returned to the author. Each recommendation made may not be employed.

Reviewers are asked to:

1. Provide constructive criticisms to the authors which may aid in improving the manuscript. Please avoid rude, disrespectful and obnoxious commentary.
2. Transfer, and save, all notes created on the manuscript to the electronic review sheets.
3. Reviewers are not expected to correct errors in grammar or style. The editorial staff does appreciate any help the reviewer is able to offer.
4. General and specific comments to the author(s) should be recorded in the Comments to Author(s) section of the review sheets. Additional pages (non-letterhead) may be added for a review summary, if desired.
5. Specific comments concerning the acceptability of the manuscript for publication should be recorded in the Confidential Comments to the Editor section of the review sheets.
6. Destroy manuscript files upon completion of the review.
7. By due date specified, return review sheets by Email: [clinmedres@mcrf.mfldclin.edu](mailto:clinmedres@mcrf.mfldclin.edu) (preferred), Fax: 715-389-3808, or USPS mail: *Clinical Medicine & Research*, Editorial Office: Marshfield Clinic (2R1), 1000 North Oak Avenue, Marshfield, WI 54449.

The *Clinical Medicine & Research* Editorial Board is grateful for the time and expertise that a reviewer will give to the critique of the manuscript. Unless instructed otherwise by the reviewer, to show our gratitude *Clinical Medicine & Research* publishes annually the names of the reviewers and their affiliation.

The peer review process of *Clinical Medicine & Research* is in accordance with the guidelines for peer review as stated by the International Committee of Medical Journal Editors *Uniform Requirements for Manuscripts Submitted to Biomedical Journals, 2001*, <http://www.icmje.org>, and the *Editorial Policy Statements approved by the CSE Board of Directors, 02/18/02*, [http://www.councilscienceeditors.org/services\\_DraftApproved.shtml](http://www.councilscienceeditors.org/services_DraftApproved.shtml).

## **POST REVIEW PROCESS**

Upon completion of the review process, a letter indicating the status of the manuscript and copies of reviewer comments will be sent to the corresponding author. The letter will indicate the publication status of the manuscript is:

### **ACCEPTED**

A letter of acceptance will be sent to the corresponding author. Prior to publication the author will receive the galley proofs for review. The galley proofs must be returned to the senior editor within 48 hours of receipt.

### **REVISIONS REQUIRED**

Based on reviewer comments and recommendations, *Clinical Medicine & Research* will send to the corresponding author a letter indicating revisions are necessary to the manuscript and will include copies of the reviewers' comments. The author will be required to return the revised manuscript within 15 business days. The required return date will be indicated in the letter. At the discretion of the Editorial Board, revised manuscripts may be subjected to additional peer review.

### **INVITATION TO RESUBMIT**

Based on reviewer comments and recommendations, and at the discretion of the Editorial Board, *Clinical Medicine & Research* may invite the author to resubmit a manuscript which requires substantial revisions. Each resubmitted article is considered a new submission and is subject to the same peer review process as all new submissions. The corresponding author will receive a letter indicating the Editorial Board's decision and copies of the reviewers' comments.

### **REJECTED**

Based on reviewer comments and recommendations, a manuscript may be rejected. Manuscripts that are rejected will be destroyed; all submitted text, figures, photographs and slides, as well as the authorship form will be destroyed. No part of the manuscript will be retained. The corresponding author will receive a letter indicating the Editorial Board's publication decision and copies of the reviewers' comments.

# Clinical Medicine & Research

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## INTERESTED IN SUBMITTING AN ARTICLE?

*Clinical Medicine & Research* publishes peer reviewed, original scientific medical research relevant to a broad audience of healthcare professionals and medical researchers.

Articles are published quarterly in the following areas:

MEDICINE  
CLINICAL RESEARCH  
EVIDENCE-BASED MEDICINE  
PREVENTIVE MEDICINE  
CASE REPORTS  
RURAL HEALTH  
EPIDEMIOLOGY  
BASIC SCIENCE  
HISTORY OF MEDICINE  
THE ART OF MEDICINE  
THE NON-CLINICAL ASPECTS OF MEDICINE

Readers are invited to comment on recently published articles.  
Commentaries may include references, tables, and figures when appropriate.  
Complete submission requirements can be found in the Information for Authors document available at [www.clinmedres.org](http://www.clinmedres.org), or by contacting the editorial office:

*Clinical Medicine & Research*  
Editorial Office: Marshfield Clinic  
1000 North Oak Avenue (2R1)  
Marshfield, WI 54449 USA  
Tel: 715-389-3501  
Fax: 715-389-3808  
Email: [clinmedres@mcrf.mfldclin.edu](mailto:clinmedres@mcrf.mfldclin.edu)

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EBSCOhost EJS, CAS, CINAHL Database, Index Copernicus,  
and is digitally archived by PubMed Central and  
PubMed Central International, and is listed in the  
Directory of Open Access Journals.