

Instructions for Authors

1. Pathology

is the official journal of the Royal College of Pathologists of Australia. Original articles will be considered for publication if they relate to the science of pathology in its broadest sense, including anatomical pathology, chemical pathology and biochemistry, cytopathology, experimental pathology, forensic pathology and morbid anatomy, genetics, haematology, immunology and immunopathology, microbiology and molecular pathology. Acceptance of a contribution is conditional upon the work described being original.

In addition to original articles, *Pathology* publishes Reviews, Rapid Communications and Correspondence.

2. Submission of Manuscripts

All submissions should be made online at *Pathology's* Manuscript Central site, <http://mc.manuscriptcentral.com/cpat>, to facilitate rapid accessibility of research to readers. New users must first create an account. Once a user is logged onto the site, submissions should be made via the Author Centre. For assistance with any aspect of the site, please refer to the User Guide which is accessed via the 'Get Help Now' button at the top right of every screen.

3. Preparation of Manuscripts

Manuscripts must be written in English and prepared in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals as published in *New Engl J Med* 1991; 324: 424–8 and reprinted in *Pathology* 1997; 29: 441–7. Authors are also referred to recent copies of the journal and are encouraged to copy **exactly** the published format of papers therein.

Text should be supplied in a format compatible with Microsoft Word for Windows (PC). Charts and tables are considered textual and should also be supplied in a format compatible with Word. All figures (illustrations, graphs and diagrams) should be supplied in jpg format at a minimum resolution of 300 d.p.i.

All manuscripts must be typed in 12pt font and in double space with margins of at least 2.5 cm. Each section must begin on a separate page.

3.1 Original Articles

Original articles may be any length, but must include:

Title page. This should contain the article title and a running head not exceeding 50 characters (including spaces).

Summary page. This should carry (a) a structured summary of not more than 200 words, with the following headings: Aims, Methods, Results, Conclusions and (b) a list of two to ten keywords or short phrases. Terms from the Medical Subjects Headings list from *Index Medicus* should be used where possible.

Text. This should in general, but not necessarily, be divided into sections with the headings: INTRODUCTION, MATERIALS AND METHODS, RESULTS and DISCUSSION. The text must be in the **exact format** of the journal.

Abbreviations: Those defined by conventional use (see *Pathology* 1997; 29: 448–9) can be used without definition. Other abbreviations should be kept to a minimum and if used must be defined the first time they are used.

Drug dosages: Where doses of drugs are given, every care is taken to ensure that these are correct. **The medical practitioner must however check the correct dose in a standard pharmacopoeia before treating patients.**

Statistics: Statistical methods should be described with sufficient detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty. Put general descriptions of methods in the METHODS section. When data are summarised in the RESULTS section, specify the statistical methods used to analyse them. Define statistical terms, abbreviations and most symbols. References for study design and statistical methods should be to standard works when possible rather than to papers in which the designs or methods were originally reported.

Bacterial nomenclature: This should be in accord with the Approved Lists of Bacterial Names published by the American Society for Microbiology in *Int J Syst Bacteriol* 1980; 30: 225–420.

Acknowledgements. These should be brief and appear after the DISCUSSION and before the reference list.

References. Consecutive Arabic numbers must be used in superscript form to indicate references in the text, tables and legends. The full references should be listed sequentially in the order in which they are first mentioned, and presented following the text of the manuscript. Unpublished observations may be quoted but should not be listed.

The format of references must conform to those issues of *Pathology* published subsequent to January 1983. Abbreviations of journals should follow those in the annual List of Journals Indexed in *Index Medicus*. Examples of different types of references are given below. **Note: the first three authors must be given before et al. is used.**

Journal articles

Goodwin CS, Smith BC. Computer printing and filing of microbiology reports. *J Clin Pathol* 1976; 29: 543–52.

Pages from a book

Eisen HN. *Immunology: An Introduction to Molecular and Cellular Principles of the Immune Response*. 5th ed. New York: Harper & Row, 1974; 406–9.

A chapter of a book

Cassidy JT, Petty RE. *Textbook of Pediatric Rheumatology*. 2nd ed. New York: Churchill-Livingstone, 1990; Chapter 3, Basic concepts of drug therapy.

A contribution to a book

Anderson RJ, Schrier RW. Acute renal failure. In: Brunswald E, Kurt J, Petersdorf RG, editors. *Harrison's Principles of Internal Medicine*. 11th ed. New York: McGraw-Hill, 1987; 1149–55.

It is the author's responsibility to check the accuracy of all references before submitting a manuscript.

Figures. All figures and photographs must be submitted in electronic (jpg) format at a minimum resolution of 300 dpi. Photomicrographs should be of the magnification desired by the author and should either singly or collectively fit within the text area of the journal. The stain and magnification must be expressed in the legend.

The journal has a limited number of free colour pages within its annual page allowance. Authors should consult the editorial office with respect to colour reproduction at submission stage. Any figure submitted as a colour original may appear in colour within the journal's online edition.

3.2 Reviews/Timely Topics

Submission of reviews on topical issues is strongly encouraged. If accepted for publication, reviews are published in the next available issue, usually within 5 months of acceptance.

3.3 Rapid Communications

The purpose of the Rapid Communication is timely disclosure of key elements of a study. Submissions should cover sufficient background to put the new information into context and justify urgent publication. Rapid Communications are handled as expeditiously as possible with material being published within 5 months of receipt by the Editor. To facilitate rapid evaluation, it is essential that authors submit written MATERIALS and METHOD information (it can be in draft form) to assist in establishing if the work merits rapid publication.

3.4 Case Reports

Clinical Case Reports are mostly published as correspondence. Case Reports of exceptionally unusual presentation or interest may be published as full articles.

3.5 Correspondence

Correspondence can be cited. It may be refereed by an Editorial Board member or published at the discretion of the Editor. The title must be short and there should be no summary, keywords or subheadings. A brief introduction (a few sentences) should be followed by a succinct report and discussion. There is a maximum of three figures and 12 references; a formal, lengthy literature review is not necessary.

4. Ethics & consent

Detailed 'ETHICAL GUIDELINES TO PUBLICATION OF SCIENTIFIC RESEARCH' are available on the journal website. It is recommended that all authors familiarise themselves with the guidelines prior to article submission.

When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 1983. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. Papers including animal experiments or clinical trials must be conducted with approval by the local animal care or human subject committees, respectively.

For all articles reporting patient information (for example, Case Reports, Correspondence or articles containing case reports) the author must have signed consent from the patient or next-of-kin. This consent must be kept with the author's records and produced in the event of litigation. If patient consent is not received, the manuscript cannot be submitted for publication. Identifying information should not be published in written descriptions, photographs, and pedigrees, unless the information is essential for scientific purposes.

5. Disclosure of potential conflicts of interest

Authors of research articles should disclose at the time of **submission** any financial arrangement they may have with a company whose product is pertinent to the manuscript or with a company making a competing product. Such information will be held in confidence while the paper is under review and will not influence the editorial decision, but if the article is accepted for publication, a disclosure statement will appear in the Journal.

6. Authorship contributions

Contributions must be substantial in order to warrant authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. All other contributors should be listed as acknowledgements. The role of each author in the study must be stated if more than six authors.

7. Reviewers

All articles are peer reviewed; however, correspondence may be reviewed by the Editor or an Editorial Board member only. To expedite matters, authors are asked to submit the names, institutions and email addresses of four possible reviewers. These must be from institutions other than the author's own. The Editor will not be bound to use any of the reviewers suggested.

8. Proofs

The Editor reserves the right to proceed to press without submitting page proofs to the author. However, usual practice will involve corresponding authors receiving e-mail notification with a password and Web address from which to download a PDF. Hard copies of proofs will not be mailed. To avoid delays in publication, corrections to proofs must be returned within 48 hours, by electronic transmittal, fax or mail. Authors will be charged for excessive correction at this stage of production.

If authors do not return page proofs within five days of receipt, the Editor reserves the right to either delay publication to a subsequent issue or to proceed to press without author corrections.

9. Copyright

It is a condition of publication that authors vest or license copyright in their articles, including abstracts, in the Royal College of Pathologists of Australasia (RPCA). This ensures full copyright protection and allows dissemination of the article, and the Journal, to the widest possible readership in print and electronic formats as appropriate. Authors may use the article elsewhere after publication and with prior permission from the RPCA, provided that acknowledgement is given to the Journal as the original source of publication, and that the RPCA is notified so that its records show that the use is properly authorised.

A copyright agreement will be sent to the corresponding author of accepted manuscripts with proofs. This should be signed and returned to Informa Healthcare.

10. Offprints

Corresponding authors can receive 50 free reprints, free online access to their article through our website (www.informaworld.com) and a complimentary copy of the issue containing their article. Complimentary reprints are available through Rightslink® and additional reprints can be ordered through Rightslink® when proofs are received. If you have any queries, please contact our reprints department at customer-care@copyright.com