
Instructions to Authors

The *Journal of the Formosan Medical Association* is the peer-reviewed publication of the Formosan Medical Association, based in Taipei, Taiwan. The *JFMA* invites original contributions relating to all fields of medicine and related disciplines that are of interest to the medical profession.

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Manuscript file requirements

- The complete manuscript should be in one Microsoft Word document (*.doc) file. The manuscript should include the following: title page, abstract, key words, main text, acknowledgments, references, tables and table headings, and figure legends
- Each figure should be submitted as a separate high resolution picture file, in *.EPS or *.TIFF format. Please ensure that files are supplied at the correct resolution of a minimum of 600 dpi

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Disclosure of Conflicts of Interest

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I certify that all my affiliations with or financial involvement in, within the past 5 years and foreseeable future, any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript are completely disclosed (e.g. employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, royalties).

Authors who have no relevant financial interests should provide a statement indicating that they have no financial interests related to the material in the manuscript.

Basic Criteria

Articles should be written in English (using American English spelling) and meet the following basic criteria: the material is original, the information is important, the writing is clear (clinical or laboratory jargon is to be avoided), the study methods are appropriate, the data are valid, and the conclusions are reasonable and supported by the data.

Article Categories

The categories of articles that are published are:

- original articles
- case reports
- clinical notes
- brief communications of work in progress
- letters to the editor
- news and perspectives
- review articles (by invitation only)

Please select the category that best describes your paper. If your paper does not fall into any of the above categories, please contact the Editorial Office.

For residents of Taiwan, at least one author must be a member of the Formosan Medical Association, except for those who have been invited to contribute.

Manuscript Preparation

The format of manuscripts for the *JFMA* must comply with the 5th edition of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (*Ann Intern Med* 1997;126:36–47).

Text, including tables, references and figure legends, should be typed double-spaced on one side of A4 (297 × 210 mm) paper. Pages should be numbered consecutively, beginning with the title page. Arabic numbers should be used.

Manuscripts should be prepared in the simplest form possible. We will add in the correct font, font size, margins and so on according to our house style. You may use automatic page numbering, but please do NOT use other kinds of automatic formatting such as footnotes, endnotes, headers and footers.

While the following instructions are for original articles, they apply generally to other article categories also.

Title Page

The title page is the first page and must contain the following information:

- category of paper
- manuscript title
- short running title not exceeding 50 characters
- the names (spelled out in full) of all the authors and their institutions
- corresponding author details (e-mail address, mailing address, telephone and fax numbers)
- where applicable, authors' Chinese names, affiliations and corresponding address should appear in Chinese characters below the English information

Abstract

The second page should contain a concise abstract of no more than 300 words and up to 5 relevant key words in alphabetical order for the purposes of cross-indexing. Abstracts should be structured, with the section headings:

- Background/Purpose: briefly explain the importance of the study topic and state a precise study question or purpose
- Methods: briefly introduce the methods used to perform the study; include information on the study design, setting, subjects, interventions, outcome measures and analyses as appropriate

- Results: briefly present the significant results, with data and statistical details such as *p* values where appropriate; be sure that information in the abstract matches that in the main text
- Conclusion: state the meaning of your findings, being careful to address the study question directly and to confine your conclusions to aspects covered in the abstract; give equal emphasis to positive and negative findings
- Key Words: these should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (<http://www.nlm.nih.gov/mesh/meshhome.html>)

Abstracts for Case Reports and Brief Communications are unstructured, but should nevertheless include information on the background/purpose of the report, methods, results (or case report), and conclusions. Unstructured abstracts should be no more than 200 words in length.

Main Text

The main text should begin on the third page and, for most original articles, should include the following sections: Introduction, Materials (or Patients or Subjects) and Methods, Results, and Discussion. Subheadings in long papers are acceptable if needed for clarification and ease of reading.

The Introduction should address the subject of the paper. The Materials and Methods section should identify the population, patient samples or animal specimens used, explain the laboratory or study methods followed, and state the statistical procedures employed in the research. The Results section should include pertinent findings and necessary tables and figures. The Discussion should contain conclusions based on the findings of the study, a review of the relevant literature, a discussion of the application of the conclusions and implications for future research or clinical applications.

Following the Discussion, Acknowledgments may be given. Those acknowledged should not include secretarial, clerical or technical staff whose participation was limited to the performance of their normal duties.

Ethical Approval of Studies and Informed Consent

For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (World Medical Association. *Declaration of Helsinki: ethical principles for medical research involving human subjects*. Available at: <http://www.wma.net/e/policy/pdf/17c.pdf>).

For investigations of human subjects, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e. oral or written).

Identification of Patients in Descriptions, Photographs, and Pedigrees

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs, or pedigrees,

and should be submitted with the manuscript. Such persons should be shown the manuscript before its submission. Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data is not acceptable.

Funding/Support and Conflicts of Interest

All financial and material support for the research and the work should be clearly and completely identified in an Acknowledgments in the manuscript. Ensure that any conflicts of interest are explicitly declared.

Abbreviations

Abbreviations should be kept to a minimum. Where a term/definition will be continually referred to, it must be written in full, followed by the subsequent abbreviation in brackets, when it first appears in the abstract and text. Thereafter, the abbreviation may be used.

Drug Names

Use the Recommended International Non-proprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion.

Units

Please use the metric system for the expression of length, height, weight, mass, area and volume. Temperatures are to be given in degrees Celsius. Please use Système International (SI) units for all hematologic and clinical chemistry measurements, with the exception of blood pressure values which are to be reported in mmHg.

Personal Communications and Unpublished Data

A signed statement of permission should be included from each individual identified as a source of information in a personal communication or as a source for unpublished data; the date of communication and whether the communication was written or oral should be specified.

References

In general, the number of references should not exceed 50. Authors are responsible for the accuracy and completeness of their references and for correct text citation.

- Each reference citation within the main body of the text should be a superscript Arabic number
- References must be numbered consecutively in order of appearance in the text, and listed in number order in the reference list: do not alphabetize
- References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in the text
- Abstracts should not be cited unless the abstract is the only available reference to an important concept
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- Abbreviations for journal titles should conform to those used in *Index Medicus*
- References should include the authors' last names and initials (up to three authors, if more than three, then list only three authors followed by "et al"), complete title of the article,

journal name, year, volume number, and first and last page numbers

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- If you must cite information from a website, please provide the author information, article title, the website address and the date you accessed the information
- Direct quotations must be exact
- If the reference is in a language which does not use the Roman alphabet, it should be translated into English, and the language of the original should appear in parentheses following the citation of the reference; if previously translated, the translated article may be cited

Examples are given below.

Journal articles:

1. Su DH, Chang YC, Chang CC. Post-traumatic anterior and posterior pituitary dysfunction. *J Formos Med Assoc* 2005;104:463–7.
2. Su WP, Yang CH, Yu CJ, et al. Gefitinib treatment for non-small cell lung cancer—a study including patients with poor performance status. *J Formos Med Assoc* 2005;104:557–62.
3. Kaplan NM. Coronary heart disease risk factors and antihypertensive drug selection. *J Cardiovasc Pharmacol* 1982;4(Suppl 2): S187–9.
4. World Health Organization. Immunoglobulin E: a new class of human immunoglobulin. *Bull WHO* 1968;38:151–2.
5. Anonymous. Neurovirulence of enterovirus 70. *Lancet* 1982;1:373–4. [Editorial]
6. Shime N, Ono A, Chihara E, et al. Current status of pulmonary aspiration associated with general anesthesia: a nationwide survey in Japan. *Masui* 2005;54:1177–85. [In Japanese]

Books:

1. Plum F, Posner JB. *The Diagnosis of Stupor and Coma*, 3rd edition. Philadelphia: FA Davis, 1980:123–33.
2. Levinsky NG. Fluid and electrolytes. In: Thorn GW, Adams RD, Braunwald E, et al, eds. *Harrison's Principles of Internal Medicine*, 8th edition. New York: McGraw-Hill, 1977:364–75.
3. Kurland LT. The epidemiologic characteristics of multiple sclerosis. In: Vinken PJ, Bruyn GW, eds. *Handbook of Clinical Neurology, Vol 9: Multiple Sclerosis and Other Demyelinating Diseases*. Amsterdam: North-Holland Publishing, 1970:63–84.

Proceedings and other publications:

1. Adams JH. Central pontine myelinolysis. In: *Proceedings of the 4th International Congress of Neuropathology, 1961, Munich, Vol 3*. Stuttgart: Thieme, 1962:303–8.
2. Hung TP, Chiang TR. Multiple sclerosis in Taiwan: clinical, electrophysiological and epidemiological studies. In: *6th Asian and Oceanian Congress of Neurology, 1983, Taipei. Asia Pacific Congress Series No 22*. Hong Kong: Excerpta Medica, 1983:28. [Abstract]
3. Allen N, Burkholder JD, Molinari GF, et al. Clinical criteria of brain death. In: *The NINCDS Collaborative Study of Brain Death*.

Bethesda: National Institutes of Health, 1980:77–147. NIH publication 81-2286.

4. Cairns RB. *Infrared Spectroscopic Studies of Solid Oxygen*. Berkeley, California: University of California, 1965:156. [Dissertation]
5. Eastman Kodak Company. *Eastman Organic Chemicals*. Rochester, NY: Eastman Kodak Company, 1977:187. Catalog No 49.
6. Department of Health, Executive Yuan, Taiwan, R.O.C. *Incidence of Head Lice (Pediculus capitis) Among School Children in Taiwan Province, 1990*. Taipei: Department of Health, Executive Yuan, Taiwan, R.O.C.

Tables

Tables should be labeled in Arabic numerals and titled concisely. Number all tables in the order of their citation in the text. Tables should be typed double-spaced in as simple a form as possible. Abbreviations used in the table and not defined in the text should be defined in footnotes using these symbols (in order of appearance): *, †, ‡, §, ||, ¶.

Figures

The number of figures should be restricted to the minimum necessary to support the textual material. Figures should be labeled in Arabic numerals in the order of their citation in the text. Figure legends should indicate the anatomic area and/or pathologic condition shown. For photomicrographs, include the type of specimen, original magnification, and stain. All symbols and abbreviations not defined in the text should be defined in the legend.

Each figure should be submitted as a separate high resolution picture file, in *.EPS or *.TIFF format. Please ensure that files are supplied at the correct resolution of a minimum of 600 dpi.

If you are not submitting your manuscript electronically (i.e. not online by Author Gateway™ or by e-mail), then please post four sets of the original figures to the *JFMA* Editorial Office. They will not be returned. The figures should be in the form of unmounted, unretouched glossy prints (about 3 × 5" in size), and marked on the back with the figure number, an arrow to indicate the top of the figure, and the first author's name, using a soft lead pencil or stick-on labels. Patient identification should be obscured. Do not mark directly on the prints. Indicators/arrows and labels may be marked on a photocopy of the original print to indicate subtle but salient points. Include internal scale markers in photomicrographs and electron micrographs. Illustrations should be drawn with black ink on white paper and should preferably be done by a professional illustrator. Arrows and other symbols must be of professional quality and of a size permitting some reduction in the final copy.

Please note that authors will be charged NT\$2500 per color illustration.

Other Article Styles

Case Reports

Case reports should have no more than six authors. The abstract should be no longer than 200 words and should include statements of the problem, clinical manifestations, methods of treatment, and outcome. In the main body of the text, the

"Materials and Methods" and "Results" sections should be replaced by the "Case Report(s)" section, which should include statements of the problem, patient history, diagnosis, treatment, results, and any other information pertinent to the case(s). All other sections should follow the format for original articles. The number of references should not exceed 25. Note that the rejection rate for case reports is higher due to the current situation of a large number of case reports being submitted.

Brief Communications

Brief communications should have no more than six authors and should be concise presentations of clinical or technical notes, or preliminary experimental results. The abstract should be no longer than 150 words. The main body of the text should not exceed 1500 words, with no more than two tables or figures, and no more than three illustrations. The number of references should not exceed 20. The editors reserve the right to decide what constitutes a Brief Communication.

Letters to the Editor

Letters to the editor are welcome in response to articles previously published in the *JFMA*. They should be no more than 250 words long and may include one table or figure and up to four references. The editors reserve the right to edit any letter received.

News and Perspectives

These are comments on recent news or groundbreaking work and should provide a short review of the current state of research and explain the importance of the new findings. News and Perspectives that are focused on papers published in the *Journal of the Formosan Medical Association* should add a different viewpoint to the research and should not merely be a repetitive summary of the original paper. Although many of the News and Perspectives published in the *Journal* are solicited, we welcome proposals from potential authors. As these are meant to express a personal commentary, with rare exceptions, News and Perspectives should have no more than three authors. The text should not exceed 1000 words, with no more than one figure.

Review Articles

Review articles are critical assessments of topical issues in research or clinical practice. Systematic methods for inclusion of all data sources and critical review of those sources should be described in the paper. The maximum length is 4000 words, and the number of references should not exceed 100. By invitation only.

Articles by Invitation

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Editorial and Peer Review

Submitted manuscripts are reviewed initially by the Editorial Board, who will determine which articles will be considered for publication based on their scientific merit, readability and interest. Manuscripts with insufficient priority for publication

are rejected promptly. Note that the rejection rate for case reports is higher due to the current situation of a large number of case reports being submitted. All other manuscripts are sent to two or more expert consultants for peer review. Authors may, at the time of manuscript submission, also submit a list of reviewers who they wish to review or not to review their manuscript. They may also submit a list of editors who they wish to manage or not to manage their manuscript. The board reserves the right to make revisions to the manuscript.

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