
Instructions for Authors

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MANUSCRIPT PREPARATION

Manuscripts should be typewritten with double-spacing throughout, including (in this order) title page, summary, text, acknowledgments, references, tables, and figure legends. Submit original manuscript and 2 photocopies with 2 copies of figures and photomicrographs. Start each section on a new page, and number pages consecutively, beginning with the title page.

Title page should have the full names and affiliations of all authors. List any new author affiliations since completion of the work. Provide a short descriptive title to be used as a running head. Also, provide 3–6 key words for indexing purposes; *diabetes mellitus* should not be used.

A **summary** of the content of the paper of not more than 250 words should be provided. The summary should be self-contained and understandable without reference to the text.

Studies involving experimental animals must state the species, strain, and other pertinent information. When describing surgical procedures, identify the preanesthetic and anesthetic used and state the amount or concentration and the route and frequency of administration. The use of paralytic agents, e.g., curare or succinylcholine, is not an acceptable substitute for anesthetics. When other invasive procedures are described, report the analgesic or tranquilizing drugs used; if none was used, provide justification for such exclusion.

When reporting studies on human subjects or patients, describe their characteristics. If results of an experimental investigation of humans are reported, state formally that consent was obtained from the subjects after the nature of the procedure(s) was explained. When anesthetized humans are studied, indicate that the procedure(s) was in accord with institutional guidelines.

The generic names of drugs should be used. If a special item is obtained, include supplier, city, and state or city and country if foreign. Metric units should be used. Système In-

TABLE 1
Base units of SI

Physical quantity	Base unit	SI symbol
Length	Meter	m
Mass	Kilogram	kg
Time	Second	s
Amount of substance	Mole	mol
Thermodynamic temperature	Kelvin	K
Electric current	Ampere	A
Luminous intensity	Candela	cd

TABLE 2
Representative derived units

Derived unit	Name and symbol	Derivation from base units
Area	Square meter	m ²
Volume	Cubic meter	m ³
Force	Newton (N)	kg · m · s ⁻²
Pressure	Pascal (Pa)	kg · m ⁻¹ · s ⁻² (N/m ²)
Work, energy	Joule (J)	kg · m ² · s ⁻² (N · m)
Mass density	Kilogram per cubic meter	kg/m ³
Frequency	Hertz (Hz)	s ⁻¹

TABLE 3
Critical values in conventional and Système International (SI) units

Test	Low		Possible effect	High		Possible effect
	Conventional	SI		Conventional	SI	
Hematocrit (B)	<15 vol%	<0.15	Heart failure and anoxemia	None	None	
Hemoglobin (B)	<5 g/dl	<50 g/L	Heart failure and anoxemia	None	None	
Platelet count (B)	<30,000 mm ³	<30 × 10 ³ /L	Hemorrhage	None	None	
Platelet count (B) (newborn and pediatrics)	<20,000 mm ³	<20 × 10 ³ /L	Hemorrhage	None	None	
Prothrombin time	None	None		>40 s	>40 s	Hemorrhage
Bilirubin, total (S) (newborn)	None	None		>18 mg/dl	>308 μmol/L	Brain damage
Calcium (S)	<7 mg/dl	<1.74 mmol/L	Tetany and convulsions	>13 mg/dl	>3.24 mmol/L	Coma
Calcium (S) (newborn)	<8 mg/dl	<1.50 mmol/L	Tetany and convulsions	>13 mg/dl	>3.24 mmol/L	Coma
Glucose (S)	<40 mg/dl	<2.2 mmol/L	Brain damage	>700 mg/dl	>38.9 mmol/L	Diabetic coma
Glucose (S) (newborn)	<30 mg/dl	<1.7 mmol/L	Brain damage	>300 mg/dl	>16.7 mmol/L	Diabetic coma
Phosphate (S)	<1 mg/dl	<0.32 mmol/L	Seizures and coma	None	None	
Potassium (S)	<2.5 meq/L	<2.5 mmol/L	Muscle weakness, paralysis, cardiac arrhythmias	>6.5 meq/L	>6.5 mmol/L	Cardiotoxicity with arrhythmias
Potassium (S) (hemolyzed)	<2.5 meq/L	<2.5 mmol/L	Muscle weakness, paralysis, cardiac arrhythmias	>8.0 meq/L	>8.0 mmol/L	Cardiotoxicity with arrhythmias
Potassium (S) (newborn)	<2.5 meq/L	<2.5 mmol/L	Muscle weakness, paralysis, cardiac arrhythmias	>8.0 meq/L	>8.0 mmol/L	Cardiotoxicity with arrhythmias
Salicylate (S)	None	None		>700 μg/ml	>5.07 mmol/L	Continuing untreated toxicity
Sodium (S)	<120 meq/L	<120 mmol/L	Extremes of dehydration, vascular collapse, or edema, hypervolemia, heart failure	>160 meq/L	>160 mmol/L	Extremes of dehydration, vascular collapse, or edema, hypervolemia, heart failure
Carbon dioxide (B, P, S)	<10 meq/L	<10 mmol/L	Complex interwoven patterns of acidosis, alkalosis, and anoxemia	>40 meq/L	>40 mmol/L	Complex interwoven patterns of acidosis, alkalosis, and anoxemia
Pco ₂ (AB)	<20 mmHg	<2.7 kPa	Complex interwoven patterns of acidosis, alkalosis, and anoxemia	>70 mmHg	>9.3 kPa	Complex interwoven patterns of acidosis, alkalosis, and anoxemia
pH (AB)	<7.2 units	<7.2 units	Complex interwoven patterns of acidosis, alkalosis, and anoxemia	>7.6 units	>7.6 units	Complex interwoven patterns of acidosis, alkalosis, and anoxemia
Po ₂ (AB)	<40 mmHg	<5.3 kPa	Complex interwoven patterns of acidosis, alkalosis, and anoxemia	None	None	

A critical laboratory value is a value at such variance with normal as to represent a pathophysiologic state that is life threatening unless some action is taken in a very short time and for which an appropriate action is possible. We believe it is a laboratory responsibility to communicate these values immediately and flawlessly to the responsible clinicians. B, blood; P, plasma; S, serum; AB, arterial blood.

ternational (SI) units will be required of all papers published as of the January issue, 1988 (see tables).

Units of measurement should be abbreviated in accord with the *CBE Style Manual*. Other abbreviations should be defined at first use.

Acknowledgments of assistance and financial support should be stated briefly.

Tables should be typed with double-spacing on separate sheets of 8.5 × 11 paper. Title all tables and number them in order of citation in text.

Figures should be submitted in duplicate as unmounted, untrimmed glossy prints (not exceeding 5 × 7 in length) suitable for reproduction. Place figures within a protective envelope. Author name(s) and figure number should appear on the back of the figure in such a way as to indicate the top of the figure. Figures should be numbered according to their appearance in the text. Include magnification for photomicrographs. Color photographs incur an additional charge, paid by the author.

References should be numbered in order of appearance in text. Identify a reference number in the text by enclosing it in parentheses. Unpublished observations and works submitted for publication cannot be included in the reference section. Type references double-spaced. Include all authors (do not use et al. except in text) and complete article titles.

Abbreviate names of journals as in *Serial Sources for the BIOSIS Data Base*. Indicate abstracts. Spell out names of unlisted journals. Supply inclusive page numbers.

Examples

1. Primhak RA, Whincup G, Tsankas JN, Milner RDQ: Reduced vital capacity in insulin-dependent diabetes. *Diabetes* 36:324–26, 1987
2. Nerup J, Christy M, Patz P, Ryder P, Svejgaard A: Aspects of the genetics of insulin-dependent mellitus. In *Immunology in Diabetes*. Andreani D, DiMario U, Federlin KF, Heding LG, Eds. London, Kimpton, 1984, p. 63–70
3. Seine S, Bell GI: Comparison of the 5'-flanking sequences of chimpanzee, African green monkey, and human insulin genes (Abstract). *Diabetes* 34 (Suppl. 1):20A, 1985
4. Permutt MA, Andreone TA, Chirgwin J, Elbein S, Rotwein P: Insulin gene polymorphism and type II or non-insulin-dependent diabetes mellitus (NIDDM). In *Proc Int Congr Endocrinology, 7th*. Labrie F, Proulx L, Eds. Amsterdam, Excerpta Med., p. 245–48

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