
Instructions for Authors

Diabetes publishes original research about the physiology and pathophysiology of diabetes mellitus. Submitted manuscripts can report any aspect of laboratory, animal, or human research. Emphasis is on investigative reports focusing on areas such as the pathogenesis of diabetes and its complications, normal and pathological pancreatic islet function and intermediary metabolism, pharmacological mechanisms of drug and hormone action, and biochemical and molecular aspects of normal and abnormal biological processes. Studies in the areas of diabetes education or the application of accepted therapeutic and diagnostic approaches to patients with diabetes mellitus are not published.

All contributions, including solicited articles and symposia, are critically reviewed by the editors and invited referees. Reviewers' comments are usually returned to authors. The decision of the editors is final. In their cover letter, authors are welcome to suggest the names of individuals they consider qualified to serve as reviewers.

Send manuscripts to the editor, Philip E. Cryer, MD, DIABETES Editorial Office (Box 8218), Washington University School of Medicine, 660 South Euclid Avenue, St. Louis, MO 63110; (314) 362-7809. Copies of *all* manuscripts cited as "in press" must be included. *Diabetes* does not publish material that has been reported elsewhere. Prior publication specifically includes symposia, proceedings, preliminary communications, books, and invited articles, unless presented in conjunction with the American Diabetes Association annual meeting. Conflicts of interest or support of private interests *must* be clearly explained. The authors must acknowledge in their cover letter that the manuscript is not under consideration for another publication. The cover letter must also provide the complete address and telephone number of the corresponding author.

Diabetes requests submission of articles on computer diskettes.

Authors should submit diskettes with the final version of their manuscripts along with the typed *revised* manuscript. The exception to this is a Rapid Publication: A diskette must accompany the submission. All diskettes must be accompanied by 4 accurate double-spaced paper copies of the manuscript. Diskettes must be labeled with the following information: 1) author's name, 2) article number, 3) software and hardware used.

Diskettes must be produced on IBM, IBM-compatible, or Apple computers. Authors using Apple computers should not use the "Fast Save" option.

The use of data on diskettes will often speed the processing of an author's manuscript. However, the advantages of using diskettes are easily lost if authors do not adhere to standard conventions of style and formatting. Please observe these guidelines:

1. Do not attempt to make your output approximate or match the typeset page. Simply format your manuscript as you normally would.
2. Make sure that any special characters (including Greek

and mathematical characters) are clearly marked on the hard copies of the manuscript. If your word processing program has an extended character set offering special characters, use these.

3. Never type the letter "l" for the numeral "1" and never interchange the letter "O" for the numeral "0."
4. Do not divide words by manually hyphenating at line endings. Let the text wrap. If your word processor has automatic hyphenation turn it off to prepare your electronic manuscript.
5. Do *not* place figure captions and tables within the text. The copyeditor will indicate the placement of this material within the text. Put figure legends after the text of your article. Put tables after figure legends.
6. Prepare references in the style set forth by *Diabetes*. If references are not in the proper style, diskettes may be returned to authors for revision.

Work appearing in *Diabetes* is copyrighted by the American Diabetes Association, Inc. In accord with *The Copyright Revision Act of 1976*, all submissions must be accompanied by this copyright transfer statement signed by all authors: *In consideration of ADA reviewing my (our) submission, the undersigned author(s) transfers, assigns, or otherwise conveys all copyright ownership to ADA in the event the work is published.* All accepted manuscripts become the permanent property of ADA and may not be published elsewhere without written permission from both the author and ADA. Transfer of copyright to ADA implies transfer of rights for printed, electronic, microfilm, and facsimile publication. Permission requests to reprint material from *Diabetes* should be addressed to Permissions Editor, *Diabetes* Editorial Office, 1660 Duke Street, Alexandria, VA 22314, and should accompany a letter of permission from the senior author.

All accepted manuscripts will be edited according to the *CBE Style Manual* (Council of Biology Editors, Inc., Bethesda, MD) and *The Chicago Manual of Style* (The University of Chicago Press, Chicago, IL) by ADA professional publications staff. The authors are responsible for all statements made in their articles or editorials, including any editing changes.

Reprint order forms are included at the time the edited manuscript and page proof are sent to the corresponding author. A price list is included.

A charge of \$25 per journal page is assessed for original articles and rapid publications to help defray publication costs. *Please note that the page charge will rise to \$50 per journal page beginning with the September 1994 issue.* The author who is to assume responsibility for payment should be identified on the manuscript.

MANUSCRIPT PREPARATION

Manuscripts should be typewritten with double-spacing throughout on 8.5 × 11-inch (21.6 × 27.9-cm) nonerasable white bond paper, including (in this order) title page, sum-

mary, text, acknowledgments, references, tables, and figure legends. The original manuscript should be submitted along with 4 photocopies. For artwork, 2 originals and 4 sets of photocopies should be submitted for each figure, but 3 originals should be sent of photomicrographs and gels (see information under **Figures** for further information on artwork). Number all pages consecutively, beginning with the title page, and include all text, references, figure legends, and tables.

Title page. Include title; short running title (limit: 40 characters, including spaces); first name, middle initial, and last name of each author; name of departments and institutions to which the work is affiliated (in English); name, address, telephone number, and fax number of corresponding author; and 3–6 keywords (not *diabetes*) for indexing.

Summary. Summarize the content of the paper in 250 words or fewer. The summary should be self-contained and understandable without reference to the text.

Main 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 anesthesia. 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 was explained. When anesthetized humans are studied, indicate that the procedure was in accord with institutional guidelines. All human investigation *must* be conducted according to the principles expressed in the Declaration of Helsinki.

The designations *insulin-dependent diabetes mellitus* (IDDM or type I) and *non-insulin-dependent diabetes mellitus* (NIDDM or type II) should be used when referring to the two major forms of diabetes mellitus. *Diabetic* should not be used as a noun.

Statistical methods should be identified. Acknowledgments of aid or criticism should be approved by the person whose help is being recognized.

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. **Authors must use Système International (SI) units (see Table 1).**

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

Acknowledgments. Acknowledgments of assistance and financial support should be stated briefly.

Tables. Tables should be typed *double-spaced* on separate sheets of paper. Title all tables and number them in order of citation in text. For footnotes, use the following symbols in this sequence: *, †, ‡, §, ||, ¶, #, **, ††, etc., in order from left to right and from top to bottom in body of table.

Figures. Figures should be professionally drawn and photographed or produced on a laser printer. For laser-printed figures, paper specially made for camera-ready copy

(such as Hammermill Laser-Print Plus) **must** be used (paper having an opacity of 90 or more and a whiteness of 90 or more); glossy prints must be provided if such paper is not available. Each figure should be marked in soft pencil on the back showing the orientation (an arrow pointing up), the first author's name, and the manuscript number. Figures must be unmounted and no larger than 5 × 7 inches. Where possible photographs and gels should be cropped to one or two columns in width.

In most instances figures will be reduced to one column width (about 3 1/4 inches) and should be produced accordingly. Authors should reduce the figures on a photocopier to make sure that all relevant data points can be distinguished and that all labeling is clearly readable. Information on the axes should be succinct, using abbreviations where possible, and the label on the *y*-axis should read vertically, not horizontally. Key information should be placed in any available white space **within** the figure; if space is not available, the information should be placed in the legend. In general, figures with multiple parts should be marked A, B, C, etc., with a description of each panel being placed in the legend rather than on the figure.

Lines in graphs should be bold enough to be easily read after reduction, as should all symbols used in the figure. Data points are best marked with the following symbols, again assuring that they will be readily distinguishable after reduction: ○ ● □ ■ ▲. Bars should be black or white only unless more than two data sets are being presented; further bars should be drawn with clear, bold hatch marks or stripes, **not** shades of gray.

References. Number references in order of appearance in text. Identify a reference number in the text by enclosing it in parentheses. Works submitted for publication cannot be included in the reference section and should be cited as unpublished observations in the text with the initials and last names of all authors. *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*; spell out names of unlisted journals. Indicate abstracts and supplements. Supply inclusive page numbers. Authors are responsible for the accuracy of the references. *Diabetes* and *Diabetes Care* are included in the National Library of Medicine's MEDLARS data base, BRS Colleague data base, *Index Medicus*, and *Current Contents (Basic Science and Clinical Practice)*.

EXAMPLES

1. Primhak RA, Whincup G, Tsankas JN, Milner RDQ: Reduced vital capacity in insulin-dependent diabetes. *Diabetes* 36:324–326, 1987
2. Nerup J, Christy M, Patz P, Ryder P, Svejgaard A: Aspects of the genetics of insulin-dependent diabetes 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., 1985, p. 245–248

RAPID PUBLICATIONS

Observations considered to be of unusual importance and that would lose scientific impact if not published promptly should be submitted as a rapid publication. These reports should describe a completed, concise, and properly con-

trolled investigation. An editorial decision will be made within 10 days after sending the manuscript out for peer review. No written review or explanation will be provided. Rejected papers may be resubmitted as regular manuscripts and reviewed accordingly. Rapid publications may not exceed 10 double-spaced typewritten pages, including figures, tables, and references.

SUBMISSION OF SUPPLEMENTS

A proposal for a supplement must first be submitted to ADA. The proposal must specify:

1. The name of the pharmaceutical firm sponsoring the supplement (not merely the name of the public relations agency handling its publication).
2. If the supplement is based on a symposium, indicate

where and when the symposium was held and how the speakers and papers were selected.

3. Whether authors will be paid, and, if so, how much. If the proposal is approved, the sponsor then must submit a proposal to the Editor of *Diabetes*. Initial approval by ADA does not commit an editor to accept a proposal in whole or part. All manuscripts are subject to the same peer review as other manuscripts in the journal.

PRODUCTION

Correspondence concerning the copyediting and production of accepted manuscripts should be addressed to Production Editor, *Diabetes* Editorial Office, American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314. Tel.: (703) 549-1500. Fax: (703) 683-2890.

TABLE 1—Système International (SI) units for plasma, serum, or blood concentrations

Measurement	Conventional unit	Conversion factor	SI unit	Significant digits	Suggested minimum increments
Acetoacetate	mg/dl	97.95	μmol/L	XXO	10 μmol/L
Acetone	mg/dl	172.2	μmol/L	XXO	10 μmol/L
Adrenocorticotropin	pg/ml	0.2202	pmol/L	XX	1 pmol/L
Aldosterone	ng/dl	27.74	pmol/L	XXO	10 pmol/L
Amino acids					
Alanine	mg/dl	112.2	μmol/L	XXX	5 μmol/L
α-aminobutyric acid	mg/dl	96.97	kmol/L	XXX	5 μmol/L
Arginine	mg/dl	57.40	μmol/L	XXX	5 μmol/L
Asparagine	mg/dl	75.69	μmol/L	XXX	5 μmol/L
Aspartic acid	mg/dl	75.13	μmol/L	XXX	5 μmol/L
Citrulline	mg/dl	57.08	μmol/L	XXX	5 μmol/L
Cysteine	mg/dl	41.61	μmol/L	XXX	5 μmol/L
Glutamic acid	mg/dl	67.97	μmol/L	XXX	5 μmol/L
Glutamine	mg/dl	68.42	μmol/L	XXX	5 μmol/L
Glycine	mg/dl	133.2	μmol/L	XXX	5 μmol/L
Histidine	mg/dl	64.45	μmol/L	XXX	5 μmol/L
Hydroxyproline	mg/dl	76.26	μmol/L	XXX	5 μmol/L
Isoleucine	mg/dl	76.24	μmol/L	XXX	5 μmol/L
Leucine	mg/dl	76.24	μmol/L	XXX	5 μmol/L
Lysine	mg/dl	68.40	μmol/L	XXX	5 μmol/L
Methionine	mg/dl	67.02	μmol/L	XXX	5 μmol/L
Ornithine	mg/dl	75.67	μmol/L	XXX	5 μmol/L
Phenylalanine	mg/dl	60.54	μmol/L	XXX	5 μmol/L
Proline	mg/dl	86.86	μmol/L	XXX	5 μmol/L
Serine	mg/dl	95.16	μmol/L	XXX	5 μmol/L
Taurine	mg/dl	79.91	μmol/L	XXX	5 μmol/L
Threonine	mg/dl	83.95	μmol/L	XXX	5 μmol/L
Tryptophan	mg/dl	48.97	μmol/L	XXX	5 μmol/L
Tyrosine	mg/dl	55.19	μmol/L	XXX	5 μmol/L
Valine	mg/dl	85.36	μmol/L	XXX	5 μmol/L
Amino acid nitrogen	mg/dl	0.7139	mmol/L	X.X	0.1 mmol/L
Amylase	U/L	1.0	U/L	XXO	10 U/L
Androstenedione	μg/L	3.492	nmol/L	XX.X	0.5 nmol/L
Calcitonin	pg/ml	1.0	ng/L	XXO	10 ng/L
Calcium	mg/dl	0.2495	mmol/L	X.XX	0.02 mmol/L
Calcium ion	meq/L	0.500	mmol/L	X.XX	0.01 mmol/L
Carbon dioxide content	meq/L	1.00	nmol/L	XX	1 mmol/L
Cholesterol	mg/dl	0.02586	mmol/L	X.XX	0.05 mmol/L
Citrate (as citric acid)	mg/dl	52.05	μmol/L	XXX	5 μmol/L
Cortisol	μg/dl	27.59	nmol/L	XXO	10 nmol/L
C-peptide	ng/mL	0.331	nmol/L	X.XX	10 nmol/L
Creatinine	mg/dl	88.40	μmol/L	XXO	10 μmol/L
Creatinine clearance	ml/min	0.01667	ml/s	X.XX	0.02 ml/s
cyclic AMP	μg/L	3.038	nmol/L	XXX	1 nmol/L
cyclic GMP	μg/L	2.897	nmol/L	XX.X	0.1 nmol/L
Dehydroepiandrosterone	μg/L	3.467	nmol/L	XX.X	0.2 nmol/L
Dehydroepiandrosterone sulfate	ng/ml	0.002714	μmol/L	XX.X	0.1 μmol/L
11-Deoxycortisol	μg/dl	28.86	nmol/L	XXO	10 nmol/L
Epinephrine	pg/ml	5.458	pmol/L	XXO	10 pmol/L

Continued on next page

TABLE 1—Continued

Measurement	Conventional unit	Conversion factor	SI unit	Significant digits	Suggested minimum increments
Estradiol	pg/ml	3.671	pmol/L	XXX	1 pmol/L
Estrone	pg/ml	3.699	pmol/L	XXX	5 pmol/L
Fatty acids, nonesterified	mg/dl	0.01	g/L	X.XX	0.01 g/L
Follicle-stimulating hormone	mIU/ml	1.00	IU/L	XX	1 IU/L
Fructose	mg/dl	0.05551	mmol/L	X.XX	0.1 mmol/L
Galactose	mg/dl	0.05551	mmol/L	X.XX	0.1 mmol/L
Gases					
PO ₂	mmHg	0.1333	kPa	XX.X	0.1 kPa
PCO ₂	mmHg	0.1333	kPa	X.X	0.1 kPa
Gastrin	pg/ml	1.0	ng/L	XXO	10 ng/L
Gastroinhibitory polypeptide	pg/ml	0.201	pmol/L	XXO	10 pmol/L
Glucagon	pg/ml	1.0	ng/L	XXO	10 ng/L
Glucose	mg/dl	0.05551	mmol/L	XX.X	0.1 mmol/L
Glycerol, free	mg/dl	0.1086	mmol/L	X.XX	0.01 mmol/L
Growth hormone	ng/ml	1.0	μg/L	XX.X	0.5 μg/L
β-Hydroxybutyrate (as β-hydroxybutyric acid)	mg/dl	96.05	μmol/L	XXO	10 μmol/L
17α-Hydroxyprogesterone	μg/L	3.026	nmol/L	XX.X	0.5 nmol/L
Insulin	μU/ml	6.0	pmol/L	XXX	5 pmol/L
Lactate (as lactic acid)	mEq/L	1.0	mmol/L	X.X	0.1 mmol/L
Lipase	U/L	1.0	U/L	XXX	1 U/L
Lipoproteins					
LDL (as cholesterol)	mg/dl	0.02586	mmol/L	X.XX	0.05 mmol/L
HDL (as cholesterol)	mg/dl	0.02586	mmol/L	XXX	0.05 mmol/L
Luteinizing hormone	mIU/ml	1.0	IU/L	X.XX	1 IU/L
Norepinephrine	pg/ml	0.005911	nmol/L	XXX	0.01 nmol/L
Osmolality	mOsm/kg	1.0	mmol/kg	XX	1 mmol/k
Pancreatic polypeptide	pg/ml	0.239	pmol/L		1 pmol/L
Phosphate (as inorganic phosphorus)	mg/dl	0.3229	mmol/L	X.XX	0.05 mmol/L
Phospholipid phosphorus	mg/dl	0.3229	mmol/L	XX	0.05 mmol/L
Progesterone	ng/ml	3.180	nmol/L	XX	2 nmol/L
Prolactin	ng/ml	1.0	μg/L	XX	1 μg/L
Protein, total	g/dl	10.0	g/L	XX	1 g/L
Pyruvate (as pyruvic acid)	mg/dl	113.6	μmol/L	XXX	1 μmol/L
Renin	ng · ml ⁻¹ · h ⁻¹	0.2778	ng · L ⁻¹ · s ⁻¹	X.XX	0.02 ng · L ⁻¹ · s ⁻¹
Serotonin	μg/dl	0.05675	μmol/L	X.XX	0.05 μmol/L
Somatostatin	pg/ml	0.611	pmol/L	XX	1 pmol/L
Testosterone	ng/ml	3.467	nmol/L	XX.X	0.5 nmol/L
Thyroid-stimulating hormone	μU/dl	1.0	mU/L	X.X	0.1 mU/L
Thyroxine	μg/dl	12.87	nmol/L	XXX	1 nmol/L
Triiodothyronine	ng/dl	0.01536	nmol/L	X.X	0.1 nmol/L
Urea nitrogen	mg/dl	0.3570	mmol/L	X.X	0.5 mmol/L
Vasoactive intestinal polypeptide	pg/ml	0.331	pmol/L	X.X	1 pmol/L

From Young DS: *Ann Intern Med* 106:114–29, 1987.