



Author Guidelines

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General guidelines for manuscript length and number of references and illustrations are as follows:

Original Research: up to 20 manuscript pages (5,000 words), 40 references, 10 figures and tables.

Case reports: up to 4 manuscript pages (1,000 words), 3 figures and 15 references, no abstract.

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Editorial/commentary: most of these are solicited. Five pages, 10 references and only a rare figure.

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Note: The instructions that follow address preparation of **INITIAL** manuscript submissions and resubmissions intended for review and possible publication in JMRI. Instructions for preparation and submission of **REVISED**

manuscripts intended for possible publication in JMRI are included in decision notification letters that are sent to authors **AFTER** peer review. Authors preparing **REVISED** manuscripts should refer to the instructions and checklist provided in their decision notification letter.

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Each manuscript component should begin on a new page in this order:

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- Text
- References
- Tables (each on a separate page)
- Figure Legends
- Figures

Number all manuscript pages in the upper right corner, beginning with the abbreviated title page. Do this even though the system also supplies page numbers in the PDF view of the submission after it is uploaded.

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methods that have been published but are not well known; describe new or substantially modified methods. Include numbers of observations. Statistical tests used should be a subsection at the end of your methods section, and you should set the level of your type I and type II errors when appropriate. If one or more of the co-author(s) work for a commercial entity, discuss the manner in which potential conflicts of interest were minimized.

Results: Present the results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables and/or illustrations; summarize only important observations. Be progressively granular. Do not repeat the statistical tests listed in the methods section. Always provide precise p values when you say "significant" or "non-significant". If you conclude the negative-there is no association-provide confidence intervals or a power analysis. Avoid descriptive adjectives.

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References

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1. Geurts JJG, Barkhof F, Castelijns JA, Uitdehaag BMJ, Polman CH, Pouwels PJW. Quantitative ¹H-MRS of healthy human cortex, hippocampus, and thalamus: Metabolite concentrations, quantification precision, and reproducibility. *J Magn Reson Imaging* 2004;20:366-371.

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2. Schwickert HC, Roberts TP, Shames DM, et al. Quantification of liver blood volume: comparison of ultra short TI inversion recovery echo planar imaging (ULSTIR-EPI), with dynamic 3D gradient recalled echo imaging. *Magn Reson Med* 1995;34:845-852.

For online-only articles, or articles "in press", the DOI (Digital Object Identifier) provides a persistent link to the article:

3. Madelin G and Regatte RR. Biomedical applications of sodium MRI in vivo. 2013; in press. doi: 10.1002/jmri.24172

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4. Desnick R, Ioannou YA, Eng CM. □ Galactosidase A deficiency: Fabry disease. In: Scriver CR, Beaudet AL, Sly WS, Valle D, editors. *The metabolic and molecular bases of inherited disease*, 8th edition. New York: McGraw-Hill; 2001. p 3733-3774.

5. Feller W. *An introduction to probability theory and its applications*, 2nd edition. New York: John Wiley and Sons Inc; 1968. 48 p.

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6. Rodenburg JB, Smink J, Salverda P, et al. Slice tracking and navigating provide good image quality without the need for breath holding in lung imaging. In: *Proceedings of the 8th Annual Meeting of ISMRM*, Denver, 2000. (abstract 954).

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~~JMRI Associate Editor, Book Reviews~~

~~Professor and Head, Radiology Department~~

~~University of Arizona~~

~~University Medical Center~~

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~~Tucson, AZ 85724~~

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