



## Author Guidelines

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### **TYPES OF MANUSCRIPTS**

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.

*Reviews:* up to 30 manuscript pages (7,500 words), 100 references, 15 figures and tables.

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

*JMRI/ISMRM Recommendation:* up to 4 manuscript pages (1,000 words) and 10 references, no abstract.

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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.

## **MANUSCRIPT ORGANIZATION**

Original writings will be accepted with the understanding that they are contributed solely to *JMRI*. Please ensure that all pages of the manuscript (including the reference section) are double-spaced and in 12-point type, with at least 2.5 cm margins. Acceptable typefaces include Arial, Times New Roman, and Bookman Old Style.

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

- Full Title Page with acknowledgments (upload as a **SEPARATE** file when submitting manuscript)
- Title/Abstract/Keywords
- 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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Avoid the use of subjective terms like high resolution, fast, high field. State the resolution or field strength at the beginning of your paper then call it "high" later in the paper.

Define each used abbreviations within each section of the manuscript (abstract, body, and figures) or provide an abbreviation key. Avoid abbreviations in the title.

### ***Abstract/Keywords***

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***Keywords:*** Every manuscript must include a list of three to six key words below the abstract. These words will assist indexers who will then classify the paper under specific subject headings for future indexes.

### ***Text***

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***Introduction:*** Set the stage for why you did what you did. Never state "we are the first", "not previously done" etc. The introduction should end with a clearly stated purpose of the study. This should be similar to the purpose stated in your abstract. Do not provide an overview of your methods anywhere in your introduction. Give only strictly pertinent references, and do not review the subject extensively.

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**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

Number references consecutively in the order in which they are first mentioned; place the numbers between parentheses on the line. Only literature that is published or in press (with the name of the publication known) may be numbered and listed; abstracts and letters to the editor may be cited, but they must be less than 3 years old and identified as such. Refer to only in the text, in parentheses, other material (manuscripts submitted, unpublished data, personal communications, and the like) as in the following example: (Smith J, unpublished data). If the owner of the unpublished data or personal communication is not an author of the manuscript under review, a signed statement is required verifying the accuracy of the attributed information and agreement to its publication. Anything which is not common knowledge to the presumed reader must be references. If you state that something is controversial, authors disagree, or the literature is unclear, 2-3 references should be provided for that statement. Most other statements rarely require more than one reference. Always reference the original source, and *JMRI* prefers references of non-review type papers. The abbreviations used for periodicals cited in the references should follow the style of Index Medicus. For journal articles, list surnames and initials of all authors when six or less, such as:

1. Geurts JJG, Barkhof F, Castelijns JA, Uitdehaag BMJ, Polman CH, Pouwels PJW. Quantitative H-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.  $\alpha$ -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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Tables should be numbered in Arabic numerals in the order of their appearance in the text and should have a brief title. All abbreviations used in the table should be explained in a footnote. Each table should be structured with three horizontal lines and no vertical lines or boxes.

## **Figure Legends**

A legend must be supplied for each illustration and should not duplicate text material. All figure legends should appear collectively on one or more pages at the end of the text file, and each legend should also appear below the corresponding figure.

## **Figures**

Figures should be limited to those required to show the essential features described in the paper. Excessive illustrations encroach on the total space available in *JMRI* to the detriment of the publication. Images to be



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Figures should be numbered in the order in which they are mentioned in the text. All figures should be labeled a, b, c, etc. in the upper left corner, but not within the figure frame. Symbols, letters, and numbers must be legible after reduction, with the smallest data points no less than 1.5- to 1.7-mm high. Images need to be cropped and all irrelevant parts removed. Figure parts should be limited to 10.

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Radiation measurements and laboratory values should be given in the International System of Units (SI) (resources: SI Units in Radiation Protection and Measurements, NCRP Report no. 82 [August 1985]; "Now Read This: The SI Units Are Here," JAMA 1986;255:2329--2339). Blood pressure should still be reported in millimeters mercury. Abbreviations should be spelled out when first used in the text, such as "cerebrospinal fluid (CSF)." Magnetic resonance terminology should conform to the Glossary of MR Terms published by the American College of Radiology. Laboratory slang, clinical jargon, and uncommon abbreviations should be avoided. Discussion of previous literature and material presented must be restricted to the significant findings.

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