Instructions for Authors

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Original Article

Original Article papers are those that represent original research in the field of cardiovascular medicine and/or perfusion. These may be either clinical or laboratory studies.

Case Reports

Case reports are clinical that report on several patients or fewer, and describe a unique aspect that may not have been previously reported. These are generally brief in length and should contain the following sections: Overview, Description, Comment, References (limit to less than 15).

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Techniques or application papers are descriptions of developing technologies that may or may not have been applied in a laboratory or clinical setting. These are generally short papers and should contain the following sections: Overview, Description, Discussion, References (limit to less than 25).

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Review articles generally are written as exhaustive summations of the current knowledge in a subject area. These are generally long
papers and contain the following sections: Introduction, Multiple Sections with Subheadings, Summary, References (no limit).

**Book Reviews**

Book reviews are performed on a regular basis of recent publications that are seminal to the field of cardiovascular perfusion.

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**ABSTRACTS**

- The abstract should be no longer than 300 words, and should state concisely the objectives of the paper. Abstracts should contain subheadings as follows: Background, Methods, Results, and Conclusion. Abstracts for Case Reports and Techniques and Applications articles should be shorter (200 words or less). Abstracts must accompany every contribution, except for Letters to the Editor and book reviews.

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- The text should be organized as follows: Introduction, Materials and Methods, Results, Discussion, References.
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- Give all hematologic and clinical chemistry measurements in the International System of Units (SI). Refer to ISI Press Medical Style and Format, Edward J. Huth, ISI Press, 3301 Market St., Philadelphia, PA 19104. In general, measurements of length, height, weight and volume should be reported in metric units (meter, kilogram, liter) or their decimal multiples. Temperatures should be given in degrees Centigrade. Blood pressures should be given in millimeters of mercury.
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**CHAPTER IN BOOK**

**BOOK**

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**Example:**

<p>| Table 1. Coagulation assessment during ECMO for congenital heart disease. |</p>
<table>
<thead>
<tr>
<th>Event</th>
<th>PT (seconds)</th>
<th>aPTT (seconds)</th>
<th>Fibrinogen (mg dl-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-LHB</td>
<td>46.9</td>
<td>96</td>
<td>156</td>
</tr>
<tr>
<td>Day 1</td>
<td>19.2</td>
<td>100</td>
<td>221</td>
</tr>
<tr>
<td>Day 2</td>
<td>15.4</td>
<td>100</td>
<td>221</td>
</tr>
<tr>
<td>Day 3</td>
<td>16.0</td>
<td>56</td>
<td>112</td>
</tr>
<tr>
<td>Day 4</td>
<td>15.9</td>
<td>89</td>
<td>194</td>
</tr>
<tr>
<td>Preoperative</td>
<td>15.2</td>
<td>44</td>
<td>189</td>
</tr>
<tr>
<td>Postoperative</td>
<td>19</td>
<td>52</td>
<td>132</td>
</tr>
</tbody>
</table>

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**Example:**

**Legends**

Table 1. Coagulation assessment during the first 10 days of life. AT III: Antithrombin III; FSP: Fibrin Split Products; Hct.: Hematocrit.

Table 2. Thromboelastographic assessment during AT-III concentrate infusion. K Time: Kinetic time denoting rate of clot growth; R Time: Reaction Time for initial clot development; Max. Amp.: Maximum Amplitude.

Figure 1. Pre-AT-III concentrate infusion profile with an AT-III activity.

Figure 2. Platelet count and fibrinogen concentration during neonatal ECMO.

**HUMAN INVESTIGATION**

- Include the date of Institutional Review Board or human research committee approval, or the ethical guidelines that were followed by the investigators in the Materials and Methods section of the manuscript.

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