

## Instructions for Authors

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Authors wishing to remove a submitted manuscript from consideration after it has been submitted must do so by submitting a written request to the Journal Editor. In the event of a withdrawal, the manuscript will be destroyed to ensure confidentiality for the authors.

### TYPES OF PAPERS

#### 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 describe a unique aspect of a clinical case or series of cases that have not been previously reported. These are generally brief in length and should contain the

following sections: Overview, Description, Comment, References (limit to less than 10).

### Techniques and Applications

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 10).

### Review Articles

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 and/or cardiovascular surgery.

### LANGUAGE SERVICES

Text in the manuscript should be standard American English. Authors whose primary language is not English should consider having the manuscript reviewed by someone fluent in English and English grammar. Such a review will greatly improve the processing and acceptance of your manuscript by conforming to correct scientific English and eliminating possible grammatical or spelling errors. *JECT* does not provide grammatical editing services and will return manuscripts that do not meet the minimum language requirements for additional editing prior to acceptance into the manuscript review process.

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### CHECKLIST FOR AUTHORS

The following checklist is provided for the author's convenience. Please use this list to ensure that the manuscript is complete when submitted. Incomplete manuscripts will not be processed and will be sent back to the author with a letter indicating the missing checklist items.

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2. All authors must disclose any commercial association that might pose a conflict of interest. The disclosure is achieved by signing and submitting the conflict of interest form with the manuscript. Only authors with a conflict of interest are required to sign the conflict of interest form. If there are no conflicts of interests, indicate NONE on the form.
3. Manuscript must be in Microsoft Word format.
4. The manuscript must be double-spaced (including the title page, abstract, text, references, tables and legends). Do not right justify the manuscript. This also applies to correspondence. The manuscript must not contain any author information.
5. Number the pages in footer (right justify) consecutively, beginning with the title page as page 1 and ending with the legend page.
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  - a. If you choose to print your figures, images, or tables in color you will be charged per image (\$50.00 per color figure).
7. Arrange the manuscript as follows:
  - a. **Two** Title pages:
    - i. With authors names
    - ii. Without authors names
  - b. Abstract
  - c. Text
  - d. References
  - e. Tables
  - f. Figures
  - g. Legends
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### TITLE PAGE

1. Give the paper as short a title as possible.
2. Provide **two** title pages
  - a. With author information: Include only the names of the authors directly affiliated with the work. Include

the highest academic credential of each author. Include the name and location of facility where the work was completed.

b. Without author information or affiliation. Since reviews are blinded, there cannot be any author information on this title page.

3. Keywords:

- a. Include a list of four or five appropriate key words.
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4. If the paper was presented at a meeting, provide the name, location, and dates of the meeting.

### 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.

### TEXT

1. The text should be organized as follows: Introduction, Materials and Methods, Results, Discussion, References.
2. Cite all references, figures, and tables in numerical order in the text. Citations should be on the line (non-superscript) and enclosed in parentheses. For example: The cited reference is at the end of the sentence (1).
3. Spell out on first mention of each term, even if they are commonly used, and put the abbreviation in parentheses after the first usage. Use the abbreviation for subsequent mentions. Example: Thromboelastograph (TEG).
4. 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 (i.e. meter, kilogram, liter) or their decimal multiples. Temperatures should be given in degrees Centigrade (°C). Blood pressures should be given in millimeters of mercury (mmHg).
5. Identify all equipment and related materials by providing model number and device manufacturer, and include city, state and country of the company. Example: Hemochron Response (International Technidyne, Nevsky, NJ, USA). Cite all materials on the line immediately following first listing.
6. Type acknowledgments, including complete grant or subsidy information, at the end of the text before the references.
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quotations and illustrations that originally appeared elsewhere. Similarly, written permission is required for the use of patients identifiable in photographs. It is not sufficient to cover the eyes of patients to mask identity. Papers will be returned to authors unless copies of necessary permission letters are included with the manuscript.

8. Statistical analysis should be included at the end of the Materials and Methods section. A description of the statistical tests should be included in paragraph form, clearly stating the types of tests performed. Data should be presented as Mean  $\pm$  standard deviation and statistical significance accepted at a value equal to, or less than, 0.05. It is strongly recommended that a statistician review the methodology and be included as an author on the manuscript. If not, the statistician should be acknowledged at the end of the manuscript.

### REFERENCES

1. The Index Medicus format is used for references.(see examples below)
2. Identify references in the text using Arabic numerals in parentheses on the line.
3. Do not cite personal communications, manuscripts in preparation, and other unpublished data in the reference list. Such information may be mentioned in the text in parentheses.
4. Type references double-spaced beginning on a separate sheet. Continue numbering pagination with body of manuscript. Number the references consecutively in the order in which they are mentioned in the text.
5. Journal references should provide inclusive page numbers; book references should cite specific page numbers.
6. Double-check references for accuracy, completeness, and duplication. It is the author's responsibility to provide accurate and complete references.
7. Abbreviations of journals should conform to those used in Index Medicus. The style and punctuation of the references should follow the formats outlined below:

### JOURNAL ARTICLE

1. Diehl JT, Eichorn EJ, Konstam MA, et al. Efficacy of retrograde coronary sinus cardioplegia in patients undergoing myocardial revascularization: A prospective randomized trial. *Ann Thorac Surg.* 2000;45: 595–602. (List all authors if 6 or fewer; otherwise, list first 3 and add “et al”).

### IN PRESS REFERENCES

1. Stevens RE, Millman RG, Johnson, AJ. Increase in interleukin-8 levels during hypothermic repair for giant cerebral aneurysms. *J Extra Corpor Technol.* (in press). Do not cite unless a publisher has formerly accepted the manuscript.

**CHAPTER IN BOOK**

1. Smith P L. The neurological sequelae of cardiopulmonary bypass. In: Kay P, ed. Techniques in Extracorporeal Circulation. Oxford: Bitterworth-Heinemann; 1993:183–93.

**BOOK**

1. Guyton A, Rees TAL, Mahy BWJ. A Dictionary of Virology. Oxford: Blackwell; 1981:230.

**FIGURES AND TABLES**

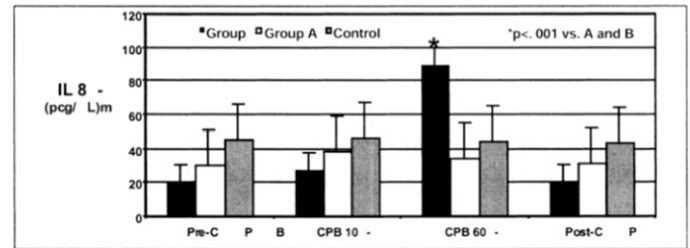
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4. Using black and white for all fill quantities of bar graphs enhances publication quality. Do not use gray shading for filling figure boxes. Multiple shades of gray do not reproduce well and should be avoided. All charts (bar graphs and pie charts) should be in two dimensional perspective. (See Example: Table 1)
5. The use of color in figures represents a significant increase in publication costs. If color figures are included, a \$50.00 charge per color figure will be assessed to the primary author if the manuscript is accepted for publication.
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7. Tables should be typed double-spaced on separate sheets, each with a number (Arabic) and title above table. One table per sheet. (see Example below)
8. Explanatory notes and legends are to be included as a list on a Legends page (see below) immediately following the last table or figure. Provide a key to each figure or table identifying all abbreviations in alphabetical order. The key should be placed below any explanatory notes.
9. Authors must include written permission from the publisher to reproduce any previously published (print or digital media) figure(s), table(s), or legends.
10. Figures and tables may be reduced in size by the publisher to suit space requirements.

**Example:**

**Table 1.** Coagulation assessment during ECMO for congenital heart disease.

Event	PT (seconds)	aPTT (seconds)	Fibrinogen (mg dL-1)
Pre-LHB	46.9	96	156
Day 1	19.2	100	221
Day 2	15.4	100	221
Day 3	16.0	56	112
Day 4	15.9	89	194
Preoperative	15.2	44	189
Postoperative	19	52	132

**Example:**



**LEGENDS**

Legends are the descriptions of figures, tables or other graphics. These should not be placed on the submitted figures, but should be typed double-spaced, and included on a separate sheet. Numbers should be Arabic and correspond to the order in which the illustrations occur in the text. Identify (in alphabetic order) all abbreviations appearing in the illustrations at the end of each legend. Example: CP - Centrifugal Pump; PP - Pneumatic Pump; RP - Roller Pump. 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; Mas. Amp.: Maximum Amplitude.

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

Figure 2. Platelet count and fibrinogen concentration during neo-natal ECMO.

FIB: Fibrinogen concentration; PLT Ct.: Platelet Count.

**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.

**HUMANE ANIMAL CARE**

The Materials and Methods section of the manuscript must contain a statement assuring that all animals used in the study received humane care in compliance with the “Guide for the Care and Use of Laboratory Animals,” published by the National Institutes of Health (NIH Publication No. 85-23, revised 1985).

**MANUSCRIPT PROCESSING**

Once a manuscript is received, it will be assigned a unique number. An email will be sent to the submitting

author stating the receipt of the manuscript, and noting any deficient documentation. All communication concerning the manuscript is confidential between the submitting author and the Managing Editor or Editor. No communication with secondary authors, or outside individuals, will occur without written permission from the submitting author.

## REVIEW PROCESS

Two or more reviewers will be assigned to evaluate all articles. Acceptance for publication is based on the articles significance to the perfusion community and its scientific validity. Editorial revisions may be required for clarity. Authors are encouraged to adhere to these guidelines and to proofread the manuscript to expedite processing.

Papers submitted by authors who do not have English as a first language pose a significant slowing of the review process and a higher rejection rate. Authors are encouraged to have their manuscripts reviewed by colleagues well versed in the English language. Failure to do so may result in excessive delays and possible rejection. Papers not accepted for publication are not returned to the submitting author. However, all original artwork, illustrations, figures and tables will be returned if requested. Once a manuscript is accepted, a final version will be submitted digitally along with one printed copy. It is the author's responsibility to assure that the copy sent to the publisher is the final version.

## VISUAL ABSTRACT FOR ORIGINAL ARTICLES

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The essentials of generating a visual abstract are as follows:

1. Review how other authors have produced visual abstracts. One resource is “#visualabstract” on Twitter located at: <https://twitter.com/search?q=%23visualabstract&src=typd>
2. Create a draft of the visual abstract that includes the study population, methods used and key finding of your study using the visual abstract template available on the JECT Editorial Manager site.
3. Simplicity and clarity are keys to creating a visual abstract. Successful visual abstracts leverage icons to connote meaning, rather than using text. With this in mind, the author(s) should select three icons to relevant to his/her study. There are a number of image/icon banks on the internet, some are free to use, others require payment.
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    - iii. <http://glypho.eu/free-icons>
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