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Address inquiries to:
Managing Editor, JECT
AmSECT Headquarters
330 N. Wabash Ave., Suite 2000
Chicago, IL 60611
Tel: 312-321-5156
Fax: (312) 673-6656
ject@amsect.org

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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 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
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Letter to the Editor abstracts should be short, unstructured single paragraphs, no longer than 150 words, emphasizing key findings in the article, and raising major points; 2) the abstract should not contain abbreviations or references; and 3) the total length of letters to the editor should be between 300 and 1,000 words and can include figures and tables. References (limit to less than 20).

Common Uses for the **Letter to the Editor:**
1. Comment on or re-analyze work previously published in JECT or some other journal.
2. Raising a topic of general interest either to the perfusion community or to the membership of our sponsoring society, AmSECT.
3. Used for brief reports of research findings within our Journal’s scope and those that are of interest to the perfusion community. This third form may be most useful in this COVID era of fast-moving developments, as a way to disseminate limited data. It could also be used to introduce compelling innovative concepts or propose new studies and research directions as well.

**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.

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7. Arrange the manuscript as follows:
   a. Two Title pages:
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      ii. Without authors names
   b. Abstract
   c. Text
   d. References

*J Extra Corp Technol. 2022;54:345-9*
e. Tables
f. Figures
g. Legends
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i. Visual Abstract

8. Note that no author names can appear in the manuscript.

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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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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 (nonsuper- script) and enclosed in parentheses. For example: The cited reference is at the end of the sentence (1).
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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).
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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.
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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**

**BOOK**

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1. Use high quality resolution for all figures and tables. Handwritten lettering is not accepted.
2. One figure per page.
3. Submit all figures as JPG files.
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).
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**Example:**

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

<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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_J Extra Corpor Technol. 2022;54:345-9_
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 ATIII 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).

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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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