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The Journal of Trauma and Acute Care Surgery

American Association for the Surgery of Trauma
Australian and New Zealand Association for the Surgery of Trauma
Eastern Association for the Surgery of Trauma
Trauma Association of Canada/L'Association Canadienne de Traumatologie
Western Trauma Association

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Journal of Trauma and Acute Care Surgery

INSTRUCTIONS FOR AUTHORS

I. ABOUT THE JOURNAL

♦ SCOPE ♦

The *Journal of Trauma and Acute Care Surgery* is a peer-reviewed, multidisciplinary journal directed to an audience of trauma health care providers. The *Journal* welcomes submissions from all sources and all countries that contribute to the scientific knowledge of the management of trauma, emergency surgery, and the care of critically ill patients.

♦ EDITORIAL POLICIES ♦

Ethical & Legal Considerations

A submitted manuscript must be an original contribution not previously published (except as an abstract or a preliminary report); must not be under consideration for publication elsewhere; and, if accepted, must not be published elsewhere in similar form, in any language, without the consent of Lippincott Williams & Wilkins.

Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with the *Journal*, its editors, or the publisher. Authors must submit manuscripts on-line through the *Journal*'s website at *www.editorialmanager.com/jt*. Submission instructions are listed in the ***Manuscript Submission*** section below.

Patient Anonymity and Informed Consent

It is the author's responsibility to ensure that a patient's anonymity is carefully protected, to verify that any experimental investigation with human subjects reported in the manuscript was performed with informed consent, and follows all the guidelines for experimental investigation with human subjects required by the institution(s) with which all the authors are affiliated.

Authors are asked to comply with the U.S. Department of Health and Human Services' HIPAA Privacy Rule, and particularly those provisions concerned with the protection of health information in research (more information can be found at *http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/research/*). Authors should mask patients' eyes and remove patients'

names from figures, unless written consent has been obtained and can be submitted with the manuscript.

Protection of Human Subjects & Animals in Research

For original articles in the *Journal* that report research involving animals, the corresponding author must confirm that all experiments were performed in accordance with relevant guidelines and regulations (i.e. IACUC guidelines and federal regulations). When documenting animals studies, we recommend adhering to the ARRIVE reporting guidelines (PLoS Bio 8(6), e1000412,2010).

All studies of human subjects must contain a statement within the Methods section indicating approval of the study by an institutional review body (i.e. Institutional Review Board), and, if appropriate, a statement confirming that informed consent was obtained from all subjects. If no legally informed consent can be obtained, such as in research carried out with human subjects receiving emergency treatment, authors should indicate that a waiver of regulatory requirements for obtaining and documenting informed consent applies (in accordance with the U.S. HHS federal guidance).

More information regarding the journal's standards on protecting the welfare of human subjects in research can be accessed from the U.S. Department of Health and Human Services Office for Human Research Protections.

Research Integrity

The *Journal of Trauma and Acute Care Surgery* requests that authors take note of and adhere to guidelines established by the U.S. Department of Health and Human Services Office of Research Integrity (*http://ori.dhhs.gov/*).

The *Journal* itself is a member of the Committee on Publication Ethics (COPE) (*http://publicationethics.org/*), and editors will investigate suspected instances of scientific fraud. All submissions are screened for inappropriate image manipulation, plagiarism, duplicate publication and other issues that violate research ethics. Depending on the outcome of these investigations, the *Journal* may decide to publish errata, or, in cases of serious scientific misconduct, ask authors to retract their paper or to impose retraction on them.

Authorship

Each author must have contributed significantly to, and be willing to take public responsibility for, one or more aspects of the study: its design, data acquisition, and analysis and interpretation of data. All authors must have been actively involved in the drafting and critical revision of the manuscript and each must provide final approval of the version to be published. Documentation of each author's role should be detailed in an authorship statement at the end of the manuscript.

Individuals who have contributed to only one facet of the study (including manuscript development) or have contributed only clinical cases should be credited in an acknowledgement footnote. The *Journal* allows, but does not encourage, dual first authorship.

Deceased researchers who meet the above criteria for authorship may be included. Date of death should be noted on the title page; specific contributions should be enumerated in the authorship statement. The author list should not include names of deceased researchers who did not directly participate in a study. Dedications may be included in the acknowledgments.

Changes in Authorship

Some changes in authorship (i.e. order of names, addition of co-authors, re-designation of corresponding author status) are permitted while a paper is under review. Substantive changes (i.e. removal or addition of a co-author) require agreement from all authors listed on the initially submitted manuscript.

Changes to corresponding author status may be made only when agreement from the original corresponding author can be secured by the editorial office. If the corresponding author of a paper in revision is not responsive, and the previous decision was released more than 60 days prior, the editorial office may proceed with re-designation. In such cases, the original corresponding author will be copied on all *Journal* correspondence.

If an author is added or removed while a paper is under revision, the editors will ask for justification from the corresponding author. Co-authors will be individually queried for consent as well. Further review will be suspended until authorship has been resolved.

After acceptance, changes in authorship require written consent from all co-authors. Production and publication of the paper will be suspended until authorship has been agreed. In cases of the post-acceptance removal of an author, after agreement has been documented, the *Journal* will inform the excluded author and proceed with the requested change. Further action will not be taken by the *Journal*; after agreement, authors may pursue the matter directly with co-authors or institutions.

After publication, all authors must consent to the addition of an extra author. If all authors agree, a corrigendum will be published. In cases of disagreement, authors will be advised that the change will not be made until written agreement is provided. Intractable disagreement will prompt the *Journal* to contact author institutions for adjudication. Corrections will only then be granted per institutional request.

Removing an author after publication will also require confirmation from all co-authors. However, if fraud or misconduct is alleged, the *Journal* will investigate. If an author disagrees with the published interpretation of data in their own paper, all authors will be provided with the opportunity to document their concerns, published at the discretion of the editor.

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Authors must state all possible conflicts of interest in the manuscript, including financial, consultant, institutional and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated as none declared. All sources of funding should be acknowledged in the manuscript. All relevant conflicts of interest and sources of funding should be included on the title page of the manuscript with the heading "Conflicts of Interest and Source of Funding." For example:

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The choice to publish a paper open access has no influence on the peer review or acceptance processes. All articles are subject to the *Journal*'s standard peer review process. The open access option entails:

Copyright Transfer Forms

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A copy of the form is made available to the submitting author within the Editorial Manager submission process. Co-authors will automatically receive an Email with instructions on completing the form upon submission.

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II. MANUSCRIPT PREPARATION

Manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

♦ STUDY QUALITY GUIDELINES ♦

The *Journal of Trauma and Acute Care Surgery* respectfully requests that its prospective authors follow international reporting standards when documenting study methods. To find guidelines for a particular study design, please consult the resources below or see the EQUATOR Network's library of reporting guidelines.

Reporting Clinical Trials

The *Journal* follows the WHO definition of a clinical trial:

> "A clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioural treatments, process-of-care changes, preventive care, etc."

The *Journal* supports the position of the International Committee of Medical Journal Editors (ICMJE) on trial registration. All trials initiated after 1 July 2005 must be registered prospectively in a publicly accessible registry (i.e., before patient recruitment has begun), or they will not be considered for publication. **Authors must state the registry in the first paragraph of the Methods section of the manuscript.**

All clinical trials involving investigational drugs supported by a pharmaceutical company or investigational devices supported by a device manufacturer must be registered at the time that a manuscript is submitted for publication. All clinical trials involving investigational drugs or devices supported by a pharmaceutical firm or device manufacturer that began after January 1, 2008 must be registered prior to patient enrollment.

For more information, please see the ICMJE's FAQ on trial registration and the WHO's list of approved registries at *http://www.who.int/ictrp/network/primary/en/index.html* .

Authors of trials must adhere to the CONSORT reporting guidelines appropriate to their trial design. Please check the CONSORT statement website for information on the appropriate guidelines for specific trial types. Before the paper can enter peer review authors must:

1) provide the trial name as it appears in the registry, trial registration number, and IRB number

and

2) provide a copy of the completed CONSORT flow diagram as a supporting file (this diagram will be published alongside the paper, if accepted).

The CONSORT flow diagram must be included as a figure. This CONSORT diagram will be included in the published version of your manuscript and, as such, will count as one of your figures (for more information regarding figure limits, please see ***III. Manuscript Types and Content Limits*** below). Moreover, any deviation from the trial protocol must be explained in the paper. Authors must explicitly discuss informed consent in their paper, and the *Journal*'s editorial office reserves the right to ask for a copy of the patient consent form(s). Information on statistical methods or participants beyond what is indicated in the CONSORT statement should be reported in the **Methods** section.

The *Journal* supports the public disclosure of all clinical trial results, as mandated by the FDA Amendments Act of 2007. Prior disclosure of results on a public web site such as http://clinicaltrials.gov will not affect the decision to proceed to peer review or accept papers at the *Journal of Trauma and Acute Care Surgery.*

Systematic Reviews and Meta-Analyses
Reports of systematic reviews and meta-analyses should use the PRISMA statement as a guide, and include a completed PRISMA checklist and flow diagram to accompany the main text. Blank templates of the checklist and flow diagram can be downloaded from the PRISMA website. Authors must also state within the **Methods** section of their paper whether a protocol exists for their systematic review, and if so, provide a copy of the protocol as supporting information. The *Journal* supports the prospective registration of systematic reviews. Authors whose systematic review was prospectively registered (e.g. in a registry such as PROSPERO) should also provide the registry number in their abstract. Registry details and protocols will be made available to editors and reviewers, and will be included alongside the paper for readers if the report is ultimately published.

Reporting Diagnostic Studies
Reports of studies of diagnostic accuracy should conform to the STARD requirements.

Reporting Observational Studies
For reports of observational studies (cohort, case-control, or cross-sectional designs), please consult the STROBE statement.

Reporting Microarray Experiments
Reports of microarray experiments should conform to the MIAME guidelines, and the data from the experiments must be deposited in a publicly accessible database.

♦ LEVELS OF EVIDENCE ♦

The *Journal of Trauma and Acute Care Surgery* requires authors to describe their study and include an assessment of their conclusion(s) by indicating the **Levels of Evidence and study type at the end of their abstract.** To determine the level under which a study falls, please consult the following table:

Evidence Levels for Individual Studies *(J Trauma Acute Care Surg. 2012;72(6):1484-90)*

	Therapeutic / Care Management	Prognostic and Epidemiological	Diagnostic Tests or Criteria	Economic & Value-based Evaluations	Systematic Reviews & Meta-analyses
Level I	RCT with no negative criteria*	Prospective† study with large effect‡ and no negative criteria*	Testing of previously developed diagnostic criteria in consecutive patients (all compared to "gold" standard) and no negative criteria.	Sensible costs and alternatives; values obtained from many sources; multi-way sensitivity analyses	Systematic Review (SR) or meta-analysis (MA) of predominantly level I studies and no SR/MA negative criteria †
Level II	• RCT with significant difference and only one negative criterion* • Prospective† comparative study without negative criteria* • Prospective/retrospective† study with large effect‡ and only one negative criterion*	• Prospective† study with less than large effect‡ and no negative criteria* • Untreated controls from RCT	Development of diagnostic criteria on consecutive patients (all compared to "gold" standard) and only one negative criterion.	Sensible costs and alternatives; values obtained from limited sources; multi-way sensitivity analyses	SR / MA of predominantly level II studies with no SR/MA negative criteria †
Level III	• Case-control study without negative criteria* • Prospective† comparative study with only one negative criterion* • Retrospective† comparative study without negative criteria*	• Case-control study without negative criteria * • Prospective/retrospective† study with up to two negative criteria*	Nonconsecutive patients (without consistently applied "gold" standard) with up to two negative criteria.	Analyses based on limited alternatives and costs; poor estimates	SR /MA with up to two negative criteria †
Level IV	Prospective/retrospective† study using historical controls or having more than one negative criterion*	Prospective/retrospective† study with up to three negative criteria*	Case-control study with no negative criteria* or other designs with up to three negative criteria.	No sensitivity analyses	SR/MA with more than two negative criteria †
Level V	• Case series • Studies with quality worse than level IV	• Case series • Studies with quality worse than level IV	No or poor "gold" standard		

* Negative criteria decreasing level of evidence include: (1) <80% follow-up; (2) >20% missing data or missing data not at random without proper use of missing data statistical techniques; (3) limited control of confounding (e.g., mortality comparisons with inadequate risk adjustment); (4) more than minimal bias (selection bias, publication bias, report bias, etc.); (5) heterogeneous populations (e.g., institutions with distinct protocols/patient volume, conditions caused by distinct pathogenic mechanisms); and (6) for RCT only, no blinding or improper randomization; (7) Inadequate statistical power: this only applies to studies NOT finding statistical differences and it is defined as power <80% for declaring "failure to detect a significant difference" or power <90% for declaring "bio-equivalence or non-inferiority or comparative effectiveness" or Receiver Operating Characteristic curve <80% or both sensitivity and specificity <80%.

†Prospective versus retrospective: studies with data collected to answer predefined questions are prospective; studies with data collected for questions unrelated to the original question for which the data were gathered are retrospective.

‡Large effect is defined as: (1) study with large RR (95 or 0.2) about condition of low-to-moderate morbidity/mortality and (2) study with moderate-to-large RR (2Y5 or 0.2Y0.5) about condition of high morbidity/mortality. Large effect includes the following: (1) study with large RR (95 or G0.2) about condition of low-to-moderate morbidity/mortality and (2) study with moderate-to-large RR (>5 or <0.2) about condition of high morbidity/mortality.
§Negative criteria for SR/MS (decreases level of evidence): (1) no or inadequate standard search protocol, (2) more than minor chance of publication bias or publication bias not assessed, (3) moderate heterogeneity of included studies and/or populations (e.g., elective operation and acute operation), (4) predominance of level III or lower studies, and (5) no measures or inappropriate measures of pooled risk (for meta-analysis only).
‖ Adequate statistical power: this only applies to studies not finding statistical differences, and it is defined as power 980% for declaring "failure to detect a significant difference" or power 990% for declaring "bioequivalence or noninferiority or comparative effectiveness."
In addition to the level, studies will receive a + to designate whether standard reporting format was followed (e.g., CONSORT for RCTs). Authors can find reporting guidelines for most studies at the international EQUATOR Network.

III. MANUSCRIPT TYPES AND CONTENT LIMITS

Please review the following descriptions of manuscript types and the required article lengths, illustrations and table limits, and references counts. Manuscripts should be as succinct as possible.

Manuscript Type	Abstract Style	Word Limit	Figure/ Table Limit	Reference Limit	SDC* Accepted?
Original Articles	Structured	4,000	6	50	Yes
Systematic Reviews	Structured	4,000	6	80	Yes
Review Articles	Summary	5,000	8	100	Yes
Guidelines/Algorithms	None	5,000	8	100	Yes
Proceedings	None	8,000	0	150	Yes
Current Opinions	Summary	3,000	6	40	Yes
Procedures and Techniques	None	2,000	8	20	Yes
Brief Reports	Structured	2,000	6	20	Yes
Challenge of Acute Care Surgery	None	800	3	0	Yes
Ad Libitum	None	1,500	3	0	No
Letters to the Editor	None	1,000	0	5	Yes
Special Reports†	Summary	3,000	6	40	Yes
Editorial Critique†	None	350	0	0	No
Book Reviews†	None	500	0	0	No

** Supplemental Digital Content, ** Optional, † Solicited by the editor only*

Original Articles. Original articles include randomized-controlled trials, laboratory and animal research, outcome studies, economic and cost analyses. These should include a clearly-stated objective or hypothesis and information on study design and methodology, participation, interventions, outcome measurements, and study results. Authors must indicate a level of evidence and study type in the abstract as outlined above.

Original articles are limited to 4,000 words and six tables/figures. Word limit does not including abstract, authorship statement, references, tables or figures.

Systematic Reviews document the selection, discovery, critique, and synthesis of evidence relevant to well-defined research questions. Please indicate inclusion of a meta-analysis in the title. Structured abstract should include background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number. PRISMA checklist should be followed throughout.

Systematic reviews are limited to 4,000 words with 80 references and six tables/figures. Please note that PRISMA flow diagram must be included as a figure.

Review Articles. General review articles provide an overview of our current understanding of a subject and may highlight new areas of development and discovery. Review articles may contain a summary abstract (not structured). These articles are limited to 5,000 words with eight tables/figures and 100 references.

Guidelines/Algorithms represent consensus-based clinical practice guidelines with appropriate references to support the recommendations. Guidelines may include an unstructured abstract, but this is not required for submission. Articles are limited to 5,000 words and 100 references.

Proceedings. Conference proceedings may be submitted directly to the Editor for consideration. Proceedings are limited to 8,000 words with 150 references.

Current Opinions. These papers present the unique perspectives of contributors in articles that are not rigorously scientific and may include topics of special interest to the readership. Current Opinions are limited to 3,000 words with six tables/figures and 40 references. Summary abstract is optional and encouraged.

Procedures and Techniques. These papers describe clinical or experimental experiences that demonstrate innovative uses of technology or novel approaches to common problems. Case reports will not be considered. Procedures and Techniques articles do not require an abstract, and are limited to 2,000 words with six tables/figures and 20 references.

Brief Reports provide short descriptions of clinical or laboratory research observations that are not sufficiently developed to scientifically test hypotheses. Brief reports require a structured abstract and are limited to 2,000 words with six tables/figures and 20 references. Clinically-oriented reports should provide synthesized results rather than description of unusual cases.

Special Reports are solicited by the Editor and directed to knowledgeable experts in a particular field. Special reports do not require an abstract and are limited to 3,000 words with six tables/figures and 40 references. Abstract summarizing report may be included.

Challenges of Acute Care Surgery are meant to provide concise overviews of surgical dilemmas. Presentation of the case and sample answers to the question, "What would you do?" should not exceed 300 words. The answer to this question, labeled "What we did and why," along with a description of clinical management should be limited to 500 words. No references and up to three figures. Upon acceptance, the Editor will commission expert commentary.

Ad Libitum. These occasional articles are published at the Editor's discretion. Content may span humorous, literary, or photographic pieces. Ad Libitum articles are limited to 1,500 words.

Editorial Critique. A brief editorial critique of an original article is occasionally solicited by the Editor. Editorial critiques should be no longer than 350 words. References and figures/tables are not permitted.

Letters. Letters should contain brief and thoughtful analyses of a published content in the *Journal*. Selected letters will be published at the Editor's discretion. Letters may include up to three co-authors and are limited to 1,000 words with 5 references.

IV. MANUSCRIPT COMPONENTS

1. Copyright Transfer/Financial Disclosure Form

- All authors must complete, sign, and submit a Copyright Transfer Agreement (CTA) form. At least one form is needed at submission. All CTA forms are needed for publication.

2. Cover Letter – Your cover letter should include:

- Full title.
- Type of paper (see section ***Manuscript Types*** above for a full list of paper types).
- Include a section category (identify if manuscript was or will be presented at a conference)
- Confirmation that your submission has not been published elsewhere.
- Corresponding Author's contact information.
- For Revisions, your Cover Letter must include a point-by-point discussion addressing each of the reviewer's comments (see section ***Manuscript Submission*** below for details).

3. Title Page - The Title Page should include:

- Complete manuscript title.
- Short title (running head) of not more than 45 characters.
- Authors' full names, highest academic degrees, and affiliations.
- E-mail addresses for all authors (please provide telephone numbers or mailing addresses for authors who do not have e-mail addresses) .
- Name and address for correspondence, including fax number, telephone number, and e-mail address.
- Address for reprints, if different from that of corresponding author.
- Conflict of interest statement detailing all sources of support, including pharmaceutical and industry support. If no conflicts are declared, this must also be stated.
- List of meetings at which the paper was presented, if any.
- Disclosures of funding received for this work from any of the following organizations: National Institutes of Health (NIH); Wellcome Trust; and the Howard Hughes Medical Institute (HHMI).

4. Abstract with Key Words

- Submit your abstract as a separate file.
- Structured abstracts are required for Original Articles, Systematic Reviews, and Brief Reports.
- Limit the abstract to 300 words.
- Limit the use of abbreviations and acronyms; do not cite references.
- Use the following subheads for structured abstracts: **Background**, **Methods**, **Results**, **Conclusions**, and **Level of Evidence**.
- Indicate study type (prognostic, therapeutic, diagnostic test, economic/decision) after level.
- List three to five keywords.

5. Text – Your manuscript must include:

- Four main headings (for content with structured abstracts): **Background**, **Methods**, **Results**, and **Discussion**.
- Define abbreviations at first mention in text and in each table and figure. If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Please include an **Author Contribution** statement detailing the contribution each author made to the study (e.g. literature search, study design, data collection, data analysis, data interpretation, writing, critical revision, etc) under a separate heading, before the references.
- **Acknowledgments** may also be included.
- All citations must be cited sequentially within the article and in the references.
- Follow the limits for the maximum number of words, tables and references for your manuscript type (see section ***Manuscript Types*** above).

6. Figures & Tables

- All figures must be submitted in a separate file from the text file.
- Each figure is limited to a maximum of four parts or panels. Multi-panel images that do not abide by this limit will be placed online as supplemental digital content.
- List figures numbers, consecutively, within the text and online submissions.
- Lettering should be large enough that it will remain legible after figure reduction.
- Figure parts (A, B, C, D) may be left unlabeled (but clearly marked in the figure legend) for design layout by the *Journal*'s publisher.
- For details concerning figure specifications, please see ***Creating Digital Artwork*** below.

Color Figures

- Authors who submit color figures will receive an estimate of the cost for color reproduction.
- If authors decide not to pay for color reproduction, the figures will be converted to black and white at no charge.

Tables

- Use the table creating/editing features in MSWord or WordPerfect.
- Do not embed tables within the body of the manuscript.
- Do not use Excel or comparable spreadsheet programs.
- Group all tables in a separate file or at the end of the text.
- Cite tables consecutively in the text.
- Each table must appear on a separate page and should include the table title, appropriate column heads, and explanatory legends (include definitions of any abbreviations used).
- Tables should be self-explanatory and supplement, rather than duplicate, the material in the text.

V. STYLE AND FORMATTING

♦ GENERAL FORMATTING GUIDELINES ♦

Please submit your manuscript in accordance with the following requirements:

- Create your manuscript with MS Word (save as .doc or .docx file).
- Use Times New Roman, 12-point typeface for the main text and abstract.
- Format main text and abstract with 1-inch margins; double space and number all pages.
- Tables and figures cannot be embedded within the text.
- Tables may be included at the end of the document.
- Figures must be submitted as separate files in MS Word, PowerPoint, or TIF file formats.
- Photos should be submitted in TIF file format. Please crop out any patient identifiers, unwanted text, and excessive white space.
- Diagrams, drawings and graphs must have a resolution of at least 1200 dpi (dots per inch).
- For photographs and radiographs with text, set the resolution to at least 600 dpi.
- Photographs, radiographs and other halftone images must have a resolution of at least 300 dpi.
- Please save color images in CMYK mode (**not** RGB).
- Do not submit ASCII text files.
- Do not submit LaTeX files. To refer to equations or formulae, please render in text or refer to figure (i.e. provide image of equation in .jpg/.tiff/.eps).
- Do not use automatic numbering or footnotes for references.

♦ HOUSE STYLE ♦

- Pattern manuscript style after the *American Medical Association Manual of Style* (10th edition). *Stedman's Medical Dictionary* (27th edition) and Merriam Webster's *Collegiate Dictionary* (10th edition) should be used as standard references.
- Refer to drugs and therapeutic agents by their accepted generic or chemical names; do not abbreviate them.
- Use code numbers only when a generic name is not yet available. In that case, it is required to supply the chemical name and include a figure giving the chemical structure of the drug.
- Copyright or trade names of drugs should be capitalized and placed in parentheses after the name of the drug.
- Names and locations (city and state in USA; city and country outside USA) of manufacturers of drugs, supplies, or equipment cited in a manuscript are required to comply with trademark law and should be provided in parentheses.
- Units of measure should be expressed in the metric system.
- Temperatures should be expressed in degrees Celsius.
- Conventional units should be written as SI units, as appropriate.

Abbreviations

- Write out the full term for each abbreviation at its first use, unless it is a standard unit of measure.
- For a list of standard abbreviations, consult the *Council of Biology Editors Style Guide* (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814) or other standard editorial resources.

References

- The authors are responsible for the accuracy of the references.
- References must be (double-spaced) at the end of the manuscript.
- Cite the references in text in the order of appearance.
- Cite unpublished data – such as papers submitted, but not yet accepted for publication, and personal communications (including e-mail) – in parentheses in the text.
- Please list all authors. If a reference contains more than ten contributors, name only the first ten authors and then use et al. If a reference cites a consortium or multi-center trials group, list up to ten authors followed by et al. and the official name of the study group.
- If you are using EndNote to format your references, please use the Vancouver style template and modify this to include up to 10 authors.
- Refer to the "List of Journals Indexed in Index Medicus" for abbreviations of journal names, or access the list at http://www.nlm.nih.gov/tsd/serials/lji.html.

Sample references are given below:

Journal article

Shackford SR, Kahl JE, Calvo RY, Kozar RA, Haugen CE, Kaups KL, Willey M, Tibbs BM, Mutto SM, Rizzo AG, et al. Gunshot wounds and blast injuries to the face are associated with significant morbidity and mortality: results of an 11-year multi-institutional study of 720 patients. *J Trauma Acute Care Surg*. 2014 Feb;76(2):347-52

Epub Ahead of Print

Collins N, Miller R, Kapu A, Martin R, Morton M, Forrester M, Atkinson S, Evans B, Wilkinson L. Outcomes of adding acute care nurse practitioners to a Level I trauma service with the goal of decreased length of stay and improved physician and nursing satisfaction. *J Trauma Acute Care Surg*. Epub 2014 Jan 6.

Entire Book

Peitzman AB, Rhodes M, Schwab CW, Yealy DM, Fabian TC. *Trauma Manual: Trauma and Acute Care Surgery*. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.

Book Chapter

Neff LP and Chang MC. Hemodynamic Management and Shock. In: Flint L, Meredith JW, Schwab CW, Trunkey DD, Rue L, Taheri PA. eds. *Trauma: Contemporary Principles and Therapy*. Philadelphia, PA: Lippincott Williams & Wilkins; 2008:675-683.

Database

National Center for Injury Prevention and Control (NCIPC). National Violent Death Reporting System. Available at: http://www.cdc.gov/ViolencePrevention/NVDRS/. Centers for Disease Control and Prevention. Atlanta, GA. Accessed Month DD, YYYY.

Government/Organization Reports

US Department of Health and Human Services. Protection of human subjects. 45 CFR §46. http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html. Revised January 15, 2009. Effective July 14, 2009. Accessed Month DD, YYYY.

World Health Organization. Equitable access to essential medicines: a framework for collective action. http://apps.who.int/medicinedocs/en/d/Js4962e/1.html. Published March 2004. Accessed Month DD, YYYY.

Legislation

Patient Protection and Affordable Care Act, H.R. 3590, 111th Congress (August 25, 2010). www.govtrack.us/congress/bills/111/hr 3590. Accessed Month DD, YYYY.

Newspapers (print & online)

Hartocollis A. At Bellevue, a desperate fight to ensure the patients' safety. *New York Times*. November 1, 2012:A1.

Fink S. In hurricane's wake, decisions not to evacuate hospitals raise questions. *Pro Publica*. November 1, 2012. Available at: http://www.propublica.org/article/in-hurricanes-wake-decisions-not-to-evacuate-hospitals-raise-questions. Accessed Month DD, YYYY.

Web Sites

Centers for Disease Control and Prevention. Ten Leading Causes of Death and Injury – Unintentional Injury. Injury Prevention & Control: Data & Statistics Web site. http://www.cdc.gov/injury/wisqars/LeadingCauses_images.html. Updated August 5, 2013. Accessed Month DD, YYYY.

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