ANNALS OF PHARMACOTHERAPY

AUTHOR GUIDELINES

Articles submitted for publication to the **Annals of Pharmacotherapy** (AOP) should advance the safe, effective, and economical use of medications in patients.

This Journal recommends that authors follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals formulated by the International Committee of Medical Journal Editors (ICMJE).

Manuscript Submission

Submission should be made at http://mc.manuscriptcentral.com/aop by following the instructions on that page. Follow all instructions as outlined during the manuscript submission process including the creation of separate files each for many manuscript features such as title page, figures, tables, main document, etc. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting the SAGE Journal Author Gateway for guidelines on How to Help Readers Find Your Article Online. Figures must be high resolution (at least 300 dpi). They should be submitted exactly as they should appear in the journal. Images are best submitted separately from the text document. Please do not embed images into your manuscript, as embedding images in Word or similar programs automatically reduces the resolution below what is needed for quality print publication. Please ensure that tables are editable (Word, Excel, or PowerPoint format), include captions, and are placed after reference list (or in separate files if not Word format). Do not send images of tables. There are no manuscript submission fees or page charges. Color figures will appear in the online version in color free of charge. To print figures in color there is a cost to the authors of $800 for the first page and $200 for each additional page. A production editor will contact you for more information should you have color figures. Any correspondence, queries, or additional requests for information on the manuscript submission process should be sent to the **AOP** editorial office as follows: **aop@sagepub.com**.

Cover Letter. All cover letters must include the following:

1. Name of corresponding author with full mailing address, telephone and fax numbers, and email address;
2. Articlecategorypreference (see"Article Categories");
3. Brief explanation of the topic's significance to patient care;
4. Explanation about any similar work by the author(s) or data from the same study that is under review or in press, or results previously presented or published (see "Duplicate Publication").

Assignment of Copyright

Authors are responsible for obtaining permission to use previously published material. The **Annals of Pharmacotherapy** uses an Exclusive License to Publish agreement that requires just one author (the Corresponding Author) to sign on behalf of all authors. Please identify the Corresponding Author for your work when submitting your manuscript.

Criteria for Authorship

All authors must have fulfilled the criteria for author- ship, reviewed and approved the paper, and must be able to attest to the integrity of the work submitted. Authorship is based on substantial contributions to **all** of the following:
(1) project conception or design and collection, analysis, and/or interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) approval of the version to be published; and (4) agreeing to be accountable and willing to investigate and resolve all questions pertaining to accuracy and/or integrity of the work. Assistance solely in non-substantive aspects of the submission, for example, the acquisition of funding, assembly of data, and referral of patients, does not justify authorship. At least one author must be responsible for each section of the manuscript. Individuals who provided writing assistance, e.g., from a specialist communications company, do not qualify as authors and so should be included in the Acknowledgements section. Authors must disclose any writing assistance including the individual's name, company and level of input, and identify the entity that paid for this assistance. It is not necessary to disclose use of language polishing services.

Acknowledgment

Persons who have contributed significantly to the substance of the paper, but whose contributions do not justify authorship, should be acknowledged. Acknowledgment of technical writers must include their sources of funding. Authors must ensure that all persons named in the acknowledgment, excluding those providing financial or technical support, have agreed in writing to be named.

Peer Review

All submissions to the **Annals of Pharmacotherapy** are reviewed by the Managing Editor and/or the Editor-In-Chief. Many manuscripts are rejected without external peer review due to reasons including limited scope, scientific merit, and novel results. Remaining submissions undergo extensive peer and editor's review prior to publication.

We request peer reviewers to submit comments online by following a secure link provided in the editor's email within 10 days. Peer reviewers and editors are required to disclose any potential financial and non-financial conflicts of interest. Comments provided by two to four peer reviewers are used by the editors in making a decision about acceptance or rejection of each manuscript.

Contributor's Publishing Agreement

Before publication, SAGE requires the author as the rights holder to sign a Journal Contributor's Publishing Agreement. SAGE's Journal Contributor's Publishing Agreement is an exclusive license agreement which means that the author retains copyright in the work but grants SAGE the sole and exclusive right and license to publish for the full legal term of copyright. Exceptions may exist where an assignment of copyright is required or preferred by a proprietor other than SAGE. In this case copyright in the work will be assigned from the author to the society. For more information please visit our Frequently Asked Questions on the SAGE Journal Author Gateway.

Open Access and Author Archiving

AOP offers optional open access publishing via the SAGE Choice program. For more information please visit the SAGE Choice website. For information on funding body compliance, and depositing your article in repositories, please visit SAGE Publishing Policies on our Journal Author Gateway.

Other Categories for Manuscript Submission

Plagiarism: Annals of Pharmacotherapy and SAGE take issues of copyright infringement, plagiarism, or other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of articles published in the journal. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles may be checked using duplication-checking software. Where an article is found to have plagiarized other work or included third-party copyright material without permission or with insufficient acknowledgement, or where authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article (removing it from the journal); taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; and banning the author from publication in the journal or all SAGE journals, or appropriate legal action.

Duplicate publication: Work that has been published or is described in an article submitted for publication else- where may not warrant further consideration. It is the corresponding author's responsibility to inform the editor about all submissions and previous reports describing the same work.

Permission to use copyrighted material: Written permission (original stamp/signature) from the publisher, organization, or person who holds copyright is necessary for use of previously published tables, figures, or other copyrighted material.

Supplementary materials: This journal is able to host additional materials online (e.g. datasets, podcasts, videos, images etc.) alongside the full-text of the article. These will be subjected to peer-review alongside the article. For more information please refer to our guidelines on submitting supplementary files, which can be found within our Manuscript Submission Guidelines page.

Manuscript Information Form: Stylistic and formatting requirements for the journal will be sent to authors as they are asked to revise or complete their manuscripts. The instructions on this guideline form must be followed or authors may risk having production of their papers delayed while proper formatting is implemented.

Informed consent: Identifying information should not be present in written descriptions or photographs of persons unless considered essential for scientific purposes. In such cases, written informed consent from the person must be obtained by the authors, with documentation included with manuscript submission.

Conflict of interest statement: Authors must report any conflicts of interest including, but not limited to, consulting fees, paid expert testimony, employment, grants, honoraria, patents, royalties, stocks, or other financial or material gain that may involve the subject matter of the manuscript. If there are no conflicts, authors should make a statement of this fact.

Clinical trials: AOP conforms to the ICMJE requirement that clinical trials are registered in a WHO-approved public trials registry at or before the time of first patient enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

Reporting guidelines: The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart as a cited figure, and a completed CONSORT checklist as a supplementary file.

Publication ethics: SAGE is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' International Standards for Authors and view the Publication Ethics page on the SAGE Author Gateway.

Production

SAGE production: Your SAGE Production Editor will keep you informed as to your article's progress throughout the production process. Proofs will be sent by PDF to the corresponding author and should be returned promptly.

Article access: SAGE provides authors with online access to their final article.

Online First publication: Online First allows final revision articles (completed articles in queue for assignment to an upcoming issue) to be published online prior to their inclusion in a final journal issue which significantly reduces the lead time between submission and publication. For more information please visit our Online First Fact Sheet.

ORCID: As part of our commitment to ensuring an ethical, transparent and fair peer review process SAGE has become a supporting member of ORCID, the Open Researcher and Contributor ID. ORCID provides a persistent digital identifier that distinguishes researchers from every other researcher and, through integration in key research work-flows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities ensuring that their work is recognized. The collection of ORCID iDs from corresponding authors is now part of the submission process of this journal. If you already have an ORCID iD you will be asked to associate that to your submission during the online submission process. If you do not already have an ORCID iD please follow this link to create one.

English language editing services: Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit the journal's specifications should consider using SAGE Language Services. Visit SAGE Language Services on our Journal Author Gateway for further information.

Article Categories

RESEARCH REPORTS: Original research involving medication effectiveness, safety, pharmacoeconomics, pharmacokinetics, pharmacogenomics, interactions, adherence and use, and pharmacy practice. Meta-analyses are also considered research. Authors are encouraged to follow the PRISMA guidelines (Moher D, Liberati A, Tetzlaff J, Altman DG, and the PRISMAGroup. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. Ann Intern Med. 2009; 151:264-269. doi:10.7326/0003-4819-151-4-200908180-00135) for meta-analyses. Well-designed prospective studies are given highest priority for acceptance. Limitations of studies must be stated in the text. All reports must include, when applicable, a statement in the Methods section that the work was conducted in compliance with Institutional Review Board/Human Subjects Research Committee requirements.

Abstract: less than 250 words; Text: up to 3000 words References: up to 30; Tables and/or figures: up to 4

REVIEW ARTICLES: Comprehensive, significant, critical, and analytical reviews that include essential information on a well-delineated subject. Reviews must synthesize and critically evaluate available data rather than simply describing the findings.

GENERAL REVIEWS: After the Introduction section, methods used to search the literature (databases including PubMed, search terms, search period, and limits), as well as inclusion and exclusion criteria for articles chosen for the review, should be described. Authors should consider inclusion of studies available on clinicaltrials.gov in the reviews. Study designs and outcomes, including limitations of research included in the review, should be discussed. Authors are encouraged to follow the PRISMA guidelines (Moher D, Liberati A, Tetzlaff J, Altman DG, and the PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. Ann Intern Med. 2009; 151:264-269. doi:10.7326/0003-4819-151-4-200908180-00135) for systematic reviews.

Abstract: less than 250 words; Text: 4000 words.
References: up to 100; Tables and/or figures: 4.

In addition to general reviews of pharmacotherapy used in specific conditions, the following categories may be considered for focused reviews:

New Drug Approvals: Brief reviews of single drug entities that have recently received FDA approval.

Abstract: less than 250 words; Text: up to 2500 words.
References: up to 30; Tables and/or figures: 4

Formulary Forum: Comprehensive, comparative reviews of single drug entities to aid in the understanding of the merits of the agent relative to others in its class.

Abstract: less than 250 words; Text: up to 3000 words.
References: up to 30; Tables and/or figures: 4

Therapeutic Controversies: Critical and balanced assessments of current problems or controversial issues in clinical therapeutics that provide recommendations based on literature and clinical experience.

Abstract: less than 250 words; Text: up to 3000 words.
References: up to 30; Tables and/or figures: 4

SPECIAL CONTRIBUTIONS: Articles on unusual, topical, or historical subjects that are of unique interest or importance. Contact the Editorial Office prior to submission (aop@sagepub.com).

Abstract: less than 100 words (unstructured); Text: up to 1500 words. References: up to 15; Tables and/or figures: 1

EDITORIALS AND COMMENTARIES: Viewpoints on diverse, controversial, or topical subjects. Contact the Editorial Office prior to submission (aop@sagepub.com).

Abstract: less than 100 words (unstructured); Text: up to 1500 words. References: up to 15; Tables and/or figures: 1

LETTERS AND COMMENTS: Letters and comments should address areas related to clinical practice, research, or education, including recently published articles. Letters are limited to no more than five authors. Before submitting a letter describing an adverse drug reaction, the Naranjo ADR probability scale (Clin Pharmacol Ther. 1981;30:239-245) or other validated scale should be used to assess the likelihood that the events were drug-related. Likewise, for reports of drug interactions, the DIPS scale (Ann Pharmacother. 2007;41:674-680. DOI 10.1345/aph.1H423) or another validated scale should be applied. Ranking from the scale must be included in the text. Priority is given to letters for which the scores indicate a probable or definite association. Comments must be submitted within 6 months of an article's publication.

Abstract: none required; Text: up to 500 words
References: up to 5; Tables and/or figures: 1

Style Guidelines

Authors are required to follow *AOP's* style, which is consistent with the **American Medical Association Manual of Style, 10th edition.**
http://www.amamanualofstyle.com/.

Manuscript Preparation: Manuscripts should be prepared using a standard 12-point font on 8.5 x 11.0 inch (216 x 279 mm) paper (ISO A4 also acceptable), with margins of at least 1 inch (25 mm). It should be double-spaced, including title page, abstract, text, acknowledgments, references, tables, and figure legends. Pages must be numbered.

Title Page: The title page should contain:

1. Article title (concise, but indicating main focus of paper);
2. Name of each author in line-by-line fashion. Please ensure that the appearance and spelling of author names and surnames is correct and in accordance with previous publications;
3. Highest academic degree held by each author. Please list graduate-level degrees only per AMA guidelines. Please do not list bachelor's degrees or PharmD candidacies.
4. Names of departments and institutions with which each author is affiliated;
5. Name, address, telephone and fax numbers, and email address of corresponding author;
6. Name, address, fax number, and email address of author to whom reprint requests should be sent, if different from corresponding author;
7. Statement pertaining to funding and conflict of interest (see "Conflict of Interest Statement");
8. Information about presentation of the work as an abstract or poster, if applicable;
9. Separate word counts of abstract, main text, and references; and
10. Key words for purposes of indexing and searching.

STRUCTURED ABSTRACT

Abstracts should be no more than 250 words. All manuscripts submitted to **Annals**, with the exception of Editorials, Commentaries, and Letters, require an abstract that is structured with the appropriate headings as shown below. (Editorials and Commentaries require an unstructured abstract up to 100 words in length.)

RESEARCH REPORTS

Background

Brief (2–3 sentences) description of why the study is needed and its importance to the field.

Objective

1. Concise (1–2 sentences) statement of the objective or hypothesis to be addressed.

2. Primary objective identified and stated first, followed by any key secondary objectives.

Methods

1. Design: Clear statement of the study's design, including all aspects (eg. parallel group, randomized, blinded). Indicate if Institutional Review Board or other ethical considerations were needed and/or approved.
2. Participants and setting: The most pertinent inclusion and exclusion criteria, and the setting within which the study was conducted.
3. Interventions: Complete details on treatment (eg. drug dose, route of administration, and du- ration of administration) and, if pertinent, control interventions.
4. Outcome: Primary and secondary outcome measures, identified as such.

Results

1. Number of participants: Total number, with breakdown into defined groups (eg. treatment, control) shown, followed by number of participants analyzed, again with breakdown into defined groups shown.
2. Outcome: Numbers of participants and events shown, with summary of the outcome in each group reported as effect size (eg. relative risk, odds ratio) and precision (confidence interval). Data on all outcome measures and any negative and/or non-significant findings must be included.
3. Adverse events/safety: Any unintended effects shown; if none, that should be stated.
4. Limitations: Factors affecting accuracy or generalizability of results (eg. small sample size, open- label design).

Conclusion and Relevance

1. Conclusions (not summary) of the study, based only on the results shown, with balance of benefits and harms.
2. What is new about the report and how do these results affect both our knowledge of the medical condition under discussion and future clinical treatment of the disorder? What is the clinical application of the findings, based only on the data obtained (ie. avoid over-generalization)?

Research Report Abstract example:

Background: There is inadequate guidance for clinicians on selection of the optimal dextrose 50% ($D_{50}W$) dose for hypoglycemia correction in critically ill patients. **Objective:** The purpose of this study was to determine the blood glucose (BG) response to $D_{50}W$ in critically ill patients.

Methods: A retrospective analysis was conducted of critically ill patients who received $D_{50}W$ for hypoglycemia (BG < 70 mg/dL) while on an insulin infusion. The primary objective of this study was to determine the BG response to $D_{50}W$. The relationship between participant characteristics and the dose-adjusted change in BG following $D_{50}W$ was analyzed using simple and multiple linear mixed-effects models. **Results:** There were 470 hypoglycemic events (BG < 70 mg/dL) corrected with $D_{50}W$. The overall median BG response was 4.0 (2.53, 6.08) mg/dL per gram of $D_{50}W$ administered. Administration of $D_{50}W$ per protocol resulted in 32 episodes of hyperglycemia (BG > 150 mg/dL), resulting in a 6.8% rate of overcorrection; 49% of hypoglycemic episodes (230/470) corrected to a BG >100 mg/dL. A multivariable GEE analysis showed a significantly higher BG response in participants with diabetes (0.002) but a lower response in those with recurrent hypoglycemia (P=0.049).The response to $D_{50}W$ increased with increasing insulin infusion rate (P = 0.022). Burn patients experienced a significantly larger BG response compared with cardiac, medical, neurosurgical, or surgical patients. **Conclusion and Relevance:** This represents the first report of the BG response to $D_{50}W$ in critically ill patients and the observed median effect of $D_{50}W$ on BG was approximately 4 mg/dL per gram of $D_{50}W$ administered. Application of these data may aid in rescue protocol development that may reduce glucose variability associated with hypoglycemic episodes and the correction.

REVIEW ARTICLES

Objective
Explain the rationale and goals for the review.
Data Sources
Provide specific search details in the abstract and specify the resources employed in the search and include date ranges, search terms, and limits.
Study Selection and Data Extraction
Quantify the original reports included and how they were chosen, as well as the methods used for abstracting the data.
Data Synthesis
Summarize main results and provide interpretation of the data from various studies.
Relevance to Patient Care and Clinical Practice
What is new about the review article and how do the evaluated findings affect both our knowledge of the medical condition under discussion and future clinical treatment of the disorder?
Conclusions
Summarize the key "take-home" points from the review. NOTE: Reviews that can only conclude with the suggestion that "additional studies are needed" will be of a lower priority

than reviews that can provide direct clinical recommendations or assessments as based on the literature being reviewed.

Review Article Abstract example:

Objective: To describe properties of cobicistat and ritonavir; compare boosting data with atazanavir, darunavir, and elvitegravir; and summarize antiretroviral and comedication interaction studies, with a focus on similarities and differences between ritonavir and cobicistat. Considerations when switching from one booster to another are discussed. **Data Sources:** A literature search of MEDLINE was performed (1985 to April 2017) using the following search terms: *cobicistat, ritonavir, pharmacokinetic, drug inter- actions, booster, pharmacokinetic enhancer, HIV, antiretrovirals*. Abstracts from conferences, article bibliographies, and product monographs were reviewed. **Study Selection and Data Extraction:** Relevant English-language stud- ies or those conducted in humans were considered. **Data Synthesis:** Similar exposures of elvitegravir, darunavir, and atazanavir are achieved when combined with cobicistat or ritonavir. Cobicistat may not be as potent a CYP3A4 inhibitor as ritonavir in the presence of a concomitant inducer. Ritonavir induces CYP1A2, 2B6, 2C9, 2C19, and uridine 5′-diphospho-glucuronosyltransferase, whereas cobicistat does not. Therefore, recommendations for co- bicistat with comedications that are extrapolated from studies using ritonavir may not be valid. Pharmacokinetic properties of the boosted antiretroviral can also affect interaction outcome with comedications. Problems can arise when switching patients from ritonavir to cobicistat regimens, particularly with medications that have a narrow therapeutic index such as warfarin. **Relevance to Patient Care and Clinical Practice:** This review compares and contrast the pharmacological, pharmacokinetics, and drug interaction studies for ritonavir and cobicistat and a discussion on considerations when switching from one booster to another is included to guide clinicians. **Conclusions:** When assessing and managing potential interactions with ritonavir- or cobicistat-based regimens, clinicians need to be aware of important differences and distinctions between these agents. This is especially important for patients with multiple comorbidities and concomitant medications. Additional monitoring or medication dose adjustments may be needed when switching from one booster to another.

Text: Appropriate headings and subheadings should be used liberally throughout the text. For research reports the final subsection of the text should be titled "Conclusion and Relevance" (instead of just "Conclusion)" and contain information in more detail as outlined on page 5 of these author guidelines for the abstract section of this heading.

For review articles, a new subsection in the text just prior to the "Summary" section should be added and titled "Relevance to Patient Care and Clinical Practice" and similarly contain information in more detail as outlined on page 5 of these author guidelines for the abstract section of this heading.

Abbreviations must be defined upon first use in the text. Use of abbreviations should be limited to, for example, lengthy terms; the majority of drug names should not be abbreviated. USANs or, when appropriate, chemical names, must be used for all drugs. Manufacturers' code numbers should be used only when a generic name is not yet available. Trade names should be included only to distinguish between different trade preparations, for some combination drugs, or in reviews of drugs that have been recently approved bythe FDA.

REFERENCES: All references, including those related primarily to figures and tables, must appear in the text and be cited consecutively. References in text, tables, and figure legends should be denoted with superscript Arabic numerals. Personal communications (ie. unpublished data) may not be used as numbered references. Information obtained through personal communication must be inserted in parentheses within the text and include the contact person's name, academic degree, affiliation, and date of communication. Signed permission letters from quoted sources indicating the content of the personal communication must be provided to the Editorial Office (aop@sagepub.com). Abstracts and Letters to the Editor may be used as numbered references but must be identified as such in the citations. Inclusive pagination must be provided for all references. Journal names should be abbreviated as they appear in PubMed. Those not appearing in PubMed should be spelled out. Referenced articles that are cited as "In press" must include the title of the journal thathas accepted the paper. List all authors when there are 6 or fewer; with 7 or more authors, list the first 3, followed by "et al." To facilitate online retrieval of references, include a citation's digital object identifier (DOI) if available. More information about DOIs can be obtained at www.crossref.org or dx.doi.org. When citing articles that have been published online prior to print, authors are encouraged to include the date published online (Epub date) in addition to the full print information. When the article has appeared in print, the URL will not be used; however, a DOI should be included if available. Some examples of correct referencing style are given below.

Article

Basaran O, Filiz Basaran N, Cekic EG, et al. Prescription patterns of oral anticoagulants in nonvalvular atrial fibrillation (PROPER study). Clin Appl Thromb Hemost. 2017;23:384-391. doi:10.1177/1076029615614395

Article with URL

National Association of Community Health Centers. Community health center chartbook. http://www.nache.org/wp-content/uploads/2017/06/Chartbook2017.pdf. Accessed August 30, 2017.

Abstract
Tringale KR, Shi Y, Hattangadi JA. Marijuana utilization in cancer patients: a comprehensive analysis of national health and nutrition examination survey data from 20015-2014 [abstract]. Int J Radiat Oncol 2017;99:S11. doi:10.1016/j.ijrobp.2017.06.042

Journal Supplement
Jellinger PS, Handelsman Y, Rosenblit PD, et al. American Association of Clinical Endocrinologists and American College of Endocrinology guidelines for management of dyslipidemia and prevention of cardiovascular disease. En docr Pract. 2017;23(suppl 2):1-87. doi:10.4158/EP171764. APPGL.

APPENDICES: When necessary, appendices should be used to present lengthy or detailed surveys, descriptions of extensive mathematical calculations, and/or itemized lists. They should be placed (with legends as needed) following the reference list in the manuscript. Lengthy appendices, such as algorithms, surveys, and protocols, will be published only online; the URL will be provided in the printed article where the appendix is cited.

TABLES: Each table must be double-spaced on a separate page. Please do not submit tables in image format. Tables must be editable and submitted in either Microsoft Word or Excel. Do not send pdfs or images of tables. A brief title must be provided for each table. Each column requires a brief descriptive heading. Explanations and full terms for abbreviations used should appear alphabetically below the body of the table. Statistical measures of variation (ie. standard deviation) should be identified in footnotes (designated as a, b, c, etc.). The units of measure used for all data in a column should be indicated in parentheses in the column heading. Internal horizontal or vertical rules should not be used. Duplication of table content within text should be minimized.

FIGURES: Figures and artwork should be submitted in their original file formats and with minimum resolution of 300 DPI (600 DPI for line art). Letters, numbers, and symbols should be clear**,** uniform in size**,** and large and dark enough to be legible when the size of the figure is reduced to fit column width in the journal. Titles and detailed explanations should appear in the legends rather than in the figures. Bar graphs or pie charts should be in black and white only and not contain gray shading as filler or background; distinctive fillings should be used instead (eg. white or solid black; horizontal, vertical, or slanted stripes; cross-hatching; dots). Dotted lines and decimal points should be dark enough to reproduce well. Background horizontal or vertical lines should not be used. Figures should have labels on their margins indicating file number, figure number, and corresponding author's name at top of figure. The top of a figure should also be designated if the figure lacks distinguishing features. Legends should be double-spaced, and each abbreviation and symbol used must be defined. Duplication of figure content within the text should be minimized.