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After reviewing both sets of instructions, if you have a question, you may send an e-mail to: [permanente.journal@kp.org](mailto:permanente.journal@kp.org).

## EDITORIAL POLICIES

Manuscripts are received with the understanding that they have not been published or submitted for publication in whole or in part elsewhere, except for a scientific abstract, unless otherwise specified. Authors must make a full statement to the editor about all submissions and previous reports (including meeting presentations and posting of results in registries) that might be regarded as redundant or duplicate publication of the same or very similar work. The author must also alert the editor if the manuscript includes subjects about which the authors have published a previous report or have submitted a related report to another publication. This should be included in the Cover Letter along with appropriate reference information and copies of such material. The title of the manuscript should indicate that it is a secondary publication.

## Review Process

Manuscripts will be assigned to an editor for review. The editor will make an initial decision, based on manuscript quality and editorial priorities, either to send the manuscript to peer reviewers or to reject the manuscript. Manuscripts going through the peer-review process will be sent, double-blinded, to a minimum of five reviewers. Authors should note anyone who should NOT review and should supply a list of experts in the field who would be potentially appropriate to review the article. Decisions are based on editorial priorities, manuscript quality, reviewer recommendations, relevance, quality of work described, and applicability to daily clinical practice. Decisions will be to provisionally accept the manuscript, to request a revised manuscript, or to reject the manuscript. Reviewer comments will be conveyed to the author at the discretion of the editor with a request to address any issues raised by the reviewer in the case of a revision request or acceptance. If the article is accepted for publication, editorial revision may be made to aid clarity and understanding without altering the meaning (see Proofreading). Authors are reminded that they assume full responsibility for final wording and form of all materials submitted for publication. The contact author will be required to complete a conflict of interest statement, and coauthor and acknowledgment consent forms before publication.

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## TYPES OF PAPERS

### Original Articles

Scientific research reports of original, empirically based research—with results and analysis—of great clinical importance, and include: randomized trials, intervention studies, outcomes research, case-control studies, observational studies, highly significant surveys, advanced Quality Improvement studies, and rigorous evaluations of clinical best practices in large populations. *Limit is 3400 words, 5 tables, and 2 figures.*

## Clinical Medicine

Articles on the clinical practice of medicine in the home, office, or hospital, including applications of social science in medicine—patient-centered care, physician-patient communication, clinical team development and innovation; clinical program innovation, integration of health system components, corridor consultations, and the practice of medicine around the world. *Limit is 2500 words, 3 tables, models, or pictures.*

- **Health Systems**

Articles recognizing that medicine is practiced in the larger context of health care, including ambulatory and inpatient care delivery, hospital strategy, cultural diversity, health at home, information technology and the Internet.

- **Physician-Patient Communication**

Articles evaluating and advancing communication and relationship between doctor and patient, with the intent to improve physician communication through the insights of patients, physicians, researchers and practice experts, including clinical trials, qualitative studies, and implementation studies of new learnings and innovative techniques.

- **Corridor Consult**

Brief reviews of clinical practice advances in the diagnosis and treatment of a single condition, highly relevant to practice because of importance to patients, frequency of presentation, or new evaluation or treatment. *Limit to 1200 words.*

## Review Articles

Relevant evidence-based reviews of clinical practice topics written for the general physician, though articles on specialty practice are encouraged to inform both generalists and specialists. These articles should include the most important recent references in the field. *Limit to 4000 words, up to 40 references.*

## Commentary

Expert insight with a focused and clear opinion on the topics of clinical practice, health care, health care policy, ethics, public health, research, transformation in medicine. *Limit to 2500 words, up to 20 references.*

## Case Studies

Presentation of one or more descriptive, clinical patient encounters with evaluation and analysis to highlight unique circumstances, innovations, therapeutics, quality improvements, including narratives or story studies. *Limit to 3000 words.*

## MANUSCRIPT PREPARATION AND PROCESSING

Manuscripts published by TPJ are in accordance with the International Committee of Medical Journal Editors (ICJME) Uniform Requirements (2005 Revision). Authors seeking more information on appropriate manuscript preparation may review these requirements at: [www.icmje.org/icmje.pdf](http://www.icmje.org/icmje.pdf).

Manuscripts should be submitted online at: <http://mc.manuscriptcentral.com/permj> and will require a Cover Letter. In the cover letter, please give a concise statement of the authors' view of the importance and uniqueness of the article.

Manuscripts must be prepared in MS Word, double-spaced, with margins of at least 1 inch. All parts of the manuscript must be included in a single file. Illustrations, figures, and tables must be in separate files, prepared according to the instructions listed under Preparing Figures and Tables.

The first page of the manuscript should contain the following

information: 1) title of paper; 2) authors' names; 3) name(s) of medical institution in which work was done; 4) name and address of author to whom communications regarding the manuscript should be directed; 5) telephone and fax number of the communicating author; 6) word count.

The third page of an Article should contain an Abstract (*limit: 250 words*). Scientific research reports should include a structured abstract. Clinical manuscripts should include a narrative abstract. All other articles should include an abstract, structured or nonstructured. The abstract for Clinical Articles should use these headings: Context, Objective, Design, Main Outcome Measure(s), Results, and Conclusion(s). Also list key words and terms, in alphabetical order, under which you believe the article should be indexed.

Begin the text on a new page. Define all abbreviations except those that have been approved by the International System of Units for length, mass, time, electric current, temperature, luminous intensity, and amount of substance. Provide a box at the beginning of the article to define abbreviations when great numbers of abbreviations are used. Do not create abbreviations for drugs, procedures, or substrates. Use generic drug names. If a brand name is used, insert it in parentheses after the generic name.

### Authorship

Authors should declare and identify whether or not they were assisted in study design, data collection, data analysis, or manuscript preparation. Those whose contributions were significant enough to qualify as coauthors should be listed as such with appropriate contact and bio information included. Those who do not qualify to be listed as authors should be listed under an appropriate heading (ie, clinical investigators or participating investigators) and their function or contribution should be described. Those making contributions should be listed in an "Acknowledgments" section and they will need to complete an Acknowledgee form after reviewing the completed manuscript. Financial and material support should also be acknowledged. The author should describe the role (if any) of the study sponsor(s) in study design; data collection, analysis, and interpretation; writing of the report; and in the decision to submit for publication.

### Institutional Review Board (IRB) Review

Documentation of IRB approval or exemption must be appended to the manuscript being submitted for publication in The Permanente Journal. If there has been no IRB review of the project, please so indicate on the first page of the manuscript. In this case, the article will be reviewed to determine if IRB review should have been conducted. The result of this review may determine whether or not the manuscript will be considered for publication.

### Legal and Ethical Considerations

#### Identifying Information

Identifying information (names, initials, or identifying numbers [ie, medical record numbers]) should not be published in written descriptions, photographs, and ancestry unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication, which must be copied to the journal. Informed consent requires that the patient who is identifiable be shown the manuscript to be published. Authors should disclose to these patients whether any potential identifiable material will be available via the Internet as well as in print after publication. Complete anonymity is difficult to achieve and informed consent should be obtained if there is any doubt.

### Conflict of Interest

Authors must make a statement of potential Conflict of Interest and complete the Conflict of Interest statement. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects his or her scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion. It is the responsibility of authors to disclose all financial and personal relationships that might bias their work. Thus authors must state explicitly whether potential conflicts do or do not exist.

### Protection of Human Subjects and Animals in Research

When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000 (5). If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach, and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study.

### Preparing Figures and Tables

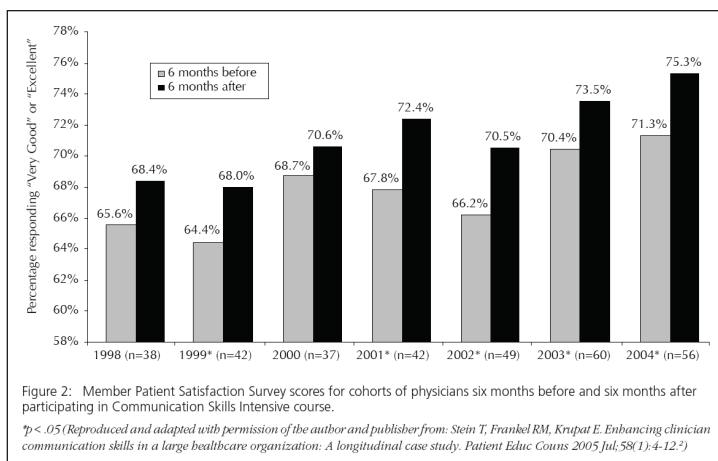
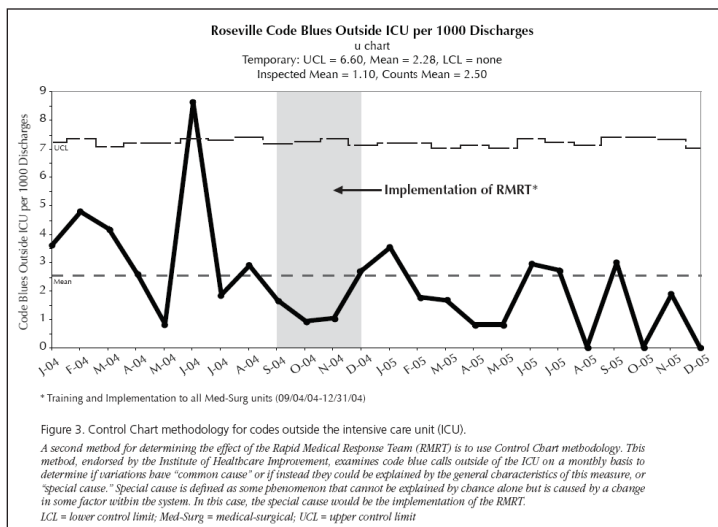
Figures and tables are desirable and highly encouraged because they expand the value of an article by organizing data in a succinct and easily comprehensible manner. Figures and tables must be numbered and cited in order in the text using Arabic numerals. Tables should be collected at the end of the text or submitted in a separate document. Each figure must have a legend, which should be included at the end of the manuscript, following the tables. Figures must include data sets and should be submitted in original format (not as part of a PowerPoint presentation). Acceptable formats are: for tables: Microsoft Word (.doc or .rtf), Excel (.xls); figures containing data points: Excel (.xls); all other graphic/image files: Adobe Illustrator (.ai), Photoshop files (.psd), Adobe Acrobat (.pdf), Joint Photographic Experts Group (.jpg), Encapsulated PostScript (.eps). Figure and Image file types may be: line art, gray scale images, and combination artwork. Figures and Images should be submitted at a minimum of 300 dpi. Abbreviations used in tables and figures must be defined as footnotes.

Any figure, table, or long portions of text that have been previously published must be accompanied by a letter of permission to reprint, signed by the publisher, at the time of submission. It is the responsibility of the author to obtain such permission.

### Examples of Tables and Figures

Natriuretic peptide	Location(s) of peptide	Stimulus	Effect
ANP	Cardiac atria	Increased atrial stretch and tension	Decreased plasma volume and blood pressure
BNP	Cardiac ventricle	Increased ventricular wall tension	Decreased plasma volume and blood pressure
CNP	Heart, brain, kidney, vasculature	Shear stress	Vasodilatation, possibly acts as system neurotransmitter
D-type natriuretic peptide	Unknown	Unknown	Vasodilatation
Guanylin Uroguanylin	Gastrointestinal mucosa	Unknown	Regulates salt and water transport
Adrenomedullin	Adrenal medulla, cardiac ventricles, lungs, and kidneys	Unknown	Reduction in plasma volume, blood pressure, vasodilatation

ANP = atrial natriuretic peptide; BNP = B-type natriuretic peptide; CNP = C-natriuretic peptide.  
 \* Adapted from: Joffy S, Rosner MH. Natriuretic peptides in ESRD. Am J Kidney Dis 2005 Jul;46(1):1-10.<sup>2</sup> Reprinted from the American Journal of Kidney Diseases, Vol 46, Joffy S, Rosner MH, Natriuretic peptides in ESRD, 1-10, Copyright Elsevier, 2005.<sup>2</sup>



## References

References must be numbered with Arabic numerals and cited in the text in numeric order. The reference list at the end of the article must also be in numeric order (do not list references in alphabetical order). The list should be double-spaced under the heading REFERENCES. Abbreviations for title of medical periodicals should conform to those used in the latest edition of Index Medicus. **If the manuscript is selected for publication, the author will be expected to submit documentation for any reference material that cannot be verified online.**

## Examples of References

Journal article, one to six authors

1. Beutler E. The effect of methemoglobin formation on sickle cell disease. J Clin Invest 1961;40:1856-58.
2. Karpatkin S, Charmatz A. Heterogeneity of human platelets. III. Glycogen metabolism in platelets of different sizes. Br J Haematol 1970;19:135-143.

Journal article, more than six authors

3. Golomb HM, Vardiman J, Sweet DL Jr, et al. Hairy cell leukemia: Evidence for the existence of a spectrum of functional characteristics. Br J Haematol 1978;38:161-2.

Journal article in press

4. O'Malley JE, Eisenberg L. The hyperkinetic syndrome. Semin Psychiatry (in press)  
(Note: A copy of the manuscript must be included.)

Complete book

5. Lillie RD. Histopathologic Technique and Practical Histochemistry (ed 3). New York, NY: McGraw Hill: 1965.

Chapter of book

6. Moore G, Minowada J. Human hemopoietic cell lines: A progress report. In: Farnes P. Hemic Cells in Vitro, Vol 4. Baltimore, MD: Williams & Wilkins; 1969. 100-5.

## Proofreading

Contributors are provided with galley proofs and are asked to proofread them for typesetting errors. Important changes in data are allowed, but authors are requested not to make excessive alterations. Galley proofs should be returned within 48 hours.

## Corrections, Retractions

Corrections or Errata will be published in a subsequent issue of the journal with the original article appropriately cited. The electronic version of the article will be corrected and will appear online in its corrected form.

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