

INSTRUCTIONS TO AUTHORS

The *Journal of Insurance Medicine* publishes peer-reviewed articles on all aspects of insurance medicine and articles on health and medicine that affect the insurance industry.

Manuscripts should be forwarded by email as attachment(s) to: E-mail: rossmackenzie consulting@msn.com; Ross MacKenzie, MD, FRCP(C), FACC, Editor, *Journal of Insurance Medicine*, 2261 Constance Drive, Oakville, Ontario, L6J 5L8, Canada.

EXCLUSIVE SUBMISSION/ PUBLICATION POLICY

Manuscripts are considered for review only under the conditions that they are not under consideration elsewhere and that the data, results and conclusions presented have not been previously published.

No part of materials published in the *Journal of Insurance Medicine* may be reproduced without written permission of the Editor. Address permission requests to the Editor.

CONFLICT OF INTEREST

The Editors expect authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All sources of funding for the work should be acknowledged, as should all institutional affiliations of the authors (including corporate appointments).

SPECIAL DEPARTMENTS

Special materials will undergo peer review. Conflict-of-interest guidelines apply to authors of all of the following:

Review Articles

The Editors will consider Review Articles, both invited and uninvited. Such manuscripts must adhere to preferred length guidelines. Authors should detail in their cover letters how their submissions differ from existing reviews on the subject.

Graphics

The editors will consider images (photographs, micrographs, charts, graphs, electrocardiograms, etc.) that illustrate key concepts in the theory and practice of Insurance Medicine. These images should be accompanied by a brief review (generally 500 words or less) explaining the image, and the Insurance Medicine concept that is illustrated.

Case Reports

The editors will consider case reports that use a succinct case synopsis to highlight an important topic in insurance medicine and/or illustrate an approach to underwriting or claims handling.

Literature Reviews

The editors will consider abstracts of important articles that appear in the scientific or medical literature. The author should provide comments from the perspective of a practitioner of insurance medicine.

Editorials and Editorial Reviews

Succinct opinion pieces will be considered.

Letters to the Editor

A limited number of letters will be published. Letters should not exceed 500 words and should focus on a specific article appearing in the *Journal of Insurance Medicine*. Please provide an electronic file of the letter along with a hard copy and include the cited article as a reference when appropriate. Provide a brief title and sign the letter with name and institutional affiliation. The Editor will generally solicit replies.

GENERAL GUIDELINES

The manuscript should conform to the guidelines set forth in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," 3rd edition, *Ann Intern Med*. 1988;108:258–265; and *Br Med J*. 1988;296:401–405; and continued in the *American Medical Association (AMA) Manual of Style*, 9th edition (1998). Please see a recent back issue of *Journal of Insurance Medicine* for basic style guidelines. For internal style, including presentation of SI units, correct forms of abbreviations, number style, and the like, consult the *AMA Manual of Style*.

Submit one complete copy of the manuscript. Microsoft Word for Windows is the preferred word processing program. Please use a standard 12-point font such as Times Roman. Format your text using bold for the heads and italics where italics are meant. Manuscripts should have a minimal amount of formatting (ie, single spaced, no columns, minimal or no indented or bulleted paragraphs, or other special features). Manuscripts should not be formatted to look like a final printed page from the *Journal*. Name the files with the first author's last name (eg, Smith-text.doc, Smith-tables.doc, and Smith-figl.tif).

The text of the article, accompanying tables; and any files containing figures or artwork should be included in separate files. Original electronic files for charts and graphs should be submitted whenever possible (eg, Microsoft Excel). Copies of fine drawings, charts and graphs must be submitted in ".tif"

electronic graphics file format at a resolution of 1200 dpi. For halftone illustrations, ".tif" electronic graphics files format at a resolution of 600 dpi, are required for review. Please contact the Editor regarding the acceptability of charts, graphs, drawings, or photographs that are original print copies or in other electronic file formats.

Because of printed page limitations, the Editors prefer that manuscripts not exceed 5000 words, including references and figure captions. Illustrations and tables should be limited to those necessary to highlight key data. Publishable manuscripts adhering to these guidelines are more likely to avoid a round of revisions to cut their length.

The manuscript should be arranged as follows: (1) title page with author information, (2) abstract, (3) key words, (4) text, (5) acknowledgments (if applicable), (6) references, (7) figure captions and (8) tables. Page numbering should begin with the title page.

FORMATTING THE TEXT

Title Page

Include the title, author names (including full first name and middle initial), author degrees, and a short title of no more than 45 characters.

List the departments and institutions with which the authors are affiliated and indicate the specific affiliations if the work is generated from more than one institution. Also provide information on grants, contracts, and other forms of financial support, and list the cities and states of all foundations, funds, and institutions involved in the work in the acknowledgments section.

Under the heading "Address for Correspondence," give the full name and complete postal address of the author to whom communications, printer's proofs and reprint requests should be sent. Also provide telephone and fax numbers and an e-mail address.

Structured Abstract

A structured abstract of no more than 250 words presenting essential data should be

used. Use the following headings: Objectives, Background, Methods, Results, and Conclusions. Do not use abbreviations other than for units of measure. All data in the abstract must also appear in the manuscript text, tables, or figures. For general information on preparing structured abstracts, consult *AMA Manual of Style*, section 2.5, and Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardner MJ. More informative abstracts revisited. *Ann Intern Med.* 1990;113:69–76.

Key Words

Provide an alphabetized list of up to 6 key words that can be used for indexing and electronic search. Terms that qualify as main headings in the National Library of Medicine's Medical Subject Headings (MeSH) system are preferred. Authors can search for main headings by using the MeSH browser, which can be accessed at: <http://www.nlm.nih.gov/mesh/MBrowser.html>.

Text

Define all abbreviations except standard SI units of measure. Consult Uniform Requirements for Manuscripts Submitted to Biomedical Journals. 3rd edition, *Ann Intern Med.* 1988;108:258–265; *Br Med J.* 1988;296:401–405; and the *AMA Manual of Style* for appropriate use of units of measure. The *AMA* also lists acceptable forms of abbreviations.

Divide the text into heads and subheads; label the Methods, Results and Discussion sections. Every reference, figure and table should be cited in the text numerically according to the order of mention.

Statistics

All manuscripts will be reviewed for appropriateness and accuracy of statistical methods and interpretation of results. Provide in "Methods" a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if any), and the level of significance used for hypothesis testing,

including an explanation if nonstandard significance levels have been applied. When using more sophisticated statistical methods (beyond *t* test, chi-square test, or simple linear regression), specify the statistical package, version number, and nondefault options used. Specify the manufacturer and city and state or country in parentheses. For more information on statistical review, see Glantz SA. It is all in the numbers. *J Am Coll Cardiol.* 1993;21:835–837; and Lang TA, Secic M. *How to Report Statistics in Medicine.* Philadelphia, Pa: American College of Physicians; 1997; and *AMA Manual of Style*, section 17.

Acknowledgments

Letters of permission are required from all individuals listed in in-text citations as having provided personal communications.

References

Identify references in the text by superscripted numerals. The reference list should appear at the end of the electronic document. References should be endnotes and should not be created using a word processor's endnote or footnote utility. References must be numbered consecutively in the order in which they are mentioned in the text. If you wish to cite a particular page, do not create a new reference but instead indicate the page number parenthetically after the citation: Smith et al,^{3(p11)} as per *AMA Manual of Style*.

Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references—these may be cited in the text in parentheses as (L. H. Smith, unpublished data, 1999). Do not cite abstracts older than 2 years. Identify abstracts by the notation "abstract" in square brackets after its title. If Letters to the Editor are cited, identify them with the word "letter" in brackets after the title.

Use *Index Medicus* (National Library of Medicine) abbreviations for journal titles. To format references, follow the styles illustrated in the *AMA Manual of Style*. For all references,

list all authors if 6 or fewer; otherwise, list the first 3 and then et al. Do not use periods after the author's initials. Provide inclusive page numbers.

Periodical

1. Kay B. Molecular and cytogenetic evaluation of minimal residual disease in leukemia: implications of a "genetic" test. *J Insur Med.* 1995;27:224–225.

Chapter in Book

2. Mehta AV, Caster A, Wolff GS. Supraventricular tachycardia. In: Roberts NK, Gelband H, eds. *Cardiac Arrhythmias in the Neonate, Infant, and Child.* Norwalk, Conn: Appleton-Century-Crofts; 1983:105–146.

Book

3. Carithers RL. *Alcoholic Hepatitis and Cirrhosis in Liver and Biliary Diseases.* Baltimore, Md: Williams & Wilkins; 1992.

FIGURE CAPTIONS

Figure captions should be included on separate files from the text; figure numbers must correspond with the order they are mentioned in the text. All figures and tables should be called out in the text.

All abbreviations used in the figure should be identified in a key that is part of the figure itself or identified in a figure caption. All symbols used, such as arrows and circles, must be explained in a key that is part of the figure, not part of the figure caption. The Editors reserve the right to charge authors for artwork fees to match a figure's symbol to its caption if this rule is not followed.

If previously published figures are used, the author must obtain written permission from the original publisher and/or author. Copies of such permissions must be supplied to the Journal. Cite the source of the figure in the caption. Submit an electronic copy of the file (see General Guidelines above, for

details.) Please contact the Editor regarding the acceptability of charts, graphs, drawings, or photographs that are original print copies or in electronic file formats other than ".tif".

Figures, particularly graphs, should be designed to take as little space as possible. Lettering should be of sufficient size to be legible after reduction for publication. The optimal size after reduction is 8 points. Symbols should be of a similar size. The maximum width of 1-column figures is 8.5 cm (3.25 in); of 2-column figures, 17.5 cm (6.875 in).

All graphs and line drawings must be professionally prepared or done electronically. Decimals, lines, and other details must be strong enough for reproduction. Use only black and white, not gray, in charts and graphs.

Place crop marks on photomicrographs to show only the essential field. Designate special features with arrows. All symbols, arrows, and lettering on halftone illustrations must contrast with the background.

The first author's last name, the figure number, and the top location should be indicated on the back of each figure, preferably on an adhesive label.

Titles and explanatory text must appear in the caption, not on the figure.

Authors will bear the cost of reproducing color illustrations. An estimate will be provided upon provisional acceptance of the manuscript for publication.

TABLES

A table should be included as a separate file, with the table number and title centered above the table and explanatory notes below the table. Tables should be numbered in the order they are cited in the text.

Follow the guidelines for structuring tables outlined in the *AMA Manual of Style*, section 2.13. Footnotes should be called out with symbols in the following order: *, †, ‡, §, ¶, #; then double and triple as needed. Do not use asterisks for P values; instead, cite the exact value.

Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures. If previously published tables are used, the author must

obtain written permission from the original publisher and author. Copies of such permissions must be supplied to the Journal. Cite the source of the table in the footnote.