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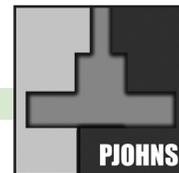
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A structured abstract should provide the context or background for the study and state the study's purposes, basic procedures (selection of study participants or laboratory animals, settings, measurements, observational and analytical methods), main findings (giving specific effect sizes and their statistical and clinical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations, note important limitations without overinterpreting findings, and reflect the content of the article. Generally it should have the following headings:

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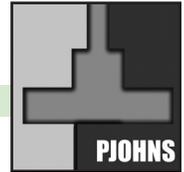
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**ACKNOWLEDGEMENTS**

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## REFERENCES

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### 1. Standard journal article

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med.* 2002 Jul 25;347(4):284-7.

### More than six authors:

List the first six authors followed by et al. (Note: NLM now lists all authors.)

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res.* 2002;935(1-2):40-6.

### Database unique identifier (PMID, DOI, PII) for the citation:

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med.* 2002 Jul 25;347(4):284-7. PubMed PMID: 12140307.

Forooghian F, Yeh S, Faia LJ, Nussenblatt RB. Uveitic foveal atrophy: clinical features and associations. *Arch Ophthalmol.* 2009 Feb;127(2):179-86. PubMed PMID: 19204236; PubMed Central PMCID: PMC2653214.

Zhang M, Holman CD, Price SD, Sanfilippo FM, Preen DB, Bulsara MK. Comorbidity and repeat admission to hospital for adverse drug reactions in older adults: retrospective cohort study. *BMJ.* 2009 Jan 7;338:a2752. doi: 10.1136/bmj.a2752. PubMed PMID: 19129307; PubMed Central PMCID: PMC2615549.

Tegnell A, Dillner J, Andrae B. Introduction of human papillomavirus (HPV) vaccination in Sweden. *Euro Surveill.* 2009 Feb 12;14(6). pii: 19119. PubMed PMID: 19215721.

### 2. Organization as author

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension.* 2002;40(5):679-86.

### 3. Both personal authors and an organization as author

Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol.* 2003;169(6):2257-61.

### 4. No author given

21st century heart solution may have a sting in the tail. *BMJ.* 2002;325(7357):184.

### 5. Article not in English (Note: author must have original article in hand)

Ellingsen AE, Wilhelmsen I. Sykdomsangst blant medisins- og jusstudenter. *Tidsskr Nor Laegeforen.* 2002;122(8):785-7. [Norwegian]

### 6. Volume with supplement

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache.* 2002;42 Suppl 2:S93-9.

### 7. Issue with supplement

Glaser TA. Integrating clinical trial data into clinical practice. *Neurology.* 2002;58(12 Suppl 7):S6-12.

### 8. Volume with part

Abend SM, Kulish N. The psychoanalytic method from an epistemological viewpoint. *Int J Psychoanal.* 2002;83(Pt 2):491-5.

### 9. Issue with part

Ahrar K, Madoff DC, Gupta S, Wallace MJ, Price RE, Wright KC. Development of a large animal model for lung tumors. *J Vasc Interv Radiol.* 2002;13(9 Pt 1):923-8.

**10. Issue with no volume**

Banit DM, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop*. 2002;(401): 230-8.

**11. No volume or issue**

Outreach: bringing HIV-positive individuals into care. *HRSA Careaction*. 2002 Jun:1-6.

**12. Pagination in roman numerals**

Chadwick R, Schuklenk U. The politics of ethical consensus finding. *Bioethics*. 2002;16(2):iii-v.

**13. Type of article indicated as needed**

Tor M, Turker H. International approaches to the prescription of long-term oxygen therapy [letter]. *Eur Respir J*. 2002;20(1):242.  
Lofwall MR, Strain EC, Brooner RK, Kindbom KA, Bigelow GE. Characteristics of older methadone maintenance (MM) patients [abstract]. *Drug Alcohol Depend*. 2002;66 Suppl 1:S105.

**14. Article containing retraction**

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry*. 2002;63(2):169. Retraction of: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry*. 2000;61(12):909-11.

**15. Article retracted**

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry*. 2000;61(12):909-11. Retraction in: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry*. 2002;63(2):169.

**16. Article republished with corrections**

Mansharamani M, Chilton BS. The reproductive importance of P-type ATPases. *Mol Cell Endocrinol*. 2002;188(1-2):22-5. Corrected and republished from: *Mol Cell Endocrinol*. 2001;183(1-2):123-6.

**17. Article with published erratum**

Malinowski JM, Bolesta S. Rosiglitazone in the treatment of type 2 diabetes mellitus: a critical review. *Clin Ther*. 2000;22(10):1151-68; discussion 1149-50. Erratum in: *Clin Ther* 2001;23(2):309.

**18. Article published electronically ahead of the print version**

Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood*. 2002 Nov 15;100(10):3828-31. Epub 2002 Jul 5.

**Books and Other Monographs****19. Personal author(s)**

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

**20. Editor(s), compiler(s) as author**

Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. *Operative obstetrics*. 2nd ed. New York: McGraw-Hill; 2002.

**21. Author(s) and editor(s)**

Breedlove GK, Schorfheide AM. *Adolescent pregnancy*. 2nd ed. Wiecezorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

**22. Organization(s) as author**

Royal Adelaide Hospital; University of Adelaide, Department of Clinical

Nursing. *Compendium of nursing research and practice development, 1999-2000*. Adelaide (Australia): Adelaide University; 2001.

**23. Chapter in a book**

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

**24. Conference proceedings**

Harnden P, Joffe JK, Jones WG, editors. *Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference*; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

**25. Conference paper**

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming*; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. p. 182-91.

**26. Scientific or technical report Issued by funding/sponsoring agency:**

Yen GG (Oklahoma State University, School of Electrical and Computer Engineering, Stillwater, OK). Health monitoring on vibration signatures. Final report. Arlington (VA): Air Force Office of Scientific Research (US), Air Force Research Laboratory; 2002 Feb. Report No.: AFRLSRBLTR020123. Contract No.: F496209810049.

**Issued by performing agency:**

Russell ML, Goth-Goldstein R, Apte MG, Fisk WJ. Method for measuring the size distribution of airborne Rhinovirus. Berkeley (CA): Lawrence Berkeley National Laboratory, Environmental Energy Technologies Division; 2002 Jan. Report No.: LBNL49574. Contract No.: DEAC03765F00098. Sponsored by the Department of Energy.

**27. Dissertation**

Borkowski MM. Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]. Mount Pleasant (MI): Central Michigan University; 2002.

**28. Patent**

Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1.

**Other Published Material****29. Newspaper article**

Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. *The Washington Post*. 2002 Aug 12; Sect. A:2 (col. 4).

**30. Audiovisual material**

Chason KW, Sallustio S. Hospital preparedness for bioterrorism [videocassette]. Secaucus (NJ): Network for Continuing Medical Education; 2002.

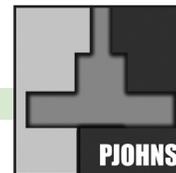
**31. Legal Material**

Public law:

Veterans Hearing Loss Compensation Act of 2002, Pub. L. No. 107-9, 115 Stat. 11 (May 24, 2001).

Unenacted bill:

Healthy Children Learn Act, S. 1012, 107th Cong., 1st Sess. (2001).

**32. Map**

Pratt B, Flick P, Vynne C, cartographers. Biodiversity hotspots [map]. Washington: Conservation International; 2000.

**33. Dictionary and similar references**

Dorland's illustrated medical dictionary. 29th ed. Philadelphia: W.B. Saunders; 2000. Filamin; p. 675.

**Unpublished Material****34. In press** (NLM prefers "forthcoming" because not all items will be printed. PJOHNS prefers "forthcoming" instead of "In Press")

Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in *Arabidopsis*. *Proc Natl Acad Sci U S A*. In press 2002.

**Electronic Material****35. CD-ROM**

Anderson SC, Poulsen KB. Anderson's electronic atlas of hematology [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins; 2002.

**36. Journal article on the Internet**

Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs*. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>Article

**37. Monograph on the Internet**

Foley KM, Gelband H, editors. Improving palliative care for cancer [Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

**38. Homepage/Web site**

Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

**39. Part of a homepage/Web site**

American Medical Association [Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

**40. Database on the Internet**

Open database:

Who's Certified [Internet]. Evanston (IL): The American Board of Medical Specialists. c2000 - [cited 2001 Mar 8]. Available from: <http://www.abms.org/newsearch.asp>

Closed database:

Jablonski S. Online Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes [database on the Internet]. Bethesda (MD): National Library of Medicine (US). c1999 [updated 2001 Nov 20; cited 2002 Aug 12]. Available from: [http://www.nlm.nih.gov/mesh/jablonski/syndrome\\_title.html](http://www.nlm.nih.gov/mesh/jablonski/syndrome_title.html)

**41. Part of a database on the Internet**

MeSH Browser [Internet]. Bethesda (MD): U.S. National Library of Medicine; 2002 - . Meta-analysis; [cited 2015 Oct 23]; [about 2 p.]. Available from: <http://www.nlm.nih.gov/cgi/mesh/2015/MB.cgi?mode=&index=16408&view=concept> MeSH Unique ID: D017418.

**42. Blogs**

Holt M. The Health Care Blog [Internet]. San Francisco: Matthew Holt. 2003 Oct - [cited 2009 Feb 13]. Available from: [http://www.thehealthcareblog.com/the\\_health\\_care\\_blog/](http://www.thehealthcareblog.com/the_health_care_blog/).

KidneyNotes.com [Internet]. New York: KidneyNotes. c2006 - [cited 2009 Feb 13]. Available from: <http://www.kidneynotes.com/>.

Wall Street Journal. HEALTH BLOG: WSJ's blog on health and the business of health [Internet]. Hensley S, editor. New York: Dow Jones & Company, Inc. c2007 - [cited 2009 Feb 13]. Available from: <http://blogs.wsj.com/health/>.

**Contribution to a blog:**

Mantone J. Head trauma haunts many, researchers say. 2008 Jan 29 [cited 2009 Feb 13]. In: Wall Street Journal. HEALTH BLOG [Internet]. New York: Dow Jones & Company, Inc. c2008 - . [about 1 screen]. Available from: <http://blogs.wsj.com/health/2008/01/29/head-trauma-haunts-many-researchers-say/>.

Campbell A. Diabetes and alcohol: do the two mix? (Part 2). 2008 Jan 28 [cited 2009 Feb 13]. In: Diabetes Self-Management Blog [Internet]. New York: Diabetes Self-Management. [2006 Aug 14] - . 2 p. Available from: [http://www.diabetesselfmanagement.com/blog/Amy\\_Campbell/Diabetes\\_and\\_Alcohol\\_Do\\_the\\_Two\\_Mix\\_Part\\_2](http://www.diabetesselfmanagement.com/blog/Amy_Campbell/Diabetes_and_Alcohol_Do_the_Two_Mix_Part_2)

Reider J. Docnotes: Health, Technology, Family Medicine and other observations [Internet]. [place unknown]: Jacob Reider. 1999 - . CRP again ...; 2004 Apr 2 [cited 2009 Feb 13]; [about 1 screen]. Available from: <http://www.docnotes.com/2004/04/crp-again.html>

**43. Datasets**

Dataset description article:

Kraemer MU, Sinka ME, Duda KA, Mylne A, Shearer FM, Brady OJ, Messina JP, Barker CM, Moore CG, Carvalho RG, Coelho GE, Van Bortel W, Hendrickx G, Schaffner F, Wint GR, Elyazar IR, Teng HJ, Hay SI. The global compendium of *Aedes aegypti* and *Ae. albopictus* occurrence. *Sci Data*. 2015 Jul 7 [cited 2015 Oct 23];2:150035. Available from: <http://www.nature.com/articles/sdata201535> doi: 10.1038/sdata.2015.35. eCollection 2015. PubMed PMID: 26175912; PubMed Central PMCID: PMC4493829.

Dataset deposit record:

Kraemer MUG, Sinka ME, Duda KA, Mylne A, Shearer FM, Brady OJ, Messina JP, Barker CM, Moore CG, Carvalho RG, Coelho GE, Van Bortel W, Hendrickx G, Schaffner F, Wint GRW, Elyazar IRF, Teng H, Hay SI. The global compendium of *Aedes aegypti* and *Ae. albopictus* occurrence [dataset]. 2015 Jun 30 [cited 2015 October 23]. Dryad Digital Repository. Available from: <http://dx.doi.org/10.5061/dryad.47v3c> Referenced in doi: 10.7554/eLife.08347

Dataset repository:

Dryad Digital Repository. Durham (NC): Dryad. [cited 2014 Oct 3]. Available from: <http://www.datadryad.org/>.

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- 1. Tables** should be self-contained and complement textual information without duplicating it. Raw data should not be presented. Construct each table with double spacing on a separate page from the main text. Do not embed tables in the text. Number tables consecutively with Arabic numerals in the order of their first citation in the text,



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