
SPECIAL ARTICLE

Uniform Requirements for Manuscripts Submitted to Biomedical Journals, and Additional Statements, 1997¹

International Committee of Medical Journal Editors

Background

A small group of editors of general medical journals met informally in Vancouver, British Columbia, in 1978 to establish guidelines for the format of manuscripts submitted to their journals. The group became known as the Vancouver Group. Its requirements for manuscripts, including formats for bibliographic references developed by the National Library of Medicine, were first published in 1979. The Vancouver Group expanded and evolved into the International Committee of Medical Journal Editors (ICMJE), which meets annually; gradually it has broadened its concerns.

The Committee has produced four previous editions of the uniform requirements. Over the years, issues have arisen that go beyond manuscript preparation. Some of these issues are now covered in the uniform requirements; others are addressed in separate statements. Each statement has been published in a scientific journal.

The fifth edition is an effort to reorganize and reword the fourth edition to increase clarity and address concerns about rights, privacy, descriptions of methods, and other matter. The total content of the document may be reproduced for educational, not-for-profit purposes without regard for copyright; the committee encourages distribution of the material.

Journals that agree to use the uniform requirements (over 500 do so) are asked to cite the 1997 document in their instructions to authors.⁽¹⁾

Inquiries and comments should be sent to

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Publications represented on the ICMJE in 1996 were the following: Annals of Internal Medicine, British Medical Journal, Canadian Medical Association Journal, Journal of the American Medical Association, Lancet, Medical Journal of Australia, New England Journal of Medicine, New Zealand Medical Journal, Tidsskrift for Den Norske Lægeforening, Western Journal of Medicine and Index Medicus.

It is important to emphasize what these requirements do and do not imply. First, the uniform requirements are instructions to authors on how to prepare manuscripts, not to editors on publication. In the publishing process, however, the journals may alter accepted manuscripts to conform with details of their publication style.

Second, if authors prepare their manuscripts in the style specified in these requirements, editors of the participating journals will not return the manuscripts for changes in style before considering them for publication. In the publishing process, however, the journals may alter accepted manuscripts to conform with details of their publication style.

Third, authors sending manuscripts to a participating journal should not try to prepare them in accordance with the publication style of that journal but should follow the uniform requirement.

Authors must also follow the instructions to authors in the journal as to what topics are suitable for that journal and the types of papers that may be submitted, for example, original articles, reviews, or case reports. In addition, the journal's instructions are likely to contain other requirements unique to that journal, such as the number of copies of a manuscript that are required, acceptable languages, length of articles, and approved abbreviations.

Participating journals are expected to state in their instructions to authors that their requirements are in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals and to cite a published version.

Issues to consider before submitting a manuscript

Redundant or duplicate publication

Redundant or duplicate publication is publication of a paper that overlaps substantially with one already published.

Readers of primary source periodicals deserve to be able to trust that what they are reading is original unless there is a clear statement that the article is being republished by the choice of the author and editor. The bases of this position are international copyright laws, ethical conduct, and cost-effective use of resources.

Most journals do not wish to receive papers in work that has already been reported in large part in a published article or is contained in another paper that has been submitted or accepted for publication elsewhere, in print or in electronic media. This policy does not preclude the journal considering a paper that has been rejected by another journal, or a complete report that follows publication of a preliminary report such as an abstract or poster displayed for colleagues at a professional meeting. Nor does it prevent journals considering a paper that has been presented at a scientific meeting but not published in full or that is being considered for publication in a proceedings or similar format. Press reports of scheduled meetings will not usually be regarded as breaches of this rule, but such

reports should not be amplified by additional data or copies of tables and illustration.

When submitting a paper, an author should always make a full statement to the editor about all submissions and previous reports that might be regarded as redundant or duplicate publication of the same or very similar work. The author should alert the editor if the work includes subjects about whom a previous report has been published. Any such work should be referred to and referenced in the new paper. Copies of such material should be included with the submitted paper to help the editor decide how to deal with the matter.

If redundant or duplicate publication is attempted or occurs without such notification, authors should expect editorial action to be taken. At the least, prompt rejection of the submitted manuscript should be expected. If the editor was not aware of the violations and the article has already been published, then a notice of redundant or duplicate publication will probably be published with or without the author's explanation or approval.

Preliminary release, usually to public media, of scientific information described in a paper that has been accepted but not yet published violates the policies of many journals. In a few cases, and only by arrangement with the editor, preliminary release of data may be acceptable—for example, if there is a public health emergency.

Acceptable secondary publication

Secondary publication in the same or another language, especially in other countries, is justifiable and can be beneficial provided all the following conditions are met.

- The authors have received approval from the editors of both journals; the editor concerned with secondary publication must have a photocopy, reprint, or manuscript of the primary version.
- The priority of the primary publication is respected by a publication interval of at least one week (unless specifically negotiated otherwise by both editors).

- The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
- The secondary version reflects faithfully the data and interpretations of the primary version.
- A footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference. A suitable footnote might read: "This article is based on a study first reported in the [title of journal, with full reference]."

Permission for such secondary publication should be free of charge.

Protection of patients' rights to privacy

Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be published in written descriptions, photographs or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient be shown the manuscript to be published.

Identifying details should be omitted if they are not essential, but patient data should never be altered or falsified in an attempt to attain anonymity. Complete anonymity is difficult to achieve, and informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity.

The requirement for informed consent should be included in the journal's instructions for authors. When informed consent has been obtained it should be indicated in the published article.

Preparation of manuscript

The text of observational and experimental articles is usually (but not necessarily) divided into sections with the headings Introduction, Methods, Results, and Discussion. Long articles may need subheadings within some sections (especially the

Results and Discussion sections) to clarify their content. Other types of articles, such as case reports, reviews, and editorials are likely to need other formats. Authors should consult individual journals for further guidance.

Title page

The title page should carry (a) the title of the article, which should be concise but informative; (b) the name by which each author is known, with his or her highest academic degree(s) and institutional affiliation; (c) the name of the department(s) and institution(s) to which the work should be attributed; (d) disclaimers, if any; (e) the name and address of the author responsible for correspondence about the manuscript; (f) the name and address of the author to whom requests for reprints should be addressed or a statement that reprints will not be available from the authors; (g) source(s) of support in the form of grants, equipment, drugs, or all of these; and (h) a short running head or foot line of no more than 40 characters (count letters and spaces) at the foot of the title page.

Authorship

All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content.

Authorship credit should be based only on substantial contributions to (a) conception and design, or analysis and interpretation of data; and to (b) drafting the article or revising it critically for important intellectual content; and on (c) final approval of the version to be published. All three conditions must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author.

Editors may ask authors to describe what each contributed; this information may be published.

Increasingly, multicenter trials are attributed to a corporate author. All members of the group who are named as authors, either in the authorship position below the title or in a footnote, should fully meet the above criteria for authorship. Group members who do not meet these criteria should be listed, with their permission, in the Acknowledgments or in an appendix (see Acknowledgments).

The order of authorship should be a joint decision of the coauthors. Because the order is assigned in different ways, its meaning cannot be inferred accurately unless it is stated by the authors. Authors may wish to explain the order of authorship in a footnote. In deciding on the order, authors should be aware that many journals limit the number of authors listed in the table of contents and that the National Library of Medicine lists in MEDLINE only the first 24 plus the last author.

Introduction

State the purpose of the article and summarize the rationale for the study or observation. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

Methods

Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. The definition and relevance of race and ethnicity are ambiguous. Authors should be particularly careful about using these categories.

Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them and evaluate their limitations. Identify precisely all drugs and chemicals used,

including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements including the protocol (study population, interventions or exposures, outcomes, and the rationale for statistical analysis), assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding).

Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

Ethics

When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 1983. Do not use patients' names, initials, or hospital number, especially in illustrative material. When reporting experiments on animals, indicate whether the institutions' or a national research council's guide for, or any national law on, the care and use of laboratory animals was followed.

Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of *p* values, which fails to convey important quantitative information. Discuss the eligibility of experimental subjects. Give details about randomization. Describe the methods for and success of any blinding of observations. Report complications of treatment. Give numbers of observations. Report

losses to observation (such as dropouts from a clinical trial). References for the design of the study and statistical methods should be to standard works when possible (with pages stated) rather than to papers in which the designs or methods were originally reported. Specify any general-use computer programs used.

Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid non-technical uses of technical terms in statistics, such as "random" (which implies a randomizing device, "normal," "significant," "correlations," and "sample." Define statistical terms, abbreviations, and most symbols.

Results

Present your results in logical sequence in the text, tables, and illustrations. Do not repeat in the all the data in the tables or illustrations; emphasize or summarize only important observations.

Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies.

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by the data. In particular, authors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may

be included.

Acknowledgments

At an appropriate place in the article (the title-page footnote or an appendix to the text; see the journal's requirements) one or more statements should specify (a) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; (b) acknowledgments of technical help; (c) acknowledgments of financial and material support, which should specify the nature of the support; and (d) relationships that may pose a conflict of interest (see Conflict of Interest).

Persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their function or contribution described, for example, "scientific adviser," "critical review of study proposal," "data collection," or "participation in clinical trial." Such persons must have given their permission to be named. Authors are responsible for obtaining written permission from persons acknowledged by name, because readers may infer their endorsement of the data and conclusions.

Technical help should be acknowledged in a paragraph separate from those acknowledging other contributions.

References

1. References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.
2. Use the style of the examples below, which are based on the formats used by the US National Library of Medicine in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the List of Journals Indexed in Index Medicus, published annually as a separate publication by the library and as a list in the January issue of Index

Medicus. The list can also be obtained through the library's web site (<http://www.nlm.nih.gov/>).

3. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted the source.
4. A void citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication
5. The references must be verified by the author(s) against the original documents.
6. The Uniform Requirements style (the Vancouver style) is based largely on an ANSI standard style adapted by the US National Library of Medicine (NLM) for its databases. Note have been added where Vancouver style differs from the style now used by NLM.

Illustrations

Submit the required number of complete sets of figures. Figures should be professionally drawn and photographed; freehand or typewritten lettering is unacceptable. Instead of original drawings, x-ray films, and other material, send sharp, glossy, black-and-white photographic prints, usually 127x173 mm (5x7 in) but no larger than 203x254 mm (8x10 in). Letters, numbers, and symbols should be clear and even throughout and of sufficient size that when reduced for publication each item will still be legible. Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves.

Each figure should have a label posted on its back indicating the number of the figure, author's name, and top of the figure. Do not write on the back of figures or scratch or mar them by using paper clips.

Do not bend figures or mount them on cardboard.

Photomicrographs should have internal scale marker. Symbols, arrows, or letters used in photomicrographs should contrast with the background.

If photographs to people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph (see Protection of Patients' Rights to Privacy).

Figures should be numbered consecutively according to the order in which they have been first cited in the text. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher, except for documents in the public domain.

For illustrations in colour, ascertain whether the journal requires colour negatives, positive transparencies, or colour prints. Accompanying drawings marked to indicate the region to be reproduced may be useful to the editor. Some journals publish illustrations in colour only if the author pays for the extra cost.

Legends for illustrations

Type or print out legends for illustrations using double spacing, starting on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

Units of measurement

Measurements of length, height, weight, and volume should be reported in metric units (metre, kilogram, or litre) or their decimal multiples.

Temperatures should be given in degrees Celsius. Blood pressures should be given in millimetres of mercury.

All haematological and clinical chemistry measurement should be reported in the metric system

in terms of the International System of Units (SI). Editors may request that alternative or non-SI units be added by the authors before publication.

Abbreviations and symbols

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

Editorial freedom and integrity

Owners and editors of medical journals have a common endeavour—the publication of a reliable and readable journal, produced with due respect for the stated aims of the journal and for costs. The functions of owners and editors, however, are different. Owners have the right to appoint and dismiss editors and to make important business decisions, in which editors should be involved to the fullest extent possible. Editors must have full authority for determining the editorial content of the journal. This concept of editorial freedom should be resolutely defended by editors even to the extent of their placing their positions at stake. To secure this freedom in practice, the editors should have direct access to the highest level of ownership, not only to a delegated manager.

Editors of medical journals should have a contract that clearly states the editor's rights and duties in addition to the general terms to the appointment and that defines mechanisms for resolving conflict.

An independent editorial advisory board may be useful in helping the editor establish and maintain editorial policy.

All editors and editors' organizations have the obligation to support the concept of editorial freedom and to draw major transgressions of such freedom to the attention of the international medical community.

Conflict of interest

Conflict of interest for a given manuscript exists when a participant in the peer review and publication

process—author, reviewer, and editor—has ties to activities that could inappropriately influence his or her judgment, whether or not judgment is in fact affected. Financial relationships with industry (for example, through employment, consultancies, stock ownership, honoraria, expert testimony), either directly or through immediate family, and usually considered to be the most important conflicts of interest. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion.

Public trust in the peer review process and the credibility of published articles depend in part on how well conflict of interest is handled during writing, peer review, and editorial decision making. Bias can often be identified and eliminated by careful attention to the scientific methods and conclusions of the work. Financial relationships and their effects are less easily detected than other conflicts of interest. Participants in peer review and publication should disclose their conflicting interests, and the information should be made available so that others can judge their effects for themselves. Because readers may be less able to detect bias in review articles and editorials than in reports of original research, some journals do not accept reviews and editorials from authors with a conflict of interest.

Authors

When they submit a manuscript, whether an article or a letter, authors are responsible for recognizing and disclosing financial and other conflicts of interest that might bias their work. They should acknowledge in the manuscript all financial support for the work and other financial or personal connections to the work.

Confidentiality

Manuscripts should be reviewed with due respect for authors' confidentiality. In submitting their manuscripts for review, authors entrust editors with the results of their scientific work and creative effort, on which their reputation and career may depend. Authors' rights may be violated by disclosure of the

confidential details of the review of their manuscript. Reviewers also have rights to confidentiality, which must be respected by the editor. Confidentiality may have to be breached if dishonesty or fraud is alleged but otherwise must be honored.

Editors should not disclose information about manuscripts (including their receipt, their content, their status in the reviewing process, their criticism by reviewers, or their ultimate fate) to anyone other than the authors themselves and reviewers.

Editors should make clear to their reviewers that manuscripts sent for review are privileged communications and are the private property of the authors. Therefore, reviewers and members of the editorial staff should respect the authors' rights by not publicly discussing the authors' work or appropriating their ideas before the manuscript is published. Reviewers should not be allowed to make copies of the manuscript for their files and should be prohibited from sharing it with others, except with the permission of the editor. Editors should not keep copies of rejected manuscripts.

Opinions differ on whether reviewers should remain anonymous. Some editors require their reviewers to sign the comments returned to authors, but most either request that reviewers' comments not be signed or leave the choice to the reviewer. When comments are not signed the reviewers' identity must not be revealed to the author or anyone else.

Some journals publish reviewers' comments with the manuscript. No such procedure should be adopted without the consent of the authors and reviewers. However, reviewers' comments may be sent to other reviewers of the same manuscript, and reviewers may be notified of the editors decision.

Medical journals and the popular media

The public's interest in news of medical research

has led the popular media to compete vigorously to get information about research as soon as possible. Researchers and institutions sometimes encourage the reporting of research in the popular media before full publication in a scientific journal by holding a press conference or giving interviews.

The public is entitled to important medical information without unreasonable delay, and editors have a responsibility to play their part in this process. Doctors, however, need to have reports available in full detail before they can advise their patients about the reports' conclusions. In addition, media reports of scientific research before the work has been peer reviewed and fully published may lead to the dissemination of inaccurate or premature conclusions.

Advertising

Most medical journals carry advertising, which generates income for their publishers, but advertising must not be allowed to influence editorial decisions. Editors must have full responsibility for advertising policy. Reader should be able to distinguish readily between advertising and editorial material. The juxtaposition of editorial and advertising material on the same products or subjects should be avoided, and advertising should be sold on the condition that it will appear in the same issue as a particular article.

A journal should not be dominated by advertising, but editors should be careful about publishing advertisements from only one or two advertisers as readers may perceive that the editor has been influenced by these advertisers.

Journals should not carry advertisements for products that have proved to be seriously harmful to health-for example, tobacco. Editors should ensure that existing standards for advertisements are enforced or develop their own standards. Finally, editors should consider for publication all criticisms of advertisements.