

# Information for Authors

## 1. Scope and policy of the Journal

*Clinical Chemistry and Laboratory Medicine (CCLM)* publishes Research Articles, Reviews, Mini Reviews and Opinion Papers on all aspects of clinical chemistry and laboratory medicine. Articles in *CCLM* are published in English. Areas covered include: clinical biochemistry, clinical molecular biology and proteomics, hematology and coagulation, immunology, microbiology, drug monitoring and analysis, evaluation of diagnostic markers, new reagents, reference materials, reference values, and quality in laboratory medicine. *CCLM* publishes papers on novel teaching and training methods applicable to laboratory medicine. *CCLM* also publishes Guidelines and Recommendations, Letters to the Editor, Point/Counterpoint Papers, Editorials and Meeting Reports. Review Articles and Opinion Papers are normally published by invitation, but suggestions to the Reviews Editor/Editor in Chief are welcome. Reviews should be submitted along with a photograph and a short CV (6-10 lines, written in the 3rd person singular) of the corresponding author and all co-author(s). This information will be published after the References. Congress abstracts can be published at page charges of EURO 110.00 per page.

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Please submit manuscripts exclusively online at:  
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### Preparation of manuscripts

**Language:** Manuscripts should be written in clear and concise English. Please have your text proofread by a native English speaker before you submit it for consideration. At proof stage, only minor changes other than corrections of printers' errors are allowed.

**Cover letter:** Each manuscript should be accompanied by a cover letter containing a brief statement by the authors describing the novelty and importance of their research.

**General format and length:** Type the manuscript (including table legends, figure legends and references) double-spaced using 12 pt font size. Do not use footnotes in the text, use parentheses instead.

When you submit your work, please ensure the following:

- The manuscript is complete and uploaded correctly. (The PDF file generated from the submitted files must be approved.)
- The full names of all authors are provided (personal name, middle initials, family name).
- Author affiliations are complete.
- All Figures and Tables have been uploaded and appear correctly at the end of the PDF.
- Abstract, Keywords, List of Abbreviations, Tables and Figures, and captions and legends are included.
- Number of words, Figures, Tables, and References are indicated on the title page.
- Manuscript is spell-checked and within the word limit for the type of article.
- Manuscripts must be written in clear and concise English.
- References are in the correct format (Vancouver style) and cited sequentially in the text.
- References mentioned in the reference list are cited in the text and vice versa.
- Ethical approval has been obtained and mentioned in the text, if applicable.
- Authors' conflict of interest declaration is included.
- A cover letter containing a brief statement describing the novelty and importance of the work is included.
- The names and e-mail addresses of up to three potential reviewers, preferably not from the same country as the authors, should be included (does not apply to invited articles).
- SI units are used.
- Numbers have decimal points, no commas, also in Tables and Figures.
- Supplier name, city and country are provided for reagents and apparatus reported in the manuscript.

**General format and length of the types of articles accepted for submission (word count excluding references, captions and Tables/word count in Abstract/no. of Keywords/no. of Tables & Figures/References)**

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**Full length Research Articles:** 3500/250/3-6/8/50/Structured Abstract

**Reviews:** 6000/250/3-6/8/150/Unstructured Abstract

**Mini Reviews:** 3500/250/3-6/4/40/ Unstructured Abstract

**Opinion Papers:** 3500/250/3-6/2/40/Unstructured Abstract

**Letters to the Editor:** 1200/NA/3-5/2/10/No Abstract

**Letters to the Editor: Reply:** 750/NA/3/1/10/No Abstract

**Point and Counterpoint:** 1500/200/3-5/2/15/Unstructured Abstract

**Guidelines and Recommendations:** 3500/250/3-6/6/40/Structured Abstract

**Editorials:** 1500/NA/NA/10/No Abstract

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**References:** Adhere strictly to the reference style of the Journal (Vancouver; recommendations of the "International Committee of Medical Journals Editors"; see *N Engl J Med* 1991;324:421-8). All references mentioned in the Reference list must be mentioned in the text, and vice versa. List and number the references consecutively in the order that they appear in the text, including Tables and Figures. In the text, identify references by Arabic numerals in parentheses. Italic and boldface font type in the Reference section is not allowed. List all authors; if the number is 7 or more, list the

first 6 names followed by et al. Identify authors by last name first, followed by up to 2 initials, without periods, indicating the authors' first name. Only the first name of the title is capitalized, as well as proper names within the title. Journal names are abbreviated according to the *World List of Scientific Periodicals*, without periods. After the abbreviated journal name, give the year of publication, followed by a semicolon, volume number (but no issue number), followed by a double colon, and the page numbers, with the last page number in shortened format. Meeting abstracts may be cited only if published in journals. Unpublished observations and personal communications are cited only in the text. Correct linking of the references depends on strict adherence to Journal style.

- Articles in journals: Söderberg J, Jonsson AP, Wallin O, Grankvist K, Hultdin J. Haemolysis index – an estimate of preanalytical quality in primary health care. *Clin Chem Lab Med* 2009;47:940–4.
- Articles ahead of print: McDonald PJ, Strachan JA, Digby J, Steele RJ, Fraser CG. Faecal haemoglobin concentrations by gender and age: implications for population-based screening for colorectal cancer. *Clin Chem Lab Med* 2011;49. Epub ahead of print 13 Dec 2011. DOI: 10.1515/CCLM.2011.815.
- Supplements: Ploder M, Schroecksadel K, Spittler A, Neurauter G, Roth E, Fuchs D. Moderate hyperhomocysteinemia in trauma and sepsis indicates poor survival. *Clin Chem Lab Med* 2009;47:Suppl:S187.
- Books and Monographs: Kahn CR, Weir GC, editors. Joslin's diabetes mellitus, 13th ed. Philadelphia: Lea and Febiger, 1994:1068.
- Chapters: Karnofsky DH, Burchenal JH. The clinical evaluation of chemotherapeutic agents in cancer. In: Macleod CM, editor. Evaluation of chemotherapeutic agents. New York: Columbia University Press, 1949:191–205.
- Website: World Health Organization. WHO information for laboratory diagnosis of pandemic (H1N1) 2009 virus in humans update. Available at: [http://www.who.int/csr/resources/publications/swineflu/WHO\\_Diagnostic\\_RecommendationsH1N1\\_20090521.pdf](http://www.who.int/csr/resources/publications/swineflu/WHO_Diagnostic_RecommendationsH1N1_20090521.pdf). Accessed: 6 Nov 2009.

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**Supplemental material:** You may submit additional tables, figures, videos, appendices or other additional material (e.g. references) that exceeds the limitation of the article as Supplemental data for online only publication. Supplemental data should be uploaded as separate file(s) during submission. Within the text, Supplemental data must be cited consecutively and be referred to as Supplemental data (e.g. see Supplemental data, Figure 1). Supplemental

data is subject to peer review as part of the manuscript. If the manuscript is accepted and the Supplemental data is posted online, it will be referenced in the article of the printed version together with the URL where it can be found.

**Nomenclature:** Follow the rules of the IUPAC-IUB Commission on Biochemical Nomenclature, as in *IUB Biochemical Nomenclature and Related Documents*, 3rd ed., obtainable from Biochemical Society Book Depot, P.O. Box 32, Commerce Way, Colchester, CO2 8HP, U.K. Enzyme names should be in accordance with the recommendations of the IUPAC-IUB Commission on Biochemical Nomenclature, 1978, as in *Enzyme Nomenclature*, published by Academic Press, New York, 1992. Genotypes should be given in italics, phenotypes should not be italicized. Nomenclature of bacterial genetics should follow Damerec et al. *Genetics* 1966; 54:61–76.

Measurands should be given in SI units or with conversion factor to SI units.

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### Rejection of Manuscripts

Manuscripts dealing with subjects that have been well studied in the literature, and that do not resolve questions raised by previous studies, or manuscripts that are statistically underpowered, are likely to be rejected without peer review. This applies in particular to studies of genetic associations, which will be considered only if they contribute new insights and are statistically valid according to generally accepted criteria. Articles which are likely to affect the choice, performance or interpretation of clinical tests will be favored over those which do not, and animal or cell-culture studies need to justify their eligibility. Reporting of negative results must be justified by prior evidence that a positive result would be expected. Manuscripts are also returned to authors if they do not comply with the Information for Authors (e.g., if the number of words allowed for a certain article type will be exceeded).

### Translational Research Papers

Type of study considered: *in vitro*, *ex vivo*, animal, human.

Inclusion criteria:

- Highlight new insights into the pathophysiology of biological parameters used (or to be implemented) in routine laboratory medicine.
- Highlight new insights into the metabolism and/or the mechanisms of action of biological parameters used (or to be implemented) in routine laboratory medicine.
- Highlight new insights on the utility of various molecules as biomarkers.
- Help to understand the mechanisms of variation of biological parameters.
- Provide new information on the use of biological parameters and help to improve laboratory practice.

Exclusion criteria:

- Experimental Pharmacology and Therapeutics (systemic or local effects of drugs or substances).
- Basic research studies and clinical studies that do not have a direct relationship to the field of clinical chemistry and laboratory medicine.

### Please contact the Editorial Office with any further questions:

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We will do our best to assist you.