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*Developmental Medicine & Child Neurology*

Updated January 2009

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1. Good publication practice
2. Copyright
3. Presentation and formatting of your paper
4. Selection and publication
5. OnlineOpen
6. Style points

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1. Good publication practice

   a) **Authorship**
   b) **Duplicate publication**
   c) **Reporting guidelines**
   d) **Approval and consent**
   e) **Funding**
   f) **Disclosures**

The journal follows the guidelines of the International Committee of Medical Journal Editors (www.icmje.org) and Blackwell Publishing’s Best Practice Guidelines on Publication Ethics (http://www.blackwellpublishing.com/Publicationethics/). In particular, please note the following points.

a) **Authorship**

Credit for authorship should be based on
I. substantial contributions to research design, or the acquisition, analysis or interpretation of data;

II. drafting the paper or revising it critically;

III. approval of the submitted and final versions.

The covering letter must be signed by all the authors, or the corresponding author must state that all the authors have read the manuscript and agreed it to being submitted for publication. The letter should state that all individuals listed as authors meet the appropriate authorship criteria, that nobody who qualifies for authorship has been omitted from the list, that contributors and their funding sources have been properly acknowledged, and that authors and contributors have approved the acknowledgement of their contributions. The covering letter should include a short description of each author’s contribution and should state whether he or she had complete access to the study data that support the publication.

Contributors who do not qualify as authors should be listed, and their contribution described, in an acknowledgement section at the end of the article. When authors are publishing on behalf of a group, the membership of the larger authorship group should be listed in an appendix. Up to eight authors may be included on the title page.

b) Duplicate publication

Authors should declare that the submitted work and its essential substance have not previously been published and are not being considered for publication elsewhere. If publishing the results of a clinical trial, please include the clinical trial registration number. We would prefer that all trials are registered in a publicly accessible database.

Manuscripts must not be submitted simultaneously to another journal.

c) Reporting guidelines

The Editors and Editorial Board strongly recommend that authors follow the guidelines of the Equator network when reporting research methods and findings (http://www.equator-network.org/).

d) Approval and consent

Ethical approval Authors of research articles should demonstrate that the research has been approved by a named research ethics committee, that the committee’s recommendations have been adhered to, and that written informed consent for participation and publication has been obtained. Please include a statement in the text of your paper to indicate that ethical approval has been given and give the name of the body (research ethics committee, institutional review board etc.) that approved the study. Please also indicate in the text that patients or their carers have given informed consent to the research and to publication of the results.

If the institution’s research ethics committee did not consider that their approval was needed, this should be stated in the text.

Consent If recognizable photographs or verbal descriptions of an individual are used in an article, written consent from the appropriate person(s) must be submitted to the journal. All case reports and clinical photographs require consent. Names, initials, or any other means of identification should not be shown on any photograph.
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3. Presentation and formatting of your paper

a) All papers
b) Original articles
c) Case reports
d) Reviews
e) Letters to the Editor
f) Figures
g) References
h) Supplementary material

a) All papers
Please use single-line spacing for all parts of the submission.

Title page Include only the title of the paper, authors’ names, degrees, main appointment and primary affiliation (i.e. one affiliation only), and word count. Identify the corresponding author and give his or her postal address, fax number, and e-mail address.

Abstract On the second page of original articles and systematic reviews, provide a full structured abstract of no more than 200 words, with the following headings: Aim; Methods, Results, Interpretation. Non-systematic reviews and case reports should have a non-structured abstract of 150–200 words, covering the aims, method, results, and conclusions of the study.
On the abstract page, also provide a shortened form of the title for use as a running foot.

**Tables, figure legends and appendices** Set out on separate pages at the end of the document, after the references. Figures (e.g. illustrations, charts and photographs) should be presented in separate files as described below. We normally accept no more than the following number of tables and/or figures: Original articles, 4; case reports, 2; letters, 1.

**b) Original articles**

Original articles should not exceed 3000 words or include more than 25 references. Longer papers such as those reporting randomized controlled trials may occasionally be published at the Editors’ discretion. Articles should comprise an introductory section (but not headed ‘Introduction’), followed by ‘Method’ (with optional subheadings, such as ‘Participants’ [rather than ‘Subjects’] and ‘Statistical analysis’), ‘Results’, and ‘Discussion’ sections. The Discussion section should include the limitations of the study. Subheadings, otherwise, should be kept to a minimum.

**c) Case reports**

DMCN now accepts case reports only if they significantly add to our understanding of a condition or present a novel finding. Case reports should not normally exceed 1500 words or include more than 15 references. They should comprise an introductory section as above, followed by the ‘Case Report’, then a ‘Discussion’ section.

**d) Reviews**

We publish two types of review. One is a fully detailed comprehensive review of a subject, such as a systematic review, with full referencing. The other is intended to be a more personal view providing the reader with up-to-date information about the subject in question in a relatively brief format (3000 words and 25 references maximum), referring to significant international papers but not forming a comprehensive overview of the literature.

**e) Letters to the Editor**

These are published at the Editor’s discretion. They may comment on a published paper, or raise issues that are new to DMCN. In the case of letters commenting on a published paper, normally the author of that paper will be invited to comment on the letter, with both letter and comments being published in the same issue. Letters should not exceed 750 words.

**f) Figures**

We normally accept no more than four figures and/or tables for original articles, two for case reports, and one for letters. Figures (illustrations) should be submitted electronically as separate files (not incorporated into the main text of the article). Full guidelines about acceptable file formats and preparation of illustrations are provided at www.blackwellpublishing.com/bauthor/illustration.asp.

Please label radiographs, CT, or MRI scans with left [L] and right [R], and if appropriate with anterior [A] and posterior [P]. Areas of interest should be marked with an arrow. For EEGs please indicate the gain, timescale, and lead position.

Graphs should be as simple as possible, not three-dimensional, and not framed. Shading should be white, black, or strong hatching, not grey. No background lines should be used (except for bars and axes).
**Colour** If colour printing of figures is essential for their comprehension, please indicate this in the covering letter. There is normally a charge to the author for printing in colour.

**g) References**
The Vancouver style is used, as recommended by the International Committee of Medical Journal Editors. Cite using a superscript number in the text, with a numerical list of references at the end of the paper presented in order of citation. Cite only peer-reviewed, published material. The journal does not recognize abstracts or submitted (as opposed to accepted, or ‘forthcoming’) papers as proper citations; such material should not be listed with the references but cited only in text, followed by ‘(personal communication)’.

List all authors unless more than six, in which case list the first three followed by et al., using Index Medicus abbreviations for journal names (see http://www.nlm.nih.gov/tsd/serials/lji.html). Order and punctuate bibliographic information as follows (see full set of examples in Citing Medicine: the NLM Style Guide for Authors, Editors and Publishers at www.ncbi.nlm.nih.gov/books/bookres.fcgi/citmed/frontpage.html):


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DMCN publishes online supplementary material (including data sets, images, and audio and video files) that cannot be included in the print version of an article. This material should be relevant to and supportive of the parent article. For guidelines see http://www.blackwellpublishing.com/bauthor/suppmat.asp.

**4. Selection and publication**
Submissions are normally sent to at least two independent referees. Case reports and reviews are assessed by the Editors and one or more independent referees. During the submission process, authors have the opportunity to, and are encouraged to, suggest three suitable independent referees (with their contact details) but the choice of referee rests with the Editor. Most papers also undergo statistical review before acceptance.

Papers thought to have immediate, clinically important consequences may be considered for fast-track publication. The decision to prioritize remains with the Editor.
When an accepted paper has been copy-edited, has been approved by the author, and is ready for publication, it will normally be posted online in the journal’s ‘Early View’ section.

Authors receive a free PDF of the paper soon after publication. Reprints may be ordered when returning proofs. Please send no payment: an invoice will be sent shortly after you receive the reprints.

5. OnlineOpen

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6. Style points

**Jargon** Avoid it strenuously. The journal aims to communicate across disciplines, and many of its readers do not have English as their first language, so plain language is always preferred. The Editors may clarify and shorten manuscripts accepted for publication as necessary.

**Abbreviations** These should be kept to a minimum and restricted to those that are generally recognised. They must be spelled out in full on first usage in text, figure captions, and table footnotes.

**Participant details** Give mean (SD) age in years and months (not decimal years) and sex (n, not %). Ensure this information is included in the abstract. In the text, indicate where study and comparison groups are from and how participants were selected.

**Measurements** Use SI units, except for blood pressure (mmHg); convert imperial units to metric. Do not use percentages for sample sizes below 50; use the symbol ‘%’ in tables. Show standard deviations as (SD), not ±. Abbreviate probability with a lower case italicized *p*.

**Numbers** In general, use numerals, but spell out numbers at the beginning of sentences. Spell out numbers ‘one’ to ‘nine’ if they refer to nouns that are not units of measurement, e.g. ‘The results from four children confirm the findings’.
**Equipment and drugs** Include (in parentheses) the name of the manufacturer, the city, and country of production.