

Instructions for authors

The Radiographer

Australian Institute of Radiography

August 2010

Submit manuscripts to

email review@air.asn.au

tel +61 3 9419 3336

Several types of papers may be presented for publication in *The Radiographer*. These are:

- Full paper
- Review article
- Commentary
- Case report/study
- Short communication
- Pictorial review
- Correspondence

The Radiographer considers for publication all clinical and technical aspects of diagnostic imaging, radiation therapy, professional issues, education and research.

PREPARATION OF MANUSCRIPTS

Papers must be written in English. Times New Roman 12 point is the preferred type font. If this is not available, other commonly used type fonts may be used e.g. Times, Palatino, Helvetica or Univers. Text, references, figure legends and tables should be in the same type font.

Word and .rtf files are accepted.

Text should be double spaced with margins of at least 25 mm on all sides.

Manuscripts must be submitted by email, with tables and figures sent as attachments, NOT embedded in the document.

Covering letter

A covering letter must be sent with the submission. All authors must sign the covering letter. The letter must include the postal address, email, telephone and facsimile numbers of the corresponding author.

The corresponding author is responsible for obtaining the approval of all co-authors regarding any subsequent revisions to a paper.

Authors should state what type of paper they are submitting (see above for the types of papers).

Peer review process

All submitted papers are reviewed. Submissions are acknowledged immediately upon receipt. Each paper is allocated to two reviewers from a regularly updated database containing the names and interests of the reviewers. Papers are de-identified before they are sent for review.

When revision is requested, all points raised by the reviewers must be answered by the authors on a separate sheet returned with the revised manuscript. If the authors disagree with specific reviewers' recommendations, they are free to explain their reasoning when resubmitting the paper.

The Editors will make the final decision to accept or reject the paper, having reviewed the referees' reports.

The AIR publications assistant will be pleased to update authors on the status of their submission. Each paper is allocated a reference number (given in the acknowledgment letter), which should be quoted in any communication with AIR in connection with that paper.

Publication times

On average, the interval from receipt of a paper to publication in *The Radiographer* is three–six months (includes refereeing and production excludes author revision).

Categories of decision

- Accept
- Accept with revisions
- Possible acceptance following major revision and resubmission
- Reject

AIR referees are asked to provide detailed comments for transmission to the authors. Every effort is made to send referees' reports to authors within our weeks. However, this may not be possible in all cases.

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The Australian Institute of Radiography holds the copyright on all papers published in *The Radiographer*. Permission to reproduce figures or lengthy excerpts of text must be obtained from the AIR. Requests should be addressed to the Editor by email to editor_radiographer@air.asn.au before any material is reproduced.

The authors, or the corresponding author of each paper (taking responsibility for the agreement of any co-authors), will be requested to sign an AIR Publishing Agreement following submission of a paper.

Papers submitted to *The Radiographer* should not be submitted simultaneously to any other journal. Papers must not have been published previously and should not be intended for publication elsewhere.

In the event of it being necessary to include a previously published figure, table or other material in a paper, authors must obtain copyright permission from the relevant source prior to submission. A copy of the letter granting permission to reproduce this both in hard copy and electronic forms should be sent with the manuscript. The source must be acknowledged in the caption or text as appropriate.

ETHICS, PLAGIARISM AND AUTHORSHIP

Ethics

When reporting quality improvement projects, observational studies and experiments on human or animal subjects, the authors must indicate that the procedures followed were in accordance with the ethical standards of the responsible institution's committee on human or animal experimentation.

Patients' names, initials, or hospital numbers should not be used, especially in illustrative material.¹ Papers should adhere to the National Health and Medical Research Council ethics requirements^{2,3,4} or similar.

Authors must state the name, place and date of the human research ethics committee approval in the paper, or provide to the satisfaction of the Editor the reason(s) why ethics approval was not required.

Patient consent

Patient anonymity must be maintained. If there is any possibility that the patient can be identified in an illustration, written consent must be obtained from the patient/parent/guardian by the authors and a line stating that this has been received included in the figure caption.

Trust between radiographer/clinician and patient is of paramount importance: the informed consent of all patients participating in reported trials must be obtained and a statement to this effect included in submitted papers when relevant.

Original data

The Editors reserve the right to ask to examine the raw data on which the results of a submitted article are based.

Plagiarism

Submitted articles must acknowledge any books, articles and other sources used for the publication. Failure to appropriately reference (see the references section for the style used in *The Radiographer*) may result in an accusation of plagiarism. Plagiarism is considered to be literary theft – "It occurs when people take the thoughts or writings of another and present them as their own, without acknowledging the original source."⁵

Authorship

The order of authorship should be a joint decision of the co-authors. All persons designated as authors should qualify for authorship. Each should have participated sufficiently in the work to take public responsibility for the content.

Authorship credit should be based only on substantial contributions (a) to conception and design, or analysis and interpretation of data; (b) to drafting the article or revising it critically for important intellectual content; and (c) on final approval of the version to be published. Conditions (a), (b) and (c) must all be met.⁶

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. The Editors may require authors to justify the assignment of authorship.

STATISTICAL GUIDELINES

Where the use of statistics is a part of the paper, the aim of the study should be clearly described and a suitable design, incorporating an appropriate number of subjects, used to accomplish the aim.

It may be useful to seek advice regarding statistical analysis before undertaking a study to confirm it has adequate power. Presentation of a power calculation within the paper demonstrates the ability of the study to detect clinically or biologically meaningful effects.

Details should be provided on selection criteria, whether data were collected prospectively or retrospectively, and any exclusions or losses to follow-up that might affect the study population.

Information on subject characteristics in groups being compared should be given for any factors that could potentially bias the comparison of the groups; such information is often best presented in a tabular format in which the groups are in adjacent columns.

If the study was randomised, details of the randomisation procedure should be included. Measures of variation should be included for all important results. When means are presented, the standard deviation or the standard error of the mean should also be given, and it should be clear which of these two measures is being quoted.

When medians are given, measures of variation such as the interquartile range or overall range should also be included. Estimates of differences, e.g. between two means being compared, should be provided with 95% confidence limits to aid the reader and author to interpret the results correctly. Note that estimation of the size of effects, e.g. treatment or prognostic factor effects, is as important as hypothesis testing.

Statistical procedures should be described and referenced for all *P*-values given, and the values from which they were derived should be included. The results of the evaluation of a test procedure should state clearly the criteria used to define positivity and the sensitivity, specificity, positive predictive value and negative predictive value should all be quoted together with their 95% confidence limits.

The validity of statistical procedures should also be confirmed; authors are advised to seek advice regarding statistical analysis if uncertain of the appropriateness or interpretation of statistical methods.

LAYOUT OF PAPER

Title page

The title page should provide the following information:

- The title of the paper (other than full papers, the category heading of the paper should be stated above the title, e.g. review article, short communication)
- Abbreviations should not be used in the title (except CT and MRI, which are permissible)
- The names of the authors, which should comprise: initials, surnames and not more than three (3) qualifications per author
- The full address(es) where the work discussed in the paper was carried out (do not use abbreviations in addresses)
- Authors' names should be linked to the appropriate address using numerals
- The corresponding author's address should be an email address
- If the corresponding author's address has changed, the new address may be included as a footnote, linked to the name by an asterisk
- A shortened version of the title (in which abbreviations are permissible) should be provided for use as the running head. This should be no more than 70 characters in length, including spaces
- Footnotes stating a conference or meeting where a paper was presented should not be included
- Footnotes should be included stating any source of funding or financial interest where relevant
- For refereeing and indexing purposes authors are requested to provide keyword

Abstract

The abstract should be typed on a separate page with section headings – Purpose, Methods, Results, Conclusion. It is a crucially important component and should be an accurate and succinct précis of the paper. Key statistics should be included. An abstract should not exceed 250 words and should not contain references.

As a guide for scientific papers, brief answers to the following questions should be contained in the abstract:

Why did you carry out the study? How did you do it? What did you find? What does it mean?

As a guide for descriptive type papers, an overview of the key elements and conclusions should be contained in the abstract.

Keywords

A list of up to 8 keywords or topic areas that reflect the subject content of the paper must be provided

Main text

The main body of a paper should begin on the page following the abstract. There are no stringent rules regarding the inclusion of specific headings but the general guideline is to organise text to include an Introduction followed by Methods and materials/patients; Results; Discussion; Conclusion; Acknowledgments (if relevant); References; Tables; Figure captions. It is not necessary for each section to begin on a new page.

Avoid repetition between sections and avoid repeating any table data in the text.

Abbreviations may be used where appropriate but must always be defined where first used e.g. Australian Institute of Radiography (AIR).

The names and locations (town, country) of manufacturers of all equipment and drugs must be given.

For the purposes of clarity up to three clearly differentiated levels of subheading may be used.

Footnotes should not be used.

References

The accuracy of references is the responsibility of the authors. References must be checked carefully at source before the paper is submitted. References must be numbered numerically as they appear in the text. Multiple references must be separated by commas without spaces; ranges of references must be linked with a hyphen, e.g. 1,2,3,12–15

The Radiographer uses the Vancouver system of referencing, with two minor 'house style' differences: in the text, references are cited as a superscript number immediately after the relevant word within the sentence or after the punctuation mark, and a single author's name is used in the text followed by et al. where there is more than one author.

Each reference should be given a number in the order that the references appear in the text, i.e. references must be cited in numerical order. A reference cited in a table or figure caption counts as being cited where the table or figure is first mentioned in the text.

Examples

“radiation incidence² show”

“Ghiatas *et al.*³ discuss”

In the text, use only the first author's name followed by et al. (in italics).

In the reference list, include the first six authors' names. If there are more than six authors include the first six followed by et al.

Do not include as references uncompleted work or work that has not yet been accepted for publication. Reference may be made to work that is “in press” but not to work that is “submitted”.

References to private communications should be given only in the text (i.e. no number allocated). The author and year should be provided.

The reference list at the end of the paper should begin on a new page. The references in the list must be given in numerical order.

Journal

Include reference number, author name(s) and initials, paper title, abbreviated name of journal (in italics), year of publication, volume number, first and last page numbers of paper. For journal title abbreviations refer to the abbreviation listing in Index Medicus.

Example

- 1 Ghiatas AA, Chopra S, Schnitker JB. Is sonographic flow imaging useful in the differential diagnosis of adrenal masses? *Br J Radiol* 1996; 69: 1005–8.

For up to six authors, all authors' names should be given. For more than six authors, the first six names followed by "et al." should be used.

Book

Include reference number, authors' names, title of paper or chapter, editors' names, title of book, town of publication, publisher, year of publication, first and last page numbers of material cited.

Example

- 2 Lovelock DJ. Radiation incidents in dentistry. In: Faulkner K, Harrison RM, editors. Radiation incidents. London: British Institute of Radiology; 1996. 6–11.

Conference proceedings

Include reference number, name of editor(s). Title of publication, title of meeting, date of meeting, town, country, publisher, year of publication.

Example

- 3 Ring EFJ, Elvins DM, Bhalla AK, editors. Current research in osteoporosis and bone mineral measurement IV. Proceedings of the 1996 Bath Conference on Osteoporosis and Bone Mineral Measurement; 1996 June 24–26. Bath. London: British Institute of Radiology; 1996.

Conference paper

Include author(s) and title of paper (as in example above) followed by "In:" and the details of the Conference Proceedings in which it appears (as in example above).

All references must appear both in the text and in the reference list.

Figures

Figures must be cited in the text and must be supplied separately as electronic files.

Suggested positioning of figures must be indicated in the manuscript with a separate line: 'Insert Fig. X about here'.

Photographs and other images must be attached as high-resolution jpg files (300 dpi [dots per inch] or higher. Low-resolution 72 dpi images as used on the internet are not suitable for reproduction in print).

Graphs, chart and tables should be in Word or Excel, attached NOT embedded in the article.

Figures must be saved as jpeg files and clearly identified by number, name of first author and an appropriate key word eg: Fig. 1 Cox MRI.jpg.

Resolution

Files should be saved at the appropriate dpi for the type of graphic:

Line drawings – save at 800 dpi (or 1200 dpi for fine line work)

Halftone and colour work – save at 300 dpi.

Where necessary, figures must be referenced. The accuracy of references is the responsibility of the author. References must be checked carefully at source before the paper is submitted.

All figures, diagrams and tables must be fully referenced if duplicated or adapted from another source.

Avoid different tints of shading in graphs. Use solid black and white or variations of cross-hatching.

Annotations, e.g. arrows, should be used to indicate subtle but salient points and should be placed directly onto figures.

Composition

The image should be cropped to show just the relevant area and the amount of white space around the illustration should be kept to a minimum. Captions should be incorporated in the manuscript text, not in the file name.

Captions

These should be concise. Avoid repeating material from the text. Captions should be set out on a separate sheet. Abbreviations used in figures should be defined in the caption.

Units, Symbols and Mathematics

Authors should use the International System of Units (SI).⁷ Units of radiation should be given in SI, e.g. 1 Sv, 1 Gy, 1 MBq. Exceptions are mmHg for blood pressure and g dl for haemoglobin.

For guidance authors should refer to the publication Units, Symbols and Abbreviations – A Guide for Medical and Scientific Editors and Authors.⁸

All radiation factors (dose/time/fractionation) must be listed.

Equations should be numbered (1), (2) etc. to the right of the equation. Do not use punctuation after equations.

Do not include dots to signify multiplication – parameters should simply be typed closed up, or with a multiplication sign if necessary to avoid ambiguity.

Tables

Tables must be cited in the text and must be supplied separately as electronic files. They should be numbered numerically with Arabic numerals (1, 2, 3, etc.) and each should have a short descriptive title.

Suggested positioning of tables must be indicated in the manuscript with a separate line: 'Insert Table X about here'.

Tables should be in Word or Excel, attached NOT embedded in the article.

Authors should aim for maximum clarity when arranging data in tables. Where practicable, entries in tables of figures should be confined to one line (row) in the table, e.g. 'value (\pm sd) (range)' on a single line is preferred to stacking each entry on three separate lines. Columns and rows must be properly aligned.

Include a horizontal rule at the top and bottom of a table and below the column headings. If a column heading encompasses two or more subheadings then the main headings and subheadings should be separated by a single short rule. No other rules should be included – neither horizontal nor vertical.

Appropriate space should be used to separate rows and columns.

A table may have footnotes if necessary. These should be referred to within the table by superscript letters, which will then also be given at the beginning of the relevant footnote. Each footnote should begin on a new line. A general footnote referring to the whole table does not require a superscript letter.

Abbreviations in tables should be defined in footnotes, even if defined in the text or a previous table.

Appendices

Authors are discouraged from including appendices if the material can be included in the main text. If an appendix is necessary, e.g. mathematical calculations that would disrupt the text, it should be placed after the reference list and begin on a separate sheet. If more than one appendix is included these should be identified using letters:

- An appendix may contain references, but these should be listed separately and numbered A1, A2, etc.
- Appendices must be referred to in the main text.

FULL PAPER

Follow the general guideline as described above when presenting a full paper. This category of paper should describe an original research including a systematic review and meta-analysis; and quality improvement.

REVIEW ARTICLE

Longer review articles are sometimes published in *The Radiographer*. These will usually be at the invitation of the Editors, who will request that the article meets a firm deadline and indicate the length of article required. The Editors will also consider proffered reviews.

COMMENTARY

The aim of this category of paper is to discuss relevant aspects of a practice or an issue. Authors should review the literature pertaining to the topic and address the various perspectives that exist. Opinions and recommendations are then expressed with the support of evidence from the literature. The Editors will consider the educational and professional experiences of the author(s) prior to acceptance for publication.

CASE REPORT/STUDY

This category of paper should describe one of the following:

- Previously unreported interventional technique in a recognised disease. Previously unreported, relevant imaging observations on recognised disease or lesion
- Previously unreported clinical condition
- Previously unreported complication of a radiological procedure

SHORT COMMUNICATION

This category of paper encompasses work-in-progress articles, short reports, technical notes etc. Authors of short communications should aim to be as concise as possible and not include too many references. In general, a short communication should be no more than 3000 words in length.

PICTORIAL REVIEW

The aim of a pictorial review is to provide an up-to-date visual portrayal of a topical issue, having particular educational value. The text should be kept to a minimum (1000 words maximum). The article may be based on a poster presentation at a major meeting.

CORRESPONDENCE

Letters to the Editor intended for publication may be submitted on any matters of interest to readers of *The Radiographer*.

A letter commenting on an article that has appeared in a previous issue of *The Radiographer* must be submitted within 6 weeks after the publication of the article. The letter may be forwarded to the authors of that article to allow them to reply. If accepted, both letters will be published together.

Letters should not, unless absolutely necessary, contain tables or figures.

All authors of a letter must sign the letter. The letter must include the postal address, email, telephone and facsimile numbers of the corresponding author.

PROOFS

Following acceptance of a paper, the manuscript will be edited to comply with house style, and typeset. The corresponding author will receive a proof of the paper for checking before it is published. It is the authors' responsibility to return proofs by the requested date.

If any queries have arisen during the editorial process, the corresponding author will receive a query sheet with the proof and the places on the proof to which the queries refer will be marked.

Proofs are sent by email as pdf files. The Editors prefer that authors use Adobe Acrobat pdf editing tools to mark corrections on proofs.

If Adobe Acrobat is not available, authors should print the pages and mark corrections clearly on the pages. Mark the place in the text where the correction is to be made and write the correction clearly in the margin next to it.

Corrected proofs may be returned to the publisher by email or facsimile; email is preferred.

The corresponding author is responsible for checking proofs thoroughly. By approving the proofs any editorial changes are being accepted. The corresponding author should check very carefully authors' names, all scientific data, data in tables, any mathematics and the accuracy of references. Unimportant changes to the text should not be made at this stage.

REPRINTS

A copy in pdf format of each published paper will be supplied free of charge on request.

References

- 1 International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Secretariat Office, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572, USA: *Annals of Internal Medicine*, 1993.

- 2 National Health and Medical Research Council. Australian Code of Practice for the Care and Use of Animals for Scientific Purposes (7th Edn.). Australian Government, 2004. Accessed on 23/11/2008 at <http://www.nhmrc.gov.au/publications/>
- 3 National Health and Medical Research Council. National Statement on Ethical Conduct in Human Research. Australian Government, March 2007. Accessed on 23/11/2008 at <http://www.nhmrc.gov.au/publications/>
- 4 National Health and Medical Research Council. When Does Quality Assurance in Health Care Require Independent Ethical Review? Advice to institutions, Human Research Ethics Committees and Health Care Professionals. Commonwealth of Australia, 20 February 2003. (Accessed on 18/10/08 at www.nhmrc.gov.au/publications)
- 5 Learning Skills Guide, Educational Services Unit, Murdoch University, 1980.
- 6 International Committee of Medical Journal Editors (ICMJE). Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Authorship and Contributorship. (Accessed on 20/3/2010 at http://www.icmje.org/ethical_1author.html)
- 7 Goldman DT, Bell RJ, editors. *The International System of Units (SI)* (7th edn.). London: HMSO, 1987.
- 8 Baron DN, editor. *Units, symbols and abbreviations. A guide for Medical and Scientific Editors and Authors* (5th edn.). London: Royal Society of Medicine Press, 1994.

CHECKLIST

The following checklist is provided to help authors to prepare a paper for submission to *The Radiographer*. Refer to the information on the previous pages for full details.

- Covering letter (providing address details of corresponding author and signatures of all authors, and stating category of paper)
- Electronic version of the article in Word, .rtf or .txt file
- Electronic images (separate image files clearly labelled / numbered) in jpeg format
- List of keywords attached
- All requested information included on title page (including author qualifications and contact details)
- Abstract (except for cases of the month) included
- Manuscript typed double spaced, with 25 mm margins
- All pages numbered
- All references cited in text and in list, using Vancouver notation
- Check references at <http://www.ncbi.nlm.nih.gov/sites/entrez>
- All abbreviations defined in text
- All tables and figures cited in text
- All figures labelled and captions provided
- Ethics: Informed patient consent obtained, and details of ethical committee supplied, where appropriate
- Permission obtained to reproduce (both in print and electronically) any material that has been published previously

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