INDICATIONS FOR THE AUTHORS

1.THE COLOMBIAN JOURNAL OF OBSTETRICS AND GYNECOLOGY (RCOG in Spanish) is the official publication of the Colombian Federation of Obstetrics and Gynecology. With a quarterly circulation, it is published in March, June, September, and December. It is covered by resolution 218 of 1950 issued by the Ministry of Government, welcomes the agreement on Uniform Requirements for the Preparation of Documents Sent to Biomedical Journals, prepared by the International Committee of Directors of Medical Journals (The New England Journal of Medicine 1997; 336:309-15) and publishes specialized articles, with the prior approval of the Editorial Committee, which may suggest some form or substance modifications, in order to present the article in a convenient manner. All the documents sent to the Journal undergo a peer review process and are sent for evaluation to other specialists in the field. This process is carried out anonymously and the only people who know the identities of both the author and the reviewer are the editors of the Journal, who is responsible for sending correspondence between authors and reviewers.

2.The work must be unpublished, that is, neither the article nor part of it, or its essence, tables, or figures, may have been published or be in the process of being published in another journal. The subsequent publication or its total or partial reproduction must have the Editor's approval and grant credit to the original publication in the Journal.

3.Articles must be submitted to the Colombian Journal of Obstetrics and Gynecology, electronically through the OJS (Open Journal System) management system, along with the Originality Letter, Copyright Assignment along with the signatures of all authors, a completed Verification List according to the nature of the article and Letter of Endorsement from the Ethics Committee when applicable. Papers must be unpublished and written using Arial 12 font, double-spaced, and keeping top and bottom margins of 2.5 centimeters and left and right margins of 3 centimeters using Microsoft Word®. For submission, access the link http://revista.fecolsog.org/index.php/rcog/user/register, register as an author, upload the required files and fill out all the requested information.
Only

documents that meet all the required criteria and the indications for the authors will initiate the editorial process.

4.When reporting on human experiments, the approval of the Ethics Committee of the Institution where the study was conducted is required and the 1964 Declaration of Helsinki and its subsequent amendments (the last one being that of the 52nd General Assembly, Edinburgh, Scotland, October 2000) must be followed; these can be found in http://www.wma.net/s/policy/17-c_s.html. The names of the patients, their initials or the number of the medical history should not be included, nor general data that allow their identification in certain circumstances. Only documents that meet the criteria required in the checklist and submitted in the formats provided on the journal page will be received (see: https://revista.fecolsog.org/index.php/rcog/formatos)

5.An initial review will be made to verify that the content of the document is relevant to the target audience, that it is focused on topics covered by the journal, and that it contains the quality and clarity criteria of the report suggested by the EQUATOR initiative for original research of controlled clinical trials, observational studies, diagnostic tests accuracy studies, systematic reviews, economic evaluations, and qualitative research (see: http://www.equator- network.org/). See more information in the lower section of this document

6.The Colombian Federation of Obstetrics and Gynecology — FECOLSOG, strongly recommends that all articles approved for publication be translated into English, as the publication is currently in PubMed, and the translation into this language allows for greater visibility and readability. Thus, it offers authors a 50% subsidy for translation costs. The other 50% of this cost will be assumed by the authors. The translation is carried out by an expert company and it is the same company that shall translate the publication.

7.Software will be used to detect plagiarism or double publications, with a maximum similarity level of 25%. Plagiarism is the act of presenting as one´s own, an idea or product whose content is derived from an already existing source. The editorial office will assess all potentially acceptable documents to detect the possibility of

plagiarism and double publication, with the iThenticate® program. Given that iThenticate® also checks for self-plagiarism or redundancy, it is advisable for authors to pay special attention to correctly citing any content even if it is the result of their previously published work. If the editors of the Colombian Journal of Obstetrics and Gynecology discover plagiarism in an article that has been submitted, the article shall be rejected, and the guidelines suggested by the Publications Ethics Committee shall be followed.

8.When presenting the work, each different part must start on a new page, according to the following sequence: title page; abstract and keywords; main text with the structure and length as described for each type of study; acknowledgments; bibliography; tables and figures; authors contribution. Each of the tables and figures must be on a separate sheet identified by its corresponding title and numbered in strict order of appearance. The content of each section is described below.

8.1 Title page: this page includes: a) the title of the article (Spanish and English) with no more than 100 characters (counting letters and spaces) b) names and surnames of each author, accompanied by their most important academic degrees and their affiliation institutional; c) name and physical and electronic address (e-mail) of the correspondence author. On the title page, the author (s) must identify potential conflicts of interest and sources of financing (for example, scholarships, donations obtained from Colciencias, Banco de la República; contributions from the pharmaceutical industry or technological innovation companies), with as much complete and detailed information as possible, regardless of the amount or type of support received. The name of the sponsor(s) must be provided along with an explanation of any role the sponsor (s) have had in the design of the study; data collection, analysis, and interpretation; writing the report or the decision to submit the results for publication.

The document should be as concise as possible, and no abbreviations should be used. If the topic has been presented at any scientific meeting or congress, its nature, the city, and the date of the presentation must be indicated.

8.2 Authorship: as established in the Uniform Requirements for consideration as the author of a work, it is essential to have made substantial contributions to: a) the conception and design, or the data acquisition and information, or data analysis and interpretation; b) article planning or revision of important intellectual content; c) final approval of the version to be published. Authors must meet conditions a), b) and c) simultaneously. "Courtesy authorship" is unacceptable. The contribution of samples or the recruitment of patients, for example, although essential for research, do not constitute authorship in themselves and a mention in the acknowledgments is sufficient for this type of contribution. The authors must specify their participation in the preparation of the article.

Any changes related to authorship or regarding contributions to content (addition, deletion or reorganization of authors), after submitting the document to the editorial process, must be approved in writing by all authors (including added or withdrawn authors) and will be submitted directly by the correspondence author who must notify and explain to the editorial office the arguments for such change. The final decision on this request (acceptance or rejection) will be made by the journal´s Editor.

8.3 Summary and keywords: They must be presented in a structured format that includes: Objectives, materials and methods, results, conclusions. They must be concrete and written in an impersonal style. The keywords used in the proposal must be added to the BIREME Descriptors in Health Sciences (DeCS) list (available at:

http://decs.bvs.br/cgi-bin/wxis1660.exe/decsserver/?IsisScript=../cgibin/decsserver/decsserver.xis&interface_language=e&previous_page=homepage&previous_task=NULL&task=start).

The abstract and the key words in English (abstract and key words) must preserve the previously mentioned structure (Objectives, Materials and Methods, Results, Conclusions).

The key words must be extracted from the Medical Subject Headings (MeSH) of PubMed (available at: https://www.ncbi.nlm.nih.gov/mesh);for this purpose, the authors can use the following resourcehttps://meshb.nlm.nih.gov/MeSHonDemand where by copying and pasting the abstract in English (abstract) the indexing terms suggested by the National Library of Medicine can be found. In the case of recently appeared terms that do not yet appear in the DeCS or the MeSH, free language expressions may be used.

8.4 Main text: The use of idioms, medical jargon, regionalisms, anglicisms or any idiomatic variation that goes against the good use of the language should be avoided. Papers must be unpublished and written using the Arial 12 font, double-spaced, and keeping 2.5 cm top and bottom margins and 3 cm left and right margins using Microsoft Word®.

Mathematical formulas and expressions must follow the International System of Units. The use of abbreviations is not recommended except for units of measurement. If abbreviations, acronyms, or acronyms are used, the first time they are mentioned in the text they must be preceded by the complete words that originate them. All measurements must be expressed in the units of measurement of the International System of Units, noting the conventional units of measurement in parentheses.

In the case of measurements of length, height, weight and volume, the metric system (meters, kilograms, or liters) or its multiples of 10 must be used. Temperatures should be reported in degrees Celsius. Blood pressures should be reported in millimeters of mercury. All hematology or chemistry test values must be reported in the metric system following the terms of the International System of Units (SI). The tables and figures must also use the units of measurement of the International System of Units, noting in the legends of the figures or in the notes to the tables the conversion factors of the conventional units.

In the case of controlled clinical experiments, these must have been previously registered in the protocol phase in the International Clinical Trials Registry Platform(ICTRP) of the World Health Organization available in: http://www.who.int/ictrp/en/)

or in the clinical trials registry of the National Institute of Health of the United States(Clinical trials.gov, available in: https://clinicaltrials.gov/). This record must be reported as part of the final document, prior to its publication. It is also important to add the considerations on animal research in this section (whether or not there is an Animal Research Committee, the care that was taken with these, etc.).

In the main text of the document, after the materials and methods section, the authors must present the ethical aspects regarding their presentation. All studies must follow the principles established in the 1975 Helsinki Declaration, revised in 2013, and documents must be approved by the necessary authority before submission. All studies resulting from original research must be reviewed and endorsed by an ethics committee; Authors must send the study approval letter issued by the Ethics Committee electronically through the OJS (Open Journal System) management system, along with the other requirements requested to complete the submission. If the author (s) consider your study to be without endorsement by an ethics committee, you must provide an explanation for it.

The full name of the Ethics Committee (s) that approved the study must be contained in the document. When it comes to reporting a case or series of cases, instead of endorsement by an Ethics Committee, the informed consent completed with the patient can be presented and attached, authorizing the report of the case (s), and the use of photographs or any material. All articles must protect the patient's right to privacy and the confidentiality of the information must be guaranteed.

The development and outline of the text depends on the type of work and section to which they will be destined. For more detail, see the section on type of published documents and consult Table 1 for the length of the article.

Table 1. Length of document			
Type of article	**Maximum length of the summary**	**Maximum word count for the document ***	**Maximum number of references for the document**
Original research	250 words	5.500 words(±22 pages)	60
Systematic reviews	250 words	6.250 words(±25 pages)	80
Case report	200 words	3.500 words(±16 pages)	40
Guidelines and Consensus	250 words	6.250 words(±25 pages)	80
Letter to the Editor	N/A	500 words (±2 pages)	10
Educational article	200 words	4.400 (±18 pages)	40
Reflection article	200 words	4.400 (±18 pages)	40
History of medicine article	200 words	3.500 (±16 pages)	40

*Document length includes all numbered pages in a document (i.e., text, tables, charts, figure captions, and appendices). Pages must be double-spaced.

† Suggested limit

8.5 Acknowledgments: Contributions that need recognition, but do not justify authorship, will be included, such as the general support given by a department director. Other examples include scientific advisers, reviewers, data collectors, typists, etc.

8.6 References: The Colombian Journal of Obstetrics and Gynecology suggests that the authors cite at least two (2) Colombian or Latin American references. References are identified with Arabic numerals in parentheses and are listed in strict order of appearance of citations in the text are double-spaced.

The outline and punctuation of the references, as well as the abbreviations of the magazine titles, must be based on the Vancouver style rules. Summaries will not be used as a reference.

Tables and figures: Tables and charts shall be called tables and must be numbered in Arabic according to their strict order of appearance. The corresponding title should be at the top of the sheet and the notes at the bottom (no explanations should be added in the heading), trying to be brief (a sentence or two is usually enough). Unit symbols must appear in the column headings. Tables should use the following order of appearance of symbols that may appear in the footnotes *, †, ‡, §, ||, ¶, **, §, ††, ‡‡

The photographs, graphs, drawings, and diagrams are called figures, they are listed in strict order of appearance and their legends are written on separate sheets. If a figure or table has been previously published, the written permission of the publisher is required, and credit must be given to the original publication.

If photographs of people are used, written permission must be obtained. The Editorial Committee reserves the right to limit the number of figures and tables. When uploading the document, the attached tables, and figures at are to be sent at the end of the document. However, tables and figures as must also be sent as electronic files using the OJS (Open Journal System) management system, in EPS or PDF format, or higher resolution TIFF. Low resolution tables and figures, digitized files adapted from slides, or downloaded from the Internet will not reproduce well. Graphics created in Microsoft Word, PowerPoint or Excel must be sent as .doc files or .docx, .xls o .xlsx, o .ppt o .pptx. It is essential that the author sends the original, high resolution or editable files. The tables and figures must also use the units of measurement of the International System of Units, noting in the legends of the figures or in the notes to the tables the conversion factors to the conventional units.

8.8 Contribution from the authors: The authors must specify their participation in the preparation of the document, in terms of conception and design, data and information acquisition, analysis and data interpretation; article planning,

intellectual content review and final approval of the version sent to the editorial process as a guarantee of transparency in the authorship of the publication.

9. The types of documents published in RCOG are:

9.1 ***Original research studies:*** These are documents resulting from observational research or clinical experiments and consist of the following sections:

a. *Introduction:* It presents the condition of interest and provides a clear definition of the subject of the study and the burden of the disease (incidence, prevalence, quality of life, impact for the system in terms of costs). It also briefly details the key aspects related to the intervention (frequency, route of administration or duration of therapy) or exposure in the case of observational studies, mentioning the biological plausibility through which the intervention or exposure exerts its effect. (mechanism of action). This section should be closed by mentioning the relevance of the research question and presenting the main objective of the study, relating it to the research question. It is highly desirable that this section indicates the controversies or knowledge gaps that are intended to be resolved with the study. The introduction should ideally not exceed 500 words (two pages).

b. *Materials and methods:* It describes in a complete and detailed manner the elements and procedures implemented, so that the results can be reproduced. This section focuses in design; study population (inclusion and exclusion criteria); sampling and sample size; process; instrument for used to collect information; definition of variables and type of statistical analysis. In this section, it is essential to mention ethical considerations according to the type of research (not only for experimental studies), the use of informed consent (if this is necessary) and approval by the Ethics Committee from the institution or university where the study was conducted or to which the researchers are affiliated.

In the case of controlled clinical experiments, these must have been previously registered in the protocol phase in the International Clinical Trials Registry Platform (ICTRP) of the World Health Organization, available in: http://www.who.int/ictrp/en/) (or in the clinical trials registry of the National Institute of Health of the United States (Clinicaltrials.gov, available in: https://clinicaltrials.gov/). This record must be reported as part of the final document, prior to its publication. It is also important to add the considerations on animal research (whether or not there is an Animal Research Committee, the care that was taken with these, etc.) in this section.

c. *Results:* It provides information regarding how many patients were potential candidates, how many did not meet the inclusion or exclusion criteria, and finally mention the number of participants who were part of the study. This section should present descriptive statistics based on those key clinical and sociodemographic variables. The results must be presented clearly and unequivocally, and it is imperative that they focus exclusively on those that correspond to the proposed objective(s) and the research question. Tables and illustrations are presented in logical sequence in the text, without repeating the data in the tables or illustrations in the text.

d. *Discussion* Brief description of the most important findings of the study, so to contrast the results with the international and local literature and provide a possible explanation of the differences and similarities regarding the observed results. It ends with the strengths and weaknesses of the study, as well as mentioning the implications of the results for clinical practice and for research.

e. *Conclusions:* brief summary of the study conclusions based on the results presented, focusing on the objective (s) and the research question (s).

9.2 Literature review article: The reviews integrate the results of published or unpublished research in a scientific or technological field, in order to account for progress and trends in development.

Since 2013, the RCOG prioritizes the publication of literature reviews that follow a verifiable, repeatable methodology and with low risk of bias on narrative reviews. For tips on preparing for systematic reviews, see: https://es.cochrane.org/sites/es.cochrane.org/files/public/uploads/manual_cochrane_510_web.pdf.

The review article should consist of the following sections:

a. *Introduction:* it must contain a brief description of the objective of the review or the population subgroup that is interested in the review, to continue with the description of what is evaluated and applicable to the condition to be studied. The topic may cover a medical technology, for example, a medication , a surgical procedure, a diagnostic test. It may also be a risk factor or a prognostic factor. It should continue with a brief description of how the subject under evaluation works and end with the importance of the literature review presented to the readers of the RCOG.

b. *Materials and methods:* The question to be answered with the literature review (PICO format) must be included, based on the criteria, the inclusion of studies within the review by type of epidemiological design (clinical trials if medical or surgical interventions, cohorts or series of cases or reviews of the literature or clinical practice guidelines), type of participants, type of exposure (intervention, diagnostic test or prognostic risk factors of interest) and results (primary and secondary) that will be evaluated with the literature review may be included. When evaluating interventions, at least one of the primary outcomes is related to possible adverse effects. This section should contain a description of the search strategy implemented. It should be mentioned: the databases or any other source of information where the research was carried out, the search terms and the limits implemented (type of language, date of publication, etc.). Reference should be made to the methodology used to select the relevant studies, how many authors were in charge of selecting the articles, extracting the data, evaluating the risk of bias, and analyzing the information.

The way in which discrepancies were solved must be mentioned. The results may be presented descriptively or by grouping data by statistical methods or meta-analysis. This section should contain the measures of effect for the dichotomous and continuous data (Relative Risk -RR, Opportunity Ratio -OR or Risk Difference - DR) . In the case of the meta-analysis, the graphs and tables that group the information from the included studies, the assessment of heterogeneity in the results and the reporting bias must also be presented. Finally, necessary considerations must be made regarding the methodology used to synthesize the information (fixed or random effects) as well as possible subgroup or sensitivity analyzes.

c. *Results:* mention should be made of the number of titles retrieved, those that were excluded and the reason for this, and then we should give way to present the number of included studies (the authors must rely on the construction of a PRISMA flow chart). The key characteristics of the included studies (study site, population, intervention, comparisons, and outcomes) and of the evaluation of the quality of the studies (risk of bias) and the presentation of the results of the review should be summarized. either descriptively or by weighted grouping of data by means of tables or figures that include the information described in the methodology.

d. *Discussion:* it should be focused on the main findings of the literature. Agreements and disagreements with other reviews, the effect of the quality of the evidence on the findings, and the applicability of the evidence should be mentioned.

e. *Conclusions*: a reference of the implications for practice and research should be made.

The search strategy (described in detail) and the tables with the details of the included and excluded studies should be uploaded as complementary information using the OJS (Open Journal System) management system. The search strategy should be labeled Appendix S1, and any tables that include/exclude studies should

labeled as Table S1. As a general rule, only the key figures and tables to be published on paper should be selected with everything else as supplemental information online.

If the protocol has been published, the appropriate citation must be added, and, not simply cite the Cochrane handbook or other generic guide.

PROSPERO is the international online registry for systematic reviews that aims to reduce duplication and promote efficient use of resources. We recommend registering with PROSPERO for all systematic reviews with the aim of improving the transparency and rigor of secondary research, but currently it is not a requirement. Please note that retrospective registration is not possible. For more information see: https://www.crd.york.ac.uk/prospero/

9.3 *Case report or case series:* the presentation of case reports (from 1 to 5 cases) and of the series of cases (6 or more cases) in the Colombian Journal of Obstetrics and Gynecology (RCOG) aims to: 1- Disseminate information about diseases that represent a new challenge for clinical practice, 2- The generation of an association hypothesis. 3- A reason to do a literature review on a subject which is controversial or there is little information 4- In situations of therapeutic interventions, describe a new technique, disseminate, or revise a surgical technique.

As of this date, the Colombian Journal of Obstetrics and Gynecology (RCOG) will only accept case reports without review of the literature under exceptional circumstances (e.g. description of a new surgical technique or a new condition). A review of the literature should have the following sections:

a. *Title:* Contains the design and purpose for which the case(s) is/are submitted. This is usually a literature review.

Structured summary of the following sections: Objective of the case(s) presentation Materials and methods: brief description of the characteristics of the case(s) and description of the clinical setting where the cases were attended. The databases that were

consulted to perform the literature review should be mentioned as well as the terms implemented. R*esults:* Presents the number of studies retrieved, their design and finally how many were included in the review of the topic. Presents the most relevant findings of the bibliographic review. Conclusions: focused on the case and on the literature review.

The body of the document must contain the following sections: a) Introduction: contains a brief description of what is known about the condition in terms of the definition of the entity that defines the cases, frequency and diagnosis, management, and prognosis. It points out the knowledge gaps and controversies around the subject and the reason why the presentation of the report or the series of cases is important for medical knowledge. This section closes mentioning the objective of the study, which focuses on reporting the case (s) and reviewing the available literature around a specific clinical aspect of the case (diagnosis, treatment, prognosis, etc.)

b. *Cases presentation:* Brief description of the positive findings that allow the identification of the cases (reason for consultation, history, physical examination, or diagnostic tests) of the management and final evolution. If a new procedure is described, it must be described in detail to allow its repetition in other scenarios. The characteristics of the site where the case(s) were evaluated should be described; it is suggested to include the level of complexity and type of population that it serves. If a new institution must be introduced, it must be presented in sufficient detail for it to be recognized again by other authors. In the case of a new surgical technique, it must be presented in detail to allow its replication in other sites.

c. *Materials and methods*: The question to be answered alongside with the literature review must be included; the authors are suggested to focus on only one clinical aspect of the case, probably the most relevant one (diagnosis, treatment, prognosis, etc.). It should include the search terms, the databases where the search was made, the period of time that includes the search and languages. It must also describe the inclusion criteria of the studies, per type of design, type of population included or type of exposure (intervention).

If there are any exclusion criteria for the studies they should be mentioned, while it is suggested to include the variables to be analyzed in the study; the authors can build a table where relevant aspects of each study are presented (included in the review of the topic): author, site and year in which the study was done, epidemiological design, type of participants, type of exposure evaluated, and measured results. The materials and methods section should include a section on ethical aspects such as: confidentiality of information, protection of patient's rights and informed consent for publication.

d. *Results:* This section should detail the number of titles identified by the research, number of included and excluded studies (with a reason for exclusion), the epidemiological design, the site where the study was conducted, and the variables to be analyzed in the included studies. Finally, this section presents the search results, around the clinical aspect selected to carry out the topic review.

e. *Conclusions:* Brief summary of the most important findings of the literature review in light of the objectives of the presentation of the case (s).

It is important to emphasize that when the objective of presenting the cases is to review the literature, there is no discussion section. When it comes to a new surgical technique, the discussion section should contrast the possible advantages of the new technique in relation to those already available. As of this date, the Colombian Journal of Obstetrics and Gynecology (RCOG) will only accept case reports without a literature review under exceptional circumstances (e.g. description of a new surgical technique or a new condition).

When it comes to reporting cases or case series, which does not require review of the literature, it is recommended to implement the following format:

Title: It must contain the design and the why the case is presented

Summary: It must be structured and must include the following subsections: Objective, Materials, and methods (place and time, measured variables, analysis). Results and Conclusions

The body of the document must contain the following sections:

a. *Introduction:* It contains a brief description of what is known about the condition in terms of its definition, frequency, and diagnosis. Additionally, it should mention the knowledge gaps and controversies around the subject and the reason why the presentation of the report or the series of cases is important; aspect that is closely related to the purpose of the presentation.

b. *Presentation of the case or cases:* Brief description of the positive findings that allow the identification of the cases (reason for consultation, history, physical examination, or diagnostic tests) of the management and final outcome. If a new procedure is described, it must be described in detail to allow its repetition in other scenarios.

c. *Materials and methods:* It should include the inclusion criteria, exclusion of the subjects, the characteristics of the site where they were treated (level of complexity and type of population served), the procedure to collect the information, the variables that were measured, and the analysis of the data.

d. *Results* (only for the case series): Describe the characteristics of the population that is included and the exposures that are relevant to the cases.

e. *Discussion:* This section only applies when the objective of presenting the cases is the description of a new entity or a new surgical technique or the generation of an association hypothesis. The aim is to contrast the findings of the cases presented with that described in the literature regarding similar entities, other surgical techniques, or elements to consider as factors supporting the association (dose response, biological plausibility, etc.).

9.4 *Reflection article*: This is an article where the author presents an analytical, interpretive, or critical perspective on a specific topic, using original sources. It has at least one objective that arises from unsolved assumptions or controversies. It has a thesis to support (not a hypothesis to reject or verify) based on theories that support its approach and the facts that allow the verification of the thesis, ending with the conclusions of the document. These types of articles usually do not include the methodology and discussion sections.

9.5 *Medical education:* It has a clear educational objective and seeks to contribute to the comprehensive training of the doctor. This type of article should have an introductory section where the importance of the topic for the readers of the magazine is highlighted, to then present as an objective, the concepts or skills that are intended to be provided through the development of the content. Next, the article presents as a central axis, the facts that support the key concepts, which must be appropriated by the reader, ending with a brief conclusion about the importance of the concepts presented. These types of articles may or may not use a hypothetical case as the background for the instructional exercise.

9.6 *History of medicine:* historical aspects of any area of medicine.

9.7 *Letters to the editor:* brief comments on some work published in the Magazine, or stories of general interest for the health area.

10.Style rules for referencing the studies included in the studies published in the RCOG

Standard magazine article. List the first six authors followed by et al.

- Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. Ann Intern Med 1996 Jun 1;124(11):980-3.

As an option, if a magazine uses a continuous pagination format throughout each volume (as many magazines do), the month and number can be omitted.

(Note: For consistency reasons, this option is used in the examples of uniform requirements. NLM does not use that option.) Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. Ann Intern Med 1;11:980-3.

More than six authors Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5-year follow-up. Br J Cancer 1996;73:1006-12.

An organization as an author. The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. Med J Aust 1996;164:282-4.

No author. Cancer in South Africa [editorial]. S Afr Med J 1994;84:15.

Article not in English. (Note: NLM translates the title into English, encloses the translation in square brackets, and adds an abbreviation to name the original language.)

Ryder TE, Haukeland EA, Solhaug JH. Bilateral infrapatellar seneruptur hostidligere frisk kvinne. Tidsskr Nor Laegeforen 1996;116:41-2.

Volume with a supplement. Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102 Suppl 1:275-82.

Number with a supplement. Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996;23(1 Supl 2):89-97.

Volume with a part. Ozben T, Nacitarhan S, Tuncer N. Plasma, and urine sialic acid in non- insulin dependent diabetes mellitus. Ann Clin Biochem 1995;32(Pte 3):303-6.

Number with a part. Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. N Z Med J 1994;107(986 Pte 1):377-8.

Number with a volume. Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. Clin Orthop 1995;(320):110-4.

Without number or volume. Browell DA, Lennard TW. Immunologic status of the cancer patient and the effects of blood transfusion on antitumor responses. Curr Opin Gen Surg 1993:325-33.

Pages with Roman numerals. Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. Hematol Oncol Clin North Am 1995 Apr;9(2):xi- xii.

Type of article indicated according to need. Enzensberger W, Fischer PA. Metronome in Parkinson's disease [carta]. Lancet 1996;347:1337. Clement J, De Bock
R. Hematological complications of hantavirus nephropathy (HVN) [resumen]. Kidney Int 1992;42:1285.

Article where there is a retraction. Garey CE, Schwarzman AL, Rise ML, Seyfried TN. Ceruloplasmin gene defect associated with epilepsy in EL mice [retractación de Garey CE, Schwarzman AL, Rise ML, Seyfried TN. In: Nat Genet 1994;6:426-31]. Nat Genet 1995;11:104.

Retracted article. Liou GI, Wang M, Matragoon S. Precocious IRBP gene expression during mouse development [retractado en Invest Ophthalmol Vis Sci 1994;35:3127]. Invest Ophthalmol Vis Sci 1994;35:1083-8.

Published article with typing error Hamlin JA, Kahn AM. Herniography in symptomatic patients following inguinal hernia repair [errata publicada aparece en West J Med 1995;162:278]. Med J Aust 1995;162:28-31.

Books and other monographs

Personal author (s). Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd. ed. Albany (NY): Delmar Publishers; 1996.

Editor (s), compiler (s) as author. Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

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