We greatly appreciate your interest in submitting your manuscript to A&A Practice (formerly, A&A Case Reports). Our goal is to provide authors with a thorough yet timely review of their submissions. We aim to complete all initial decisions within 6 weeks.

**Note:** The following Instructions for Authors are specifically for A&A Practice. Please do not refer to the separate Instructions for Authors for Anesthesia & Analgesia. New submissions to A&A Practice need to be prepared according to the Instructions that follow. Failure to do so may result in your submission being returned without review.

This current Version 3.3 of the Instructions for Authors for A&A Practice replaces the earlier Version 3.2.

As of July 1, 2019, A&A Practice will receive and review additional types of manuscript submissions. Authors should read carefully the descriptions and requirements of all the possible manuscript types before submitting their manuscript to A&A Practice.

A&A Practice remains fully editorially aligned and operationally integrated yet distinct from Anesthesia & Analgesia.

**Mission and Scope**

A&A Practice exists for the benefit of patients under the care of health care professionals engaged in any discipline broadly related to anesthesiology, perioperative medicine, critical care medicine and pain medicine. As its title implies, this journal is intended to address the interests of the practicing clinician. The scope and content of A&A Practice is thus intentionally wide-ranging yet pragmatic.

A&A Practice is published only online and is indexed in PubMed.

**A&A Practice Instructions for Authors**

A&A Practice has specific Instructions for Authors for submitting articles, which are found below. We strongly encourage all authors to read these instructions completely and carefully, and to prepare their manuscripts in accordance with these instructions. Failure to do so will almost certainly delay processing your submission.


Submitted articles not in accordance with our instructions may be returned for revision prior to peer-review or even rejected outright.

Brevity is crucial for a well-written and effective scholarly article. Thus, particular attention should be paid to the listed word count, reference count, and table/figure limits for each article type, both for an initial submission and subsequent revisions.
The word count, reference count, and table/figure limits will be strictly enforced, resulting in a manuscript being returned to the author(s) for revision before initial or subsequent peer-reviews.

If a paper is poorly written and thus difficult to understand, it will likely not receive as favorable a review, despite presenting strong science and/or novel information. In fact, your manuscript may not even be sent for review before you are asked to correct the grammar. If indicated, please consider using a Language Editing Service (see below) to address this issue before your initial submission.

Occasionally, authors will be asked by the Editorial Board to resubmit their work as a different article type. If so, this subsequent manuscript will be handled as an entirely new submission, with a corresponding new assigned manuscript number.

Any changes (additions or deletions) of authors will need to be justified and clearly communicated. See below, Section 8.A. Role of Authors and Contributors.

Please note that a Glossary of Terms is now required for all submissions to A&A Practice except a Letter to the Editor. See below, Section 6.

Questions?

If you have a question specifically for the Executive Editor of A&A Practice, Dr. BobbieJean Sweitzer, please email her at BobbieJean.Sweitzer@nm.org.

If you have questions about these submission instructions, or the peer review process of A&A Practice in general, please contact the Editorial Office via editor@anesthesia-analgesia.org.

Manuscripts may only be submitted via the Editorial Manager online submission system: Submit your manuscript to A&A Practice here.

Download a PDF version of the full Instructions for Authors of A&A Practice.

INSTRUCTIONS FOR AUTHORS

Section 1: A&A Practice Article Topics
Section 2: Articles at a Glance
Section 3: Standardized Study Reporting Requirements
Section 4: Digital Copyright Transfer Agreement
Section 5: Open Access Option for Publication
Section 6: Manuscript Preparation Requirements
Section 7: Editorial, Ethical and Legal Requirements
Section 8: Common Reasons Your Submission is Returned Without Review

SECTION 1: A&A PRACTICE ARTICLE TYPES (Back to Contents)

A&A Practice publishes short, yet informative, peer-reviewed articles that can be presented as one of the following types:

(1) Case Report: Reports the unique clinical characteristics and/or perioperative, critical care, acute pain-related, or chronic pain-related clinical care of one to three (1 to 3) patients. Authors of a Case Report manuscript must adhere to the points outlined in Section 7.C. below.
(2) **Case Series**: Reports the unique clinical characteristics and/or perioperative, critical care, acute pain-related, or chronic pain-related clinical care of **four or more (≥ 4) patients**. Authors of a Case Series manuscript must adhere to the points outlined in Section 7.C. below.

(3) **Educational Tool**: Describes a novel approach or tool that addresses an important conventional or emerging aspect of education or training. Authors of an Educational Tool manuscript must adhere to the points outlined in Section 7.C. below.

(4) **Innovation**: Proposes an innovative solution to an anesthesia, perioperative, critical care, pain, patient safety, quality and performance improvement, or global health management issue. This can include the concept of a new technology or the novel use of an existing technology. Authors of an Innovation manuscript must adhere to the points outlined in Section 7.C. below.

**Note**: An Educational Tool or Innovation manuscript can include purely descriptive data, but it is **not** required to do so. However, these manuscripts **cannot** be hypothesis-based.

Please note that comparative data collection and comparative data analyses are **NOT** permitted with an *A&A Practice* submission. Nevertheless, these manuscripts can and ideally do propose in the Discussion a hypothesis for a subsequent, conventional, comparative trial or study.

Submissions to *A&A Practice* can form the basis for a subsequent, more rigorous, hypothesis-based, comparative data-containing, formal research study, which is then submitted as an Original Research Report to *Anesthesia & Analgesia*.

Authors of a descriptive data-containing Educational Tool or Innovation manuscript must also adhere to the points outlined in Section 7.C. below.

(5) **Problem-Based Learning Discussion (PBLD)**: This represents a variation of a descriptive Case Report. This format applies a real-life scenario to enhance the learner-readers' knowledge and to provide a meaningful context that relates to the learner-readers’ professional activities, enabling interactive peer-to-peer, teaching-learning in an open communication style. Ideally but not mandatorily, such a PBLD is based on an actual (real-life) patient. Authors of a PBLD must adhere to the points raised in Section 7.C. below.

(5) **Echo Rounds** and **Echo Didactics**: Undertake a focused discussion of a unique or interesting perioperative clinical situation in which cardiovascular ultrasound was central to the clinical management (Echo Rounds); solicited submissions presenting a practical clinical review of a particular ultrasound topic related to transesophageal, surface/transthoracic, epicardial, epiaortic or intravascular echocardiography (Echo Didactics).

(6) **Diagnostic Ultrasound Rounds**: Undertake a succinct discussion of a unique or interesting perioperative clinical situation in which ultrasound was central to the clinical management. Specifically, this includes non-cardiac “Point-of-Care Ultrasound" (POCUS), but excludes ultrasound for regional nerve blocks.

(8) **Letter to the Editor**: Occasionally and at the sole discretion of the Editorial Board, *A&A Practice* may publish correspondence regarding a previously published article in *A&A Practice*. A Letter to the Editor is **not** intended to provide other communication of general interest to the readership. This Letter to the Editor should be brief, with no more than **1000 words**. Six or fewer references, but no tables or figures, may be provided. Such correspondence submissions **cannot** contain additional clinical (patient-related) information.

Please note that when submitting a manuscript to *A&A Practice*, go to [http://www.editorialmanager.com/xaar/default.aspx](http://www.editorialmanager.com/xaar/default.aspx) and select one of the *A&A Practice* article types.

These include **Case Report**, **Case Series**, **Educational Tool**, **Innovation**, **Echo Rounds**, **Echo Didactics**, **Diagnostic Ultrasound Rounds**, **Problem-Based Learning Discussion**, or **Letter to the Editor**.
All submissions for publication by A&A Practice containing patient information and originating within the United States must be prepared in accordance with the requirements of HIPAA privacy regulations (See below Section 7.C. A&A Practice Compliance with HIPAA Privacy Regulations). The author(s) must state at the end of the Introduction of the manuscript that this requirement was met.

Regulations outside the United States, including if applicable, the requirement to obtain approval from an Institutional Review Board (IRB) or Research Ethics Committee (REC), or written patient consent, must be adhered to for any submission to A&A Practice containing patient information. The author(s) must state at end of the Introduction of the manuscript that (a) this requirement was met or (b) if applicable, this patient consent requirement was waived by an IRB or REC.

In all clinical case reports, authors should state whether they have reported serious adverse events to the manufacturer, United States Food and Drug Administration (FDA), or other governmental regulatory agency.

DESCRIPTIONS OF SPECIFIC ARTICLE TYPES

Case Report, Case Series, Educational Tool, Innovation, or Problem-Based Learning Discussion (Back to Top)

- This A&A Practice submission includes a Title Page and an unstructured Abstract with a maximum of 100 words.
- The title for a Case Report or Case Series must include the specific words “Case Report” or “Case Series.”
- This A&A Practice submission includes an Introduction; Report of the case, project, initiative, setting, or scenario; Discussion; and References.
- This A&A Practice submission contains no more than 1500 words (not counting the references), with no more than 15 references.
- Including 1-3 pertinent figures, illustrations, tables, and/or supplementary digital, video or audio material that expands the reader’s understanding of the submission is strongly encouraged.
- Study Reporting Requirement (EQUATOR)
- Instructions for Manuscript preparation
- Instructions for Figure preparation
- Instructions for Table preparation
- Instructions for Supplemental Material

For more information about A&A Practice and to view examples of its published manuscripts, visit: http://journals.lww.com/aacr.

Echo Rounds (Back to Top)

- Echo Rounds provide a focused discussion of a unique or interesting perioperative clinical situation in which cardiovascular ultrasound was central to the clinical management. Submissions must provide succinct teaching points on echocardiographic/ultrasound views, techniques or calculations. Their teaching content must be supported by the current literature or standard reference texts of echocardiography, preferably those most accessible to the general reader.
- Echo Rounds describe the use of advanced, diagnostic cardiovascular ultrasound, most often within the subspecialty practice of cardiovascular anesthesiology. Imaging techniques may include quantitative measurements, color and spectral Doppler, three-dimensional imaging, and strain analysis.
- Authors are advised to examine previously published Echo Rounds (via either the Tables of Contents or www.anesthesia-analgesia.org) to avoid submission of previously published topics.
• Only the most relevant clinical details and specific echo findings should be succinctly presented in the first one-third of the manuscript. The specific echo findings and didactic discussion of the echo topic(s) should comprise the subsequent two-thirds of the manuscript.
• Echo Rounds include a Title Page and an unstructured Abstract with a maximum of 100 words.
• Echo Rounds are short reports with no more than 1500 words (not counting the references) and no more than 15 references.
• Echo Rounds should be accompanied by 1-3 echocardiographic still images and 1-3 video clips with legends. The video clips will be available online. The still images usually, but not always, correspond to the respective video clip(s). Figures and clips should be appropriately labeled (e.g., arrows, abbreviations of anatomic structures, etc.). Authors may elect to consolidate consecutive time segments into a single clip, although adequate viewing time for each segment must be provided to clearly illustrate the primary findings being discussed in the text.
• One simple table is also allowed.
• Study Reporting Requirement (EQUATOR)
• Echo Rounds Submission Checklist
• Required HIPAA Waiver
• Instructions for Manuscript preparation
• Instructions for Figure preparation
• Instructions for Table preparation
• Instructions for Supplemental Material
• Instructions for Video Preparation

Echo Didactics (Back to Top)

• Echo Didactics are solicited submissions presenting a practical clinical review of a particular ultrasound topic (e.g., important measurements, specific anatomic or physiologic evaluation, and current or emerging technologies) related to transesophageal, surface/transthoracic, epicardial, epiaortic or intravascular echocardiography.
• Echo Didactics include a Title Page and an unstructured Abstract with a maximum of 100 words. The author should also provide 3 or 4 bulleted teaching points summarizing the most important teaching points.
• Echo Didactics submissions start with an index case, which may be hypothetical, in the form of a 1-2 sentence clinical scenario to preface the content.
• The main focus of Echo Didactics should be a discussion of the most relevant background, the “nuts and bolts” of the assessment, measurement, or imaging, and new concepts.
• Echo Didactics contain no more than 1500 words (not counting the bulleted teaching points and references) and no more than 15 references.
• Echo Didactics should include 1 to 3 high-resolution figures and 1 to 3 video clips, which can be composite videos. Figures and clips should be appropriately labeled (e.g., arrows, abbreviations of anatomic structures, etc.). Authors may elect to consolidate consecutive time segments into a single clip, although adequate viewing time for each segment must be provided to clearly illustrate the primary findings being discussed in the text.
• One simple table is also allowed.
• Study Reporting Requirement (EQUATOR)
• Echo Didactics Checklist
• Instructions for Manuscript preparation
• Instructions for Figure preparation
• Instructions for Table preparation
• Instructions for Supplemental Material

As of January 1, 2018, all Echo Rounds and Echo Didactics articles are published online only in A&A Practice. Please adhere to the above, otherwise unchanged details for Echo Rounds and Echo Didactics submissions.
Diagnostic Ultrasound Rounds (Back to Top)

Diagnostic Ultrasound Rounds provide a unique or interesting perioperative clinical situation in which ultrasound was central to the clinical management, specifically, non-cardiac “Point-of-Care Ultrasound” (POCUS). Submissions must provide succinct teaching points on ultrasound views, techniques or diagnostic findings. Their teaching content must be supported by the current literature or standard reference texts of ultrasonography, preferably those most accessible to the general reader.

- Diagnostic Ultrasound Rounds are presented in a format identical to Echo Rounds. However, the content of Diagnostic Ultrasound Rounds reflects the use of diagnostic ultrasound within general anesthesiology and critical care medicine practice, such as abdominal or non-cardiac thoracic imaging. Limited, qualitative cardiac ultrasound performed outside the setting of cardiac surgery may also be described.
- Manuscripts submitted within the Diagnostic Ultrasound Rounds classification should not describe the use of ultrasound for procedural guidance, such as nerve block or vascular access. Articles describing the use of ultrasound for procedural guidance should be submitted as a different manuscript type (Case Report, Case Series, or Innovation, as appropriate).
- Only the most relevant clinical details and specific ultrasound findings should be succinctly presented in the first one-third of the manuscript. The specific ultrasound findings and didactic discussion of the ultrasound topic(s) should comprise the subsequent two-thirds of the manuscript.
- Diagnostic Ultrasound Rounds include a Title Page and an unstructured Abstract with a maximum of 100 words.
- Diagnostic Ultrasound Rounds are short reports with no more than 1500 words (not counting the Abstract and references) and no more than 15 references.
- Diagnostic Ultrasound Rounds should be accompanied by 1-3 sonographic still images and 1-3 video clips with legends. The video clips will be available online. The still images usually, but not always, correspond to the respective video clip(s). Figures and clips should be appropriately labeled (e.g., arrows, abbreviations of anatomic structures, etc.). Authors may elect to consolidate consecutive time segments into a single clip, although adequate viewing time for each segment must be provided to clearly illustrate the primary findings being discussed in the text.
- One simple table is also allowed.
- Study Reporting Requirement (EQUATOR)
- Echo Rounds Submission Checklist
- Required HIPAA Waiver
- Instructions for Manuscript preparation
- Instructions for Figure preparation
- Instructions for Table preparation
- Instructions for Supplemental Material
- Instructions for Video Preparation

Letter to the Editor (Back to Top)

- A Letter to the Editor can offer brief, objective, and constructive comments or criticism concerning a previously published A&A Practice article. These correspondence submissions are not a venue for Case Reports, and authors must attest during the submission process, in their cover letter, that a case description is not included in their correspondence.
- A Letter to the Editor should be brief, with no more than 1000 words, with 6 or fewer references, but no tables or figures, may be included.
- All Letters to the Editor are submitted via the A&A Practice Online Submission and Review System and not via email or postal service.
- Letters are edited by the Correspondence Editor, sometimes extensively, to sharpen their focus. A Letter to the Editor may be sent for peer review, at the discretion of the Correspondence Editor.
A Letter to the Editor must be submitted no later than 3 months after the first of day of the month of the original article’s print publication date.

Instructions for Manuscript preparation

SECTION 2: ARTICLE TYPES AT A GLANCE (Back to Contents)

Pay particular attention to the listed word count, reference count, and table/figure limits for each article type, both for an initial submission and any subsequent revisions.

These listed limits for word count, reference count, and tables/figures will be strictly enforced, resulting in a manuscript being returned to the author(s) for revision prior to any initial or subsequent peer-review.

<table>
<thead>
<tr>
<th>Manuscript Type</th>
<th>Abstract:</th>
<th>Figures/Tables Limit</th>
<th>Reference Count Limit</th>
<th>Word Count Limit</th>
<th>Sections</th>
<th>Supplemental Material</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Report, Case Series, Educational Tool, Innovation, or Problem-Based Learning Discussion</strong></td>
<td>Unstructured 100 words or less</td>
<td>Figures, illustrations, tables, and supplementary digital, video and audio material that expands the reader’s understanding of the case report are strongly encouraged</td>
<td>15</td>
<td>1500 words (Introduction, Case Description and Discussion)</td>
<td>Introduction, Description of the case, project, initiative, setting, or scenario, Discussion, and References</td>
<td>When appropriate</td>
</tr>
<tr>
<td><strong>Echo Rounds</strong></td>
<td>Unstructured 100 words or less</td>
<td>1 simple table allowed (.doc format only) 1-3 echocardiographic still images and 1-3 video clips with legends</td>
<td>15</td>
<td>1500 words (not including abstract and references)</td>
<td>When appropriate</td>
<td></td>
</tr>
<tr>
<td><strong>Echo Didactics</strong></td>
<td>Unstructured 100 words or less plus 3 bulleted teaching points summarizing the most important 1-3 high-resolution figures</td>
<td>1 simple table allowed</td>
<td>15</td>
<td>1500 (not including abstract and references)</td>
<td>When appropriate</td>
<td></td>
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</table>
Enhancing the Quality of and Transparency of Health Research (EQUATOR) Network

The Enhancing the Quality of and Transparency of Health Research (EQUATOR) Network was created to monitor and to propagate the proper use of guidelines to improve the quality of scientific publications by promoting transparent and accurate reporting of human subjects, health services, and animal research.

Adhering to the applicable statement/guideline and checklist promotes consistent study design and manuscript content, which are major advantages for the authors, reviewers, editors, and readers of A&A Practice.

As advocated by the EQUATOR Network, A&A Practice thus strongly encourages adherence to the applicable statement/guideline and checklist for all submitted manuscripts (see Table below).

Manuscripts adhering to an applicable statement/guideline and checklist will typically receive a more favorable review by the Journal.

Authors should consult the EQUATOR Network webpage and/or the webpage URL or citation listed in the Table below for the most current version of the specific, applicable statement or guideline and its checklist.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Title of Guideline</th>
<th>Webpage URL or Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE</td>
<td>Case Reports</td>
<td><a href="http://www.care-statement.org/">http://www.care-statement.org/</a></td>
</tr>
</tbody>
</table>

SECTION 4: DIGITAL COPYRIGHT TRANSFER AGREEMENT (Back to Contents)

An Electronic Copyright Transfer and Disclosure Questionnaire is completed by the corresponding author during submission.

Upon submission, the co-authors are emailed a hyperlink to verify their co-authorship and complete the electronic Copyright Transfer and Disclosure Form within Editorial Manager.
Questions about the Copyright Transfer and Disclosure form? Please contact our editorial office at editor@anesthesia-analgesia.org

SECTION 5: OPEN ACCESS OPTION FOR PUBLICATION (Back to Contents)

Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. Please see the Open Access page for more details.

SECTION 6: A&A PRACTICE MANUSCRIPT PREPARATION (Back to Contents)

Manuscript Organization
Title Page
Abstract (if required)
Body
Acknowledgments
References
Tables
Appendices
Figure Legends
Figures
Video instruction for Echo/POCUS Rounds
Supplemental Material
Additional Information
  Units of Measurement
  Glossary of Terms and Abbreviations
  Drug Names and Equipment
  Statistical Analysis
  Patient Identification
Permissions
Language Editing Services

Manuscript Organization (Back to Top)

ALL articles should be arranged in the following order.

1. Manuscript, as a single file, consisting of Title Page, Abstract, Body of Text, and References (see Articles At A Glance). Page numbers are included, line numbers should not be included.
2. Tables (each Table should be a separate .doc file or placed at the end of the manuscript file)
3. Figure Legends (placed consecutively, in numerical order, all on the same page)
4. Figures (each Figure should be uploaded as a separate file)
5. Appendices (each Appendix should be a separate file)

Title Page (Back to Top)

- Article Title (include if applicable the term Case Report, Case Series, Echocardiography, or Point-of-Care Ultrasound in the title)
- First name, middle initial, and last name of each author, with their highest academic degree (M.D., Ph.D., etc.), and institutional affiliations.
• Name, mailing address, phone number, and e-mail address of the corresponding author.
• Disclosure of funding received for the work from National Institutes of Health (NIH), Wellcome Trust, Howard Hughes Medical Institute (HHMI), and all other financial support, including departmental or institutional funding. If no funding received, state Financial Disclosures: None
• Please list any conflicts of interest the authors have had within the previous 36 months of submission. If no conflicts, state “Conflicts of interest: None.”
• List the word count of the Abstract, Introduction, Case Description and Discussion. Also list the overall word count for the entire body of text (excluding Abstract and References).
• Abbreviated Title (running head) that states the essence of the article (< 50 characters).
• List each author’s individual contribution to the manuscript. For each author, please list the individual contribution using the following text: “Author Name: This author helped…”

Title

Authors are encouraged to create a title that reflects the manuscript content and provides the specific clinical recommendation or learning point deriving from the manuscript. Specifically, authors should to adhere to the CARE statement, by including the applicable term, “a case report,” “a case series,” “echocardiography,” or “point-of-care ultrasound” (http://www.care-statement.org/) in the title.

Abstract (Back to Top)

An effective abstract is logically organized and aligned with the structure of the manuscript. A compelling abstract clearly highlights what is unique and why this finding may be associated with the specific intervention or innovation (see http://www.care-statement.org/). After a short introduction, the main clinical concern(s) and most important observations or findings are briefly mentioned, including when applicable, the primary diagnoses, interventions and outcomes. A typical abstract ends with a definitive conclusion that emphasizes one or more “take-away” lessons (http://www.care-statement.org/).

We encourage authors not to use the word “novel” since this is the sine qua non for publishing in A&A Practice, and the word may no longer be valid after only a few years.

<table>
<thead>
<tr>
<th>Manuscript Type</th>
<th>Abstract Type</th>
<th>Number of words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Report</td>
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<td>100</td>
</tr>
<tr>
<td>Case Series</td>
<td>Unstructured</td>
<td>100</td>
</tr>
<tr>
<td>Educational Tool</td>
<td>Unstructured</td>
<td>100</td>
</tr>
<tr>
<td>Innovation</td>
<td>Unstructured</td>
<td>100</td>
</tr>
<tr>
<td>Echo Didactics</td>
<td>Unstructured</td>
<td>100</td>
</tr>
<tr>
<td>Echo Rounds or Diagnostic Ultrasound Rounds</td>
<td>Unstructured</td>
<td>100</td>
</tr>
<tr>
<td>Letter to the Editor</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

• Please include the Abstract in the main document file after the Title Page. You will also be prompted to include the Abstract text during the submission process in Editorial Manager.

Glossary of Terms

A Glossary of Terms must be provided for ALL abbreviations/acronyms appearing in the manuscript, including trial names. Additionally, all abbreviations/acronyms must be spelled out upon first mention in both the Abstract and again in the main Body of the paper and again in any tables or figures, followed by the abbreviations/acronyms in parentheses. Thereafter, the abbreviation/acronym MUST always be used. Authors do not need to define standard abbreviations for standard units of
measurements (e.g., kg, ml) in the Glossary of Terms. The Glossary of Terms is included after the Abstract in the main manuscript file and before the Body of Text.

Body of Text (Back to Top)

The body of the manuscript is divided into three (3) parts. This does not apply to Letters to the Editor.

- Textual material (body text, tables, figure legends etc.) must be submitted as a .doc or .docx word processing file
- 12-point Arial or Times New Roman font
- **Introduction** (new page). This should be brief and summarize why this case is unique with medical literature references including the following:
  - Maximally 4 to 5 short paragraphs: (1) significance, (2) background, (2) rationale, and (3) aims or objectives
  - We encourage authors not to use the word “novel” since this is the “sine qua non” for publishing in A&A Practice and the word might be awkward in a short time.
  - Avoid the temptation and frequent tendency to provide an extensive literature review in the Introduction.
  - If applicable, include a statement that the study was approved by the appropriate Institutional Review Board (IRB) or Research Ethics Committee (REC) and if required by the IRB or REC, that written informed patient consent was obtained. If instead applicable, include a statement that a waiver of patient consent was obtained from the IRB or REC. (See section 7.C Protection of Human Subjects).
  - A statement indicating the author has followed the appropriate EQUATOR guidelines must be included in the Introduction section.
    - Example: “This manuscript adheres to the applicable EQUATOR guideline.”
- **Case Description** (new page)
  - Any methods and results are typically presented in the case Description. Pertinent clinical information, patient care and follow-up information are included here. We encourage authors to adhere to the CARE statement (http://www.care-statement.org/).
- **Discussion** (new page). Focuses on the findings in the current work
  - We encourage authors to set up the Discussion in the logic of the CARE statement (http://www.care-statement.org/). Authors should discuss their case in perspective of recent literature published in relevant journals.
  - At the end of their discussion, authors should focus on a powerful concluding paragraph, providing a distinct and meaningful “take-home” message embracing specific recommendations and clinical implications. This is of utmost importance not only to make the manuscript more interesting for readers but also to enhance the likelihood that the manuscript will be subsequently cited.

Acknowledgements (Back to Top)

To acknowledge individuals or organizations, provide complete name, degrees, academic rank, department, institutional affiliation, city, state, and country. Add description of the contribution(s).

References (Back to Top)

- Number references (as superscripts) in the sequence they appear in the text.
- In text, tables, and legends, identify references with superscript Arabic numerals as footnotes to the tables and figures.
- If there are 6 or fewer authors/editors, list all 6; if there are more than 6, list the first 3 followed by “et al.”
• Abbreviate names of journals according to the journals abbreviation list maintained by PubMed.

Manuscripts “In Press” – A “manuscript in press” is defined as an article that has been accepted for publication, but has not yet been published by the accepting journal in print or online and is being cited as basis for the study being described in the submitted manuscript. Please submit an electronic copy (Word, PDF) of any "In Press" manuscript that is cited in the reference list, labeled as "In Press, Reference # ___.

Tables (Back to Top)

• A&A Practice follows the American Medical Associate (AMA) table format.
• Tables must be uploaded as a separate Word file or presented in the main document word file, after the references.
• Use a separate page for each table.
• Individual tables should not exceed two typed pages. If a table exceeds two typed pages, start a new table on the subsequent page.
• For any table that exceeds two typed pages and cannot be divided into a new table, the table should be submitted as a supplemental digital content file (see formatting requirements for Supplemental Digital Content files below).
• Double-space all table material.
• Do not submit tables as photographs or pasted images. Tables should be black and white only.
• Number the tables consecutively and cite them consecutively (on first instance) in the text.
• Do not create multi-part tables (e.g., Table 1A, Table 1B). Such tables should instead be cited as "Table 1," "Table 2," etc.
• Each table must have a brief title.
• Each column in a table must have a brief column header name.
• Use footnotes (not table titles or column headings) for explanatory matter and definitions of acronyms or abbreviations. Abbreviations must be described with footnotes even if they are defined in the text or in other tables.
• For footnotes within a Table, use lower-case italicized letters in sequential alphabetical order.
• If a table has already been published, acknowledge the original source. You must obtain and submit written permission from the copyright holder to reproduce the material when you submit the manuscript for review. Unpublished tables require permission of the author. Permission is required to reproduce any previously published material except for documents or tables in the public domain. See Permissions.

Appendices (Back to Top)

• Uploaded as a separate file or in the main document file at the end of the body of text.
• Each appendix must be cited within the text, in consecutive order.
• Appendix content counts towards the table and/or figure limits. If the inclusion of an appendix exceeds the table and/or figure limit for the respective article type, submit the appendix as a supplemental digital content file.

Figure Legends (Back to Top)

• Number the figure legends consecutively and cite them consecutively (on first instance) in the text.
• Supply a legend for each figure.
• Group figure legends on a single page after the references.
• If a figure has multiple panels (e.g., left, right or A, B, C) please specify each panel in the legend.
• Repeat definitions of any acronyms or abbreviations used in the Figure in footnotes to the figure.

Figures (Back to Top)
• Number the figures consecutively and cite them consecutively (on first instance) in the text.
• Figures must be uploaded as separate .tiff, .jpeg, .pdf or .pptx files. Figures have to be uploaded at a resolution of 300 dpi or higher at acceptance.
• Figures with multiple panels should be condensed into a single file for each figure (for example, Figure 1A through 1F should be in one file, Figures 2a through 2F should be in a second file, etc.). Each individual panel should be labeled with a capital letter.
• A&A Practice publishes in full color, and encourage authors to use color to increase the clarity of figures.
• Standard colors should be used (black, red, green, blue, cyan, magenta, orange, and gray).
• Avoid colors that are difficult to see on the printed page (e.g., yellow) or are visually distracting (e.g., pink).
• Figure backgrounds and plot areas should be white, not grey.
• Axis lines and ticks should be black and thick enough to clearly frame the image.
• Axis labels should be large enough to be easily readable and printed in black.
• If a figure has already been published, acknowledge the original source. You must obtain and submit written permission from the copyright holder to reproduce the material when you submit the manuscript for review. Unpublished figures require permission of the author. Permission is required to reproduce any previously published material except for documents or figures in the public domain. See Permissions.
• Define all acronyms or abbreviations used in each figure as a footnote to the figure. Repeat definitions of any abbreviations used in subsequent figures.

Video preparation for Echo Rounds or Echo Didactics (Back to Top)

The video clip(s) accompanying Echo Rounds or Echo Didactics submissions should conform to the following:

• Formatted in MPEG, QuickTime (MOV), Windows Media Video (WMV) or MP4.
• Play on both Windows and Macintosh platforms. The review process will be delayed if the Editorial Office cannot play your video clip.
• Individual size should not exceed 15 MB. Use video-compression software to reduce video size if necessary.
• Optimal video frame dimensions of 480 x 360 pixels and 640 x 480 pixels. Videos of 320 x 240 pixels have inadequate resolution for teaching.
• Duration of individual video clip should be less than 15-25 seconds.
• Combinations of clips: If you combine several video clips, for example several TEE echocardiographic loops, please provide adequate time for each segment, and leave a suitable gap between the videos. Use appropriate labeling to ensure that the viewer can understand the timing of the pathology and events. Labeling can be added with video editing programs such as Adobe Premiere or iMovie.
• Authors should complete a video checklist form for each video when submitting a revised manuscript. The video checklist form provides the information necessary to upload the video on the journal website’s video gallery.

The figure(s) accompanying Echo Rounds or Echo Didactics submissions should conform to the following:

• Formatted in high-resolution JPEG or TIFF formats.
• Individual size should not exceed 500 KB (to permit adequate resolution for printing).

Supplemental Material (Back to Top)

• Authors may submit separate supplemental material to enhance their article.
• Supplemental material may include the following types of content: text documents, graphs, tables, figures, audio, and video.
• Cite all supplemental digital content consecutively in the text (i.e., each supplemental file is numbered starting with 1).
• Citations must include the type of material submitted, be clearly labeled, and include a sequential number (Example: “Supplemental Figure 1,” “Supplemental Table 1,” “Supplemental Video 1”).
• Supplemental legends are submitted at the end of the manuscript file and provide a brief description of the supplemental content. For example: “Supplemental Table 1: Lists all medications used.”
• Each supplemental digital content file must be composed to stand alone. For example, tables and figures must include titles, legends, and/or footnotes, following A&A Practice style, so the viewer can fully understand the supplemental content on its own. Production will not make any edits to the supplemental files; they will be presented as submitted.
• It is recommended to group multiple supplemental figures/tables into one supplemental digital content file when submitting. Each file will be given a permanent hyperlink when the publisher prepares the supplemental digital content for posting. To avoid excessive hyperlinks in your publication, please group figures/tables.
• For audio and video files, enter the author name, videographer, participants, length (minutes), and size (MB) of file in Editorial Manager. Authors must mask patient’s eyes and remove patient’s names from supplemental digital content unless they obtain written consent from the patient and submit written consent with the manuscript. Copyright for video or audio supplemental digital content will be required upon acceptance.
• For a list of acceptable file types and size limits, please review LWW's requirements for submitting supplemental digital content: http://links.lww.com/A142

Additional Information (Back to Top)

1. Units of Measurement
   Use metric units. The units for pressures are mmHg or cmH₂O. Diagonal slashes are acceptable for simple units, e.g., mg/kg; when more than two items are present. Negative exponents should be used, (i.e., ml · kg⁻¹ · min⁻¹) instead of ml/kg/min.

2. Glossary of Terms and Abbreviations
   A Glossary of Terms must be provided for ALL abbreviations/acronyms appearing in the manuscript, including trial names. Additionally, all abbreviations/acronyms must be spelled out upon first mention in both the abstract and in the main body of the paper, followed by the abbreviations/acronyms in parentheses; thereafter, the abbreviation/acronym should be used. Authors do not need to define standard abbreviations for standard units of measurements (e.g., kg, ml) in the Glossary of Terms. The Glossary of Terms should be included after the abstract in the main manuscript file.

3. Drug Names and Equipment
   Use generic names. If a brand name must be used, insert it in parentheses after the generic name. Provide the manufacturer’s name, city, state, and country. Be careful about the use of trademarked terms (e.g., Thrombelastography™, TEG™, etc.).

4. Patient Identification
   Do not use patient names, initials, or hospital numbers. An individual (other than an author) must not be recognizable in photographs unless written consent of the subject has been obtained and is provided at the time of submission.

Permissions (Back to Top)

Authors must submit written permission from the copyright owner (usually the publisher) to use direct quotations, tables, or illustrations that have appeared in copyright form elsewhere, along with complete details about the source. Any permission fees that might be required by the copyright owner are the responsibility of the authors requesting use of the borrowed material, not the responsibility of Wolters Kluwer or the editorial
office. To request permission and/or rights to use content from A&A Practice, access the Copyright Clearance Center) and enter A&A Practice in the 'Get Permissions' field in the upper-right corner. Please note: permission will not be granted to adapt figures that have been previously published in A&A Practice. Contact the Editorial Office at editor@anesthesia-analgesia.org for further information.

Language Editing Services (Back to Top)

Articles submitted to A&A Practice must be written with a solid basis of American English language. Awkward or non-intelligible English grammar and syntax will adversely affect the review process and the likelihood of acceptance of a manuscript. Authors whose native language is not English should strongly consider having their manuscript copy-edited by a native English language medical/technical writer before initial submission. You must use American spelling, not British.

If you need assistance in preparing a manuscript for submission, our publisher, Wolters Kluwer, in partnership with Editage, offers a range of editorial services for a fee, including:

- Premium Editing: Intensive language and structural editing of academic papers to improve the clarity and impact of your manuscript.
- Advanced Editing: A complete language, grammar, and terminology check to give you a publication-ready manuscript.
- Translation with Editing: Write your paper in your native language and Wolters Kluwer Author Services will translate it into English, as well as edit it to ensure that it meets international publication standards.
- Plagiarism Check: Helps ensure that your manuscript contains no instances of unintentional plagiarism.
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SECTION 7: EDITORIAL, ETHICAL AND LEGAL REQUIREMENTS (Back to Contents)

A&A Practice follows the International Committee of Medical Journal Editors (ICMJE) “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals”.

All authors submitting a manuscript to A&A Practice are required to understand and to adhere to the material below.

A. Role of Authors and Contributors

A&A Practice adhere to the ICMJE recommendations for defining the role of authors and non-author contributors

A&A Practice therefore defines manuscript Authors as meeting all of the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
Those individuals who do not meet all four criteria for authorship can be referred to as Collaborators as defined by the NLM and MEDLINE/PubMed: https://www.nlm.nih.gov/pubs/techbull/ma08/ma08_collaborators.html. These Collaborators are individually but separately listed as such on the Title Page of the submission. These Collaborators will be listed in a separate section at the end of the paper when it is published by A&A Practice. This section entitled “Collaborators” will be placed immediately after the Body of the text, to be followed by Acknowledgements, then Disclosures, and lastly, References.

If the manuscript has been authored by a subset of members of and/or on behalf of a larger group, that larger group can be listed by its formal name, which is preferably placed after the list of formally named authors.

Each manuscript must have a Corresponding Author. The corresponding author serves as the primary contact during the submission and review process on behalf of all co-authors. Upon submission, the corresponding author is required to attest to the validity and legitimacy of the data and interpretation. The corresponding author is responsible for ensuring that all authors have reviewed the manuscript and have completed the conflict of interest disclosures. If the manuscript is accepted, the corresponding author is responsible for reviewing the proof.

If during the manuscript review process or with a complete resubmission, an initial author is deleted or another author is added, this change must be justified in the revision cover letter. The deleted or added author must be formally notified in writing, with a copy of this co-author correspondence sent to the Journal Editorial Office.

Upon acceptance, the Editorial Office will also require a completed Authorship Change Verification form, finalizing the agreed upon authorship order for the accepted submission from each author listed, as well as, those who were added or removed. Authors may include all electronic signatures on one pdf form to finalize the agreement that the authorship order is correct.

B. Author Conflict of Interest

A&A Practice endorses the ICMJE recommendations for defining the role of authors’ conflict of interest.

- A&A Practice holds that a conflict of interest exists when professional judgment concerning the primary interest, including patients’ welfare or the validity of research, may be influenced by a secondary interest like financial gain. Perceptions of conflict of interest are as important as actual conflicts of interest.
- Authors therefore must define all funding sources supporting their work. This includes departmental, hospital, or institutional funds. The authors must disclose commercial associations that might pose a conflict of interest in connection with the work submitted. Financial relationships such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony must also be reported.

C. A&A Practice Compliance with United States HIPAA Privacy Regulations and All Other Institutional Review Board/Research Ethics Committee Review and Approval

A patient’s protected health information (PHI) can be viewed and used in a clinical setting by those who are assisting with or learning how to provide health care to patients. For example, a patient’s PHI can be used internally for grand rounds or quality improvement and patient safety projects and related presentations.

However, the circumstances are different in the United States if the PHI is to be shared outside one’s own HIPAA-covered entity’s clinical education setting.

When making presentations outside one’s HIPAA-covered entity’s clinical education setting or when preparing any manuscript for publication, the author(s) must adhere to two requirements:
1. One must remove all PHI data elements from the patient information before using it. If all of the 18 PHI data elements, found [here](#), are removed from the presentation (with an N ≤ 3) for publication, then the information is de-identified data and contains no PHI.

Take special note that one of these 18 PHI data elements includes: “Any other unique identifying number, characteristic, or code.” This scenario includes a clinical case so unique that individuals with personal knowledge of the incident can identify the patient. In this situation, a written authorization must be obtained for disclosure of the PHI for a publication with an N ≤ 3.

2. If an author must include any PHI data elements as part of the activity (including the above “other unique identifying characteristic”), then the patient must authorize the use of their PHI by signing a written HIPAA-compliant authorization, which prescribes how their PHI will be used for a specific purpose. Examples of situations for which patient authorization is required include preparation of a publication with an N ≤ 3, a lecture to national or international professional meeting, and presentation to a class or seminar outside the covered entity’s clinical education setting.

A publication with three (3) or fewer patients (N < 3), which is not presented as a systematic investigation that is designed to contribute to generalizable knowledge, is not considered research. Such efforts do not require Institutional Review Board (IRB) approval, if originating from the United States.

An *A&A Practice* submission with an N ≤ 3 originating from the United States, therefore: (a) does not require Institutional Review Board (IRB) approval but (b) does require that written HIPAA authorization (permission) is obtained from the patient. If the patient is unable to provide written HIPAA authorization (e.g., minor age child), then written HIPAA authorization must be obtained from a parent or legal guardian. If the patient is deceased, then written HIPAA authorization must be obtained from a living next of kin (e.g., spouse). **Authors should use their own institutional HIPAA Authorization form for this purpose.**

This written HIPAA authorization requirement applies to all Case Report, Echo Rounds, Echo Rounds, Diagnostic Ultrasound Rounds, and Problem-Based Learning Discussion (if the latter involves an actual patient) manuscripts originating from within the United States.

This written HIPAA authorization must be obtained before submission of any Case Report, Echo Rounds, Echo Rounds, Diagnostic Ultrasound Rounds, and Problem-Based Learning Discussion (if the latter involves an actual patient) manuscript originating from the United States. The authors must state at the end of the Introduction section that HIPAA authorization was obtained. If photographs of the patient, in any form, are used, a specific signed permission from the patient must be obtained, and a copy of this signed permission be submitted with the manuscript. **Failure to comply with these requirements will result in rejection of the manuscript.**

Authors within the United States who are submitting a Case Series (N > 4), or an Educational Tool or Innovation manuscript containing descriptive data, must confer with their Institutional Review Board (IRB) or Research Ethics Committee (REC) to determine if formal organizational review and approval, as well as individual patient consent, are required. For a Case Series (N > 4), or an Educational Tool or Innovation manuscript containing descriptive data, their IRB or REC may provide the authors with a waiver of patient consent and/or a waiver of patient authorization of release of protected health information (written HIPAA Authorization). **This must be stated at the end of the Introduction section, including the statement that the IRB or REC waived the requirement for patient consent and/or provided a waiver of patient authorization of release of PHI (written HIPAA authorization).**

As noted above, regulations outside the United States, including if applicable, a requirement to obtain Institutional Review Board (IRB) or Research Ethics Committee (REC) approval and written patient consent, must be adhered to for any submission to *A&A Practice*. Their IRB or REC may provide the authors with a waiver of patient consent. **The specific applicable details must be stated at the end of the Introduction section.**

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D. Investigational Drugs

The Editorial Board of *A&A Practice* may exercise judgment about the ethics of a submission involving investigational drugs that differs from the view of the investigators’ IRB. This situation most frequently occurs in studies involving neuraxial or perineural drug administration; drug studies in children; and nonconformity in dose, route, or indication (“off-label” use).

- Manuscripts describing drugs injected into the neuraxial (caudal, intrathecal, or epidural) or perineural space must meet at least one of three criteria:
  1. The drug is approved for neuraxial or perineural administration by the United States (US) Food and Drug Administration (FDA) or the equivalent regulatory agency for the country in which the study took place.
  2. The drug is not approved for neuraxial or perineural use, but it is widely used and accepted for neuraxial (e.g., fentanyl) or perineural administration. The publication of dosing guidelines in multiple textbooks represents a reasonable demonstration that a drug is widely used and accepted for neuraxial or perineural administration.
  3. The study is performed under an Investigational New Drug (IND) or Biologics License Application (BLA) approved by the US FDA or the equivalent agency in the investigator’s country.

- *A&A Practice* is committed to expanding knowledge of the clinical pharmacology of drugs in children. However, the use of drugs in children when there is no pediatric indication poses ethical concerns. Therefore, publications involving the use of drugs in children must meet at least one of three criteria:
  1. The drug is approved for pediatric administration by the US FDA or an equivalent regulatory agency.
  2. The drug is not approved for use in children but is widely used and accepted for pediatric administration. A reasonable demonstration that the drug is clinically accepted for use in children is when the administration in the study is consistent with the route, dose, and indication reported in multiple textbooks.
  3. The study is done under an IND application approved by the US FDA or the equivalent agency in the investigator’s country. Investigators in the United States are directed to the FDA website for further information on obtaining an investigator IND.

*A&A Practice* will not publish a paper describing a retrospective assessment involving pediatric drug administration, if the treatment would be considered inappropriate or unethical in a prospective trial.

- Drugs are commonly used off-label in clinical trials, and the practice is generally acceptable. However, the Editorial Board of *A&A Practice* reserves the right not to review a manuscript describing off-label administration of a drug if the Editorial Board believes the use posed unacceptable risk to subjects.

E. Plagiarism

Plagiarism is the use of previously published material without attribution. The Editorial Office screens all submitted manuscripts for plagiarism, using a sophisticated software program, prior to peer review. This software screening process identifies passages of text that have been previously published and generates a qualitative/quantitative report. This report is reviewed by the Editorial Board of *A&A Practice* and its support staff.

Text copied from previously published work is interpreted using the following taxonomy:

- Intellectual theft is misrepresentation by an author that words and ideas previously published by another author represent the plagiarist’s own scholarship. It is the most serious form of plagiarism. Intellectual theft identified during screening results in immediate rejection of the manuscript and a request for an explanation from the author.
- Intellectual sloth is the use of the words of another author to avoid the effort of writing new text. It commonly occurs when descriptions of research methodology are taken from prior publications. It is less serious than intellectual theft, because the text is generic and of no particular value. Submissions
containing intellectual sloth are typically returned to the authors with a request that the copied text either correctly cite the original author or be rewritten in the authors’ own words.

- **Plagiarism for scientific English** occurs when authors uncomfortable using scientific English compose their manuscripts as a patchwork of previously published sentences and paragraphs. Papers constructed in such a manner are rejected outright, primarily because patchwork plagiarism suggests that the authors may not understand the text they have submitted for publication.

- **Technical plagiarism** is the use of verbatim text not identified as taken verbatim, but simply referenced to the original source. The offense is a technical one, and authors are simply asked to correct it before peer review.

- **“Self-plagiarism”** occurs when an author uses his or her verbatim words from a previous manuscript in a new submission. Provided the authors are not engaged in duplicate publication, *A&A Practice* does not view “self-plagiarism” as misconduct. Authors are permitted to reuse their own words, and are encouraged to do so when describing identical research methods in multiple papers.

**J. Duplicate Submission or Duplicate Publication**

- **Duplicate submission** is concurrent submission of a nearly identical manuscript to two journals. It is improper for authors to submit a manuscript describing essentially the same work simultaneously to more than one peer-reviewed research/medical journal. Authors should not submit the same manuscript, in the same or different languages, simultaneously to more than one journal. Duplicate submissions identified during peer review will be immediately rejected. Duplicate submissions that are discovered after publication in *A&A Practice* will be retracted.

- **Duplicate publication** is prior publication of a manuscript with considerable content overlap, particularly in the conclusions or results, by the same author or co-authors. Prior publication may be in the same language or it may be a translation (usually from the author's native language). Submitted manuscripts must not have been published elsewhere, in whole or in part, on paper or electronically. This includes personal, departmental, educational, or other Internet sites. This does not apply to abstracts of scientific meetings or to lecture handouts (e.g., IARS or ASA annual meetings). *A&A Practice* requests that authors inform *A&A Practice* when results of a submitted manuscript have been previously presented or published in any venue. If a manuscript has been published previously, the submission to *A&A Practice* will be rejected. If the manuscript has already been published by *A&A Practice* it will be retracted.

**K. Scientific Misconduct**

When *A&A Practice* has concerns or receives allegations of scientific misconduct, *A&A Practice* reserves the right to proceed according to the procedures described below.

*A&A Practice* recognizes its responsibility to appropriately address concerns or allegations of misconduct. Examples of misconduct include: fraud, data fabrication, data falsification, plagiarism, improper designations of authorship, duplicate publication, misappropriation of others’ research, failure to disclose conflict(s) of interest, and failure to comply with applicable legislative or regulatory requirements. Misconduct also includes failure to comply with any rules, policies, or procedures implemented by *A&A Practice*.

In general, *A&A Practice* follows the recommendations of the Committee on Publication Ethics (COPE) when working to address allegations of misconduct. Involved parties generally will be contacted to provide an explanation when a concern or allegation is raised. *A&A Practice* may also contact the institution where the patient care was provided and any other involved journals. *A&A Practice* will attempt to determine whether there was misconduct and the Editor-in-Chief will respond with an appropriate action. Examples of action include:

- Sending a letter of explanation only to the person(s) involved or against whom the allegation is made.
- Sending a letter of reprimand to the same person(s), warning of the consequences of future, similar instances.
• Sending a letter to the relevant head of the educational or parent institution and/or financial sponsor of the person(s) involved, expressing the concerns and information collected.
• Publishing in *A&A Practice* a notice of duplicate publication, "salami" publishing, plagiarism, or other misconduct, if clearly documented. In cases of ghostwritten manuscripts, the notice may include the names of the responsible companies as well as the submitting author(s).
• Providing specific names to the media and/or government organizations, if contacted regarding the misconduct.
• Formally withdrawing or retracting the article from *A&A Practice*, and informing readers and indexing authorities.
• Banning an author or authors from publishing any manuscript in *A&A Practice* and even *Anesthesia and Analgesia* for a specified time period, with notice to the author(s) institution.

SECTION 8: COMMON REASONS WHY A SUBMISSION IS RETURNED WITHOUT REVIEW (Back to Contents)

1) Incomplete Title Page – e.g., missing conflict of interest statement for each author or incomplete author information
2) Abstract is missing in the Word file or not properly structured.
3) Missing page numbers
4) Entire manuscript, including tables, are not double-space
5) Does not include a written patient consent and/or IRB approval statement.
6) Does not specifically state at the end of the Introduction section that the required Institutional Review Board (IRB) or Research Ethics Committee approval was obtained; and/or if applicable (in the United States), a HIPAA Authorization form was completed.
7) References do not adhere to AMA style (see above).
8) The word count, reference count, and table/figure count limits are not followed.
9) Poor language, grammar or English or failure to define all abbreviations.