

Procedure for submissions to the *American Journal of Health-System Pharmacy*

Updated April 2009

Authors are encouraged to use the accompanying checklist to ensure that their papers comply with the major stylistic requirements of the *American Journal of Health-System Pharmacy (AJHP)*, which generally conform with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (www.icmje.org). Exceptions to the Uniform Requirements are noted with an asterisk (*). The procedure applies to all manuscripts.

Manuscript should be submitted electronically through <http://ajhp.msubmit.net>. Authors may call 301-664-8601 or e-mail ajhp@ashp.org for assistance.

Disclosure

Conflict of interest: Authors are responsible for recognizing and disclosing any financial or other interests that could be perceived to bias their work, acknowledging all financial support and any personal connections with potential sponsors. Examples of such conflicts include receiving research funds or honoraria, serving on advisory boards, stock ownership, or employment and consulting arrangements. Authors without such connections should clearly state that they have no financial support or personal connections that could be perceived to bias their work. All conflicts of interest should be disclosed on the author identification page of the manuscript.

- No, there is no conflict of interest that I should disclose, having read the above statement.
- Yes, having read the above statement, there is a potential conflict of interest. This has been fully detailed in my author identification page.

Dual Publication: Have the results/data/figures in this manuscript been published or are they under consideration for publication elsewhere?

- No, the results/data/figures in this manuscript have not been published elsewhere nor are they under consideration (from you or one of your Contributing Authors) by another publisher.
- Yes, some portion of the results/data/figures in this manuscript has been published or is under consideration for publication elsewhere and
 - Written permission for reprints has been obtained or requested from the original copyright holder.
 - Reprint permission has not been obtained or requested from the original copyright holder, and I have included the reason in my cover letter.

General format

- The manuscript is typed double-spaced in a 12-point font *throughout* (including tables, references, footnotes, figure captions, and author identification) on 8.5 × 11.0-inch paper with margins of at least 1 inch all around.
- Manuscript is not typed in all uppercase letters.
- All pages are numbered consecutively in the upper-right corner, beginning with the title page and including tables.

- Each of the following elements begins on a separate page in this sequence: title page, abstract, text, footnotes, references, appendixes, figure captions, tables, and figures.*
- No drug or chemical names are abbreviated.
- Authors are not identified in the text (including headers and footers).

Author ID page

- Includes a separate author ID page to facilitate blinding of the manuscript.
- For each author, includes name, a professional degree(s), a job title, contact information, and a disclosure of any potential conflicts of interest.
- Specifies the corresponding author.

Title page

- Contains a concise, informative title and no other information.*

Abstract (not required for Commentaries and Reflections).

- Is no longer than 300 words.*
- For research reports, contains four paragraphs with the following headings: Purpose, Methods, Results, Conclusion.
- For descriptive reports, review articles, primers, case reports, case studies, and clinical consultations, contains three paragraphs with the following headings: Purpose, Summary, Conclusion.

Text

- When reporting experiments conducted with humans, indicates whether the procedures followed were in accord with the ethical standards of the institution's committee on human experimentation or with the Declaration of Helsinki, as revised in 2000 (*JAMA*. 2000; 284:3043-5).
- Names of authors, institutions, and patients are not mentioned, except in descriptive reports in which institutional identification is essential to understanding the program.
- Case Studies are described in the following order: Problem (followed by Background, depending on content), Analysis and Resolution, Discussion, and Conclusion.
- For Case Reports papers, the patient's age, sex, race, weight, pertinent medical history, and baseline laboratory values are included, as well as generic names, manufacturers, formulations, and routes of administration of all drug products used.
- Descriptive headings are used to identify major sections of the paper; subheadings also may be used.
- For stability studies, complies with guidelines for such studies (see *Am J Hosp Pharm*. 1983; 40: 1159-60 and *Am J Hosp Pharm*. 1988; 45:1569-71), including documentation that the assay used is stability indicating.
- Identifies in the Methods section all statistical tests used and the a priori level of significance; unusual or complex statistical methods are explained briefly or referenced.
- If more than one statistical test is used, the data evaluated by each test are clearly identified in the Methods section.

- ___ Mean values for study results are accompanied by some measure of variability or precision (e.g., standard deviations); the use of confidence intervals, when appropriate, is encouraged.
- ___ Identifies precisely all drugs and chemicals used by generic name (with salt, if applicable). Trade names are used only to identify that a specific brand of drug was used. For reports of clinical research, identification of drugs as being racemic mixtures or single isomers is encouraged.
- ___ Measurements are reported in the units in which they were made.
- ___ Volume, distance, and weight measurements are expressed in metric units.*
- ___ For commercial products important to the paper, denotes, with footnotes, the trade name or model number; the manufacturer's name, city, and state; and the lot number.
- ___ Every reference, figure, table, and appendix is cited in the text in numerical order. (Order of mention in text determines the number given to each.)
- ___ Footnotes are identified consecutively in the text by superscript, lower-case letters.*
- ___ For software important to the paper, denotes in parentheses or a footnote the version, manufacturer, city, and state.

References

- ___ Includes the heading "References."
- ___ Do not use automatic endnotes or footnotes functions for entering references.
- ___ Are identified in text, tables, and legends by superscript* Arabic numbers.
- ___ Are typed double-spaced on pages separate from the text and numbered consecutively as they appear in the text. References that appear in tables or figure captions should receive consecutive numbers based on the placement of the first mention of the table or figure in the text.
- ___ Do not include any "unpublished observations" or "personal communications." (References to written, not oral, communications may be inserted in parentheses in the text or included as footnotes.)
- ___ Have been verified by the author(s) against the original documents.
- ___ Abbreviations of journal titles conform to those used in *Index Medicus* (January issue); they can also be obtained through the National Library of Medicine's website (www.nlm.nih.gov).
- ___ Include inclusive page numbers.
- ___ Are in the style adopted by the National Library of Medicine and used in *Index Medicus* with the exception that only the first three authors (last name and two initials, if available) are listed. Examples of this style follow. Note that "Letter," "Editorial," "News," or "Abstract" is added at the end of references to these types of paper.
 - (a) Standard journal article, including electronic journal article (list all authors when three or fewer; when four or more, list only first three and add "et al."):
 1. Driscoll DF, Bhargava N, Li L et al. Physicochemical stability of total nutrient admixtures. *Am J Health-Syst Pharm.* 1995; 52:623-34.
 - (b) Article from journal paginated by issue:
 2. Smith DL. The effect of patient noncompliance on health care costs. *Med Interface.* 1993; 6(4):74-6,78,84.
 - (c) Letter, editorial, or abstract:
 3. Stiles ML, Allen LV Jr, Prince S et al. Stability of ranitidine hydrochloride during simulated home care use. *Am J Hosp Pharm.* 1994; 51:1706-7. Letter.
 - (d) Book—personal author(s):
 4. Briggs GG, Freeman RK, Yaffe SJ. *Drugs in pregnancy and lactation: a reference guide to fetal and neonatal risk.* 5th ed. Baltimore: Williams & Wilkins; 1998.

- (e) Chapter or article in a book:
 5. Jackson EK. Diuretics. In: Hardman JG, Limbird LE, Molinoff PB et al., eds. *Goodman and Gilman's the pharmacological basis of therapeutics.* 9th ed. New York: McGraw-Hill; 1996:685-713.
- (f) Editor, compiler, or chair as author of book:
 6. Barone MA, ed. *The Harriet Lane handbook: a manual for pediatric house officers.* 14th ed. St. Louis: Mosby-Year Book; 1996.
- (g) Government agency publication:
 7. National Institute on Alcohol Abuse and Alcoholism. Eighth special report to the U.S. Congress on alcohol and health. Washington, DC: U.S. Department of Health and Human Services, 1993; NIH publication no. 93-3699.
- (h) Package insert:
 8. Zofran (ondansetron) package insert. Research Triangle Park, NC: Glaxo Wellcome; 1996 Oct.
- (i) Paper presented at a meeting:
 9. Saltiel E, Nishimura LY, Shane R. Pharmacoeconomic analysis of enoxaparin in orthopedic patients. Paper presented at ASHP Annual Meeting. Reno, NV; 1994 Jun 7. (Note: Give date paper was presented, not range of dates of meeting.)
- (j) Electronic sources:
 10. Martindale: The extra pharmacopeia [CD-ROM]. Reynolds JEF, ed. Denver: Micromedex; 1988.
 11. Food and Drug Administration. Use of investigational products when subjects enter a second institution. IRB operations and clinical investigation information sheet. www.fda.gov/oc/oha/useofinv.html (accessed 1997 Aug 25).
 12. Harrison CL, Schmidt PQ, Jones JD. Aspirin compared with acetaminophen for relief of headache. *Online J Ther* [serial online]. 1992 Jan 2; Doc no. 1.

Tables

- ___ Are typed double-spaced, each (complete with title and footnotes) on a separate page (not submitted as photographs).
- ___ Do not contain information duplicated in the text or figures.
- ___ Are in the style used in *AJHP*.
- ___ Do not contain horizontal or vertical rules within the data field.
- ___ Use superscript letters for footnote designations.*
- ___ If data from another published or unpublished source are used, permission is obtained from the source (proof submitted with paper), and the source is acknowledged.

Figures

- ___ Figures should be supplied in their original native file format, in a separate file, and not embedded in the text. We accept figure files in Freehand, PageMaker, PhotoShop, or Illustrator.
- ___ Are numbered consecutively as they are cited in the text.
- ___ All abbreviations and symbols used in the figure are defined; when appropriate, the measure of variability or precision represented is identified (e.g., do error bars represent standard deviations or confidence intervals?).
- ___ Are professionally drawn and photographed. (Freehand or typewritten lettering is unacceptable.) Computer-generated figures are acceptable only if produced on letter-quality printers.
- ___ Axis labels appear outside the axes.
- ___ Titles and detailed explanations are in the captions, not in the illustrations themselves.
- ___ If previously published, the original source is acknowledged, and written permission from the copyright holder to reproduce the material is submitted.

Flow Diagrams

- We encourage the use of flow diagrams and other visual aids to show the disposition of study participants through clinical trials, clarify treatment algorithms, or show relationships among various components of a program or system.
- For studies reporting cost-effectiveness or decision analyses, a decision tree describing the study model should be included.
- Flow diagrams should be in a separate file, not embedded in the text, and supplied as separate files and in their original native file format such as Freehand, or PhotoShop (.psd).
- If using a flowchart-specific software, export or save the document as Windows Meta File (.wmf).

AJHP sections and columns

The *AJHP* sections that include unsolicited papers are described here for readers, prospective authors, and reviewers. Not every section is represented in every issue.

SECTIONS OF *AJHP*

Clinical Reviews: Literature reviews that focus primarily on a drug or disease and its treatment, with emphasis on pharmacotherapy. Drug reviews are detailed, analytic reviews of the clinical use of new drugs. Evaluative literature reviews are preferred to reviews that are simply descriptive.

Therapy Updates: Concise analytic reviews of narrowly defined, important topics in pharmacotherapy; not intended to be comprehensive reviews of drugs or of diseases and their treatment. Articles that focus on new or emerging standards in drug therapy receive priority.

Clinical Frontiers: Articles that summarize important ongoing research on disease processes, drug mechanisms, or new technologies and project the likely implications for therapy.

Clinical Consultation: Brief advice, in question-and-answer format, on how to handle specific drug therapy problems. The answers are based on systematic review of the literature that focuses on the specific question.

Case Reports: Articles that (1) describe unusual drug reactions or pharmacotherapy-related issues or uses, or (2) provide valuable information particularly for teaching purposes. Cases encountered by clinical practitioners, residents, or students, and referred to drug information centers or cases presented in teaching conferences may be especially appropriate. Papers should clearly present the case and include all pertinent and appropriate patient information, establish a causal relationship with an objective measurement, explain the case's contribution to the literature, and describe how the lessons from the case can be applied.

Primers: Intended as introductions to various fields of knowledge that are of interest to pharmacists in health systems. Can be reviews of basic information in areas related to pharmacy (e.g., pharmaceuticals or physiology) or those further from the mainstream of pharmacy (e.g., advances in nondrug health care technology).

Reports: Articles that (1) report original research, including clinical research on the effects of drugs in humans, surveys, drug stability studies, and evaluations of innovative pharmaceutical services and (2) describe (without substantive evaluations) innovative pharmaceutical services.

Notes: Includes (1) practical innovations or solutions to everyday practice problems, (2) updates or elaborations on work previously published by the same authors, (3) confirmations of research findings previously published by others, and (4) short research reports, including practice surveys, of

modest scope or interest. The text should be concise, and the number of references, tables, and figures should be limited.

Case Studies: Approaches to managing practice-related problems in health systems. Problem solving, not hypothesis testing, is emphasized.

Commentaries: Well-reasoned expressions of opinion on issues related to drug therapy, clinical research, the role of pharmacists in society, or health care (especially policy matters related to pharmaceutical services and to the therapeutic use of drugs).

Medication-Use Technology: Describes experiences with and implications of new technologies applied in the medication-use process, including but not limited to computerized prescriber order entry, bar coding, electronic medical records, and other automation. Papers should focus on selection, planning, implementation, resources, integration of existing information, and lessons learned.

Pharmacy Abroad: Brief, informal, and topical communications related to pharmacy in other countries. Contributions from pharmacists who live or have traveled abroad are welcome.

Reflections: Short contributions about the nontechnical sides of life. Satirical writings, literary pieces, histories and essays about family life, work, nature, art, literature, entertainment, travel, or modern society. Submissions are evaluated mainly for quality of the writing.

COLUMNS OF *AJHP*

Letters: A forum for rapid exchange of ideas among readers of *AJHP*. Liberal criteria are applied in the review of submissions to encourage contributions to this column. The Letters column includes the following types of contributions: (1) comments, addenda, and minor updates on previously published work, (2) alerts on potential problems in practice, (3) observations or comments on trends in drug use, (4) opinions on apparent trends or controversies in drug therapy or clinical research, (5) opinions on public health issues of interest to pharmacists in health systems, (6) comments on ASHP activities, and (7) human interest items about life as a pharmacist. Reports of adverse drug reactions must present a reasonably clear description of causality. Short papers on practice innovations and other original work are included elsewhere in *AJHP*.

The following conditions must be adhered to: (1) the body of the letter must be no longer than two typewritten pages, (2) the use of references and tables should be minimized, (3) the number of authors should be no more than three, (4) the authors' names, affiliations, and mailing addresses must be typed at the end of the letter in the format used by *AJHP*, and (5) the entire letter (including references, tables, and authors' names) must be typed double-spaced.

Alternative Therapies: Short reviews of herbals and other "nutraceuticals" for which there is some scientific evidence of effectiveness. The contributing editor for Alternative Therapies is Joseph Pepping, Pharm.D., Complementary Medicine Consultant, Kaiser Permanente, Honolulu, HI.

Frontline Pharmacist: Provides pharmacists an opportunity to share their experiences and pertinent lessons related to day-to-day practice. Topics include workplace innovations, cooperating with peers, communicating with other professionals, dealing with management, handling technical issues related to pharmacy practice, and supervising technicians.

Informatics Interchange: Provides readers an opportunity to share their experiences with information technology in pharmacy. Topics should focus on the use of information technology in the medication

use process, informatics pearls, informatics education and research, and information technology management.

Management Consultation: Provides readers with advice, in question-and-answer format, on common management problems from pharmacists practicing in health systems. Questions should be narrow in scope, such that they can be answered in approximately 500 words.

New Practitioners Forum: Features articles that address the special professional needs of pharmacists early in their careers as they transition from students to practitioners. Authors include new practitioners or others with expertise in a topic of interest to new practitioners.

Q & A: Features ASHP staff responses to inquiries from pharmacists in health systems. Through this column, more practitioners can benefit from the answers prepared by the staff. The column may also include answers solicited from others, including government agencies such as OSHA, FDA, and DEA.

Current Literature: Brief reviews of print and electronic publications (e.g., CD-ROMs, software) that are of interest to pharmacists. Reviews of fiction and nonfiction publications loosely related to health care are also included at the editors' discretion.