INSTRUCTIONS FOR AUTHORS

We greatly appreciate your interest in submitting your manuscript to Anesthesia & Analgesia or A&A Case Reports. Our goal is to provide authors with a thorough yet timely review of their submissions. All decisions should be completed within 6 weeks, except for Review Articles and Special Articles, which may take up to 8 weeks. Authors will be updated as to the status of their manuscript and notified if delays occur.

Notice: The Instructions for Authors for Anesthesia & Analgesia and A&A Case Reports have been significantly revised. New submissions prepared using the previous Instructions will continue to be accepted for review through March 8, 2016. As of March 9, 2016, all new submissions should be prepared according to the Instructions that follow. Failure to do so may result in your submission being returned without review.

Mission and Scope

Anesthesia & Analgesia exists for the benefit of patients under the care of health care professionals engaged in the disciplines broadly related to anesthesiology, perioperative medicine, critical care medicine, and pain medicine. The Journal furthers the care of these patients by reporting the fundamental advances in the science of these clinical disciplines and by documenting the clinical, laboratory, and administrative advances that guide therapy. Anesthesia & Analgesia seeks a balance between definitive clinical and management investigations and outstanding basic scientific reports. The Journal welcomes original manuscripts containing rigorous design and analysis, even if unusual.

A&A Case Reports publishes short yet informative, peer-reviewed articles that simply describe (a) the unique perioperative or chronic pain-related clinical care of one to three patients; (b) an important teaching point or novel educational tool; or (c) an innovative solution to a perioperative services, patient safety, or global health management issue. Data collection and analyses are neither expected nor encouraged for an A&A Case Report.

Anesthesia & Analgesia and A&A Case Reports Instructions for Authors

Anesthesia & Analgesia and A&A Case Reports have 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.

Articles that are not submitted in accordance with our instructions and guidelines may be rejected.

Questions?

If you have questions about these submission instructions, please contact the Editorial Office via editor@anesthesia-analgesia.org or phone at (919) 378-1773.

Manuscripts may only be submitted via the Editorial Manager online submission system. Submit your manuscript here.

If you are new to our journal, our Visual User Guide for Authors will help you step-by-step to create an author account and to submit your new manuscript via Editorial Manager.

If you are submitting a revised manuscript, our User Guide for Revisions will help you step-by-step to submit your revised manuscript via Editorial Manager.

Download a PDF version of the full Instructions for Authors of Anesthesia & Analgesia and A&A Case Reports
INSTRUCTIONS FOR AUTHORS

Section 1A: Anesthesia & Analgesia Article Types

Section 1B: A&A Case Report Article Topics

Except were specifically noted, instructions in the following Sections are the same for both Anesthesia & Analgesia and A&A Case Reports

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 1A: Anesthesia & Analgesia Article Types (Back to Contents)

Original Clinical Research Report
Original Laboratory Research Report
Brief Report
Narrative Review Article
Systematic Review Articles
Meta-Analysis
Editorial
The Open Mind
Special Article
Echo Rounds
Echo Didactics
Letter to the Editor
Book and Multimedia Reviews
Meeting Report

Section 1B: A&A Case Report Article Topics (Back to Contents)

A&A Case Reports publishes short yet informative, peer-reviewed articles that simply describe (a) the unique perioperative or chronic pain-related clinical care of one to three patients; (b) an important teaching point or novel educational tool; or (c) an innovative solution to a perioperative services, patient safety, or global health management issue. Data collection and analyses are neither expected nor encouraged for an A&A Case Reports submission.

A&A Case Reports

DESCRIPTIONS

Anesthesia & Analgesia

Original Clinical Research Report (Back to Top)

- An Original Clinical Research Report describes an investigation that focuses on the clinical practice of anesthesiology, perioperative medicine, critical care medicine, or pain medicine.
- Original Clinical Research Reports span the spectrum of patient-reported outcomes, clinical effectiveness, quality and performance improvement, patient safety, health services delivery, dissemination and implementation science, health policy, healthcare economics, and population health.
- Original Clinical Research Reports include a Title Page and structured Abstract of no more than 400 words. These Reports are divided into four sections: Introduction, Methods, Results, and Discussion.
- Original Clinical Research Reports range in length from 1,500 to 4,000 words (not counting the Abstract and references), typically with no more than 30-40 references and 4-6 tables and/or figures. Online supplemental material can be provided when appropriate.
- Study Reporting Requirement (EQUATOR)
Original Laboratory Research Report (Back to Top)

- An Original Laboratory Research Report describes an investigation that focuses on an aspect of basic science related to anesthesiology, perioperative medicine, critical care medicine, or pain medicine.
- Original Laboratory Research Reports span the spectrum of cell biology, immunology, neurobiology, biochemistry, pharmacology, microbiology, and genetics.
- Original Laboratory Research Reports include a Title Page and structured Abstract of no more than 400 words. These Reports are divided into four sections: Introduction, Methods, Results, and Discussion.
- Original Laboratory Research Reports range in length from 1,500 to 4,000 words (not counting the Abstract and references), typically with no more than 30-40 references and 4-6 tables and/or figures. Online supplemental material can be provided when appropriate.

Brief Report (Back to Top)

- A Brief Report describes a clinical or laboratory investigation that does not require the breadth of experimentation or documentation expected of an Original Research Report.
- A Brief Report typically involves the analysis of either retrospective or preliminary data, thus forming the basis for a subsequent more extensive investigation. A Brief Report can also be technical in nature, describing a new instrumentation or analytic technique.
- Brief Reports include a Title Page and an unstructured Abstract with no more than 100 words. Brief Reports contain an Introduction, Methods, Results, and a very brief (no more than 1 paragraph long) Discussion.
- Brief Reports are no more than 1500 words (not counting the Abstract and references), typically with no more than 10 references and 1 table and/or 1 figure.

Narrative and Systematic Review Articles (Back to Top)

- A Narrative Review Article synthesizes previously published material into an integrated presentation of our current understanding of a topic and can be either focused or comprehensive in scope. A Narrative Review Article should describe aspects of a topic about which scientific and evidence-based consensus exists, as well as aspects that remain controversial and are thus topics for ongoing and future research.
- Another specific option is a Focused Narrative Review of the conventional or novel application of contemporary quantitative sciences (i.e., statistics, epidemiology, or database management) to issues of concern to anesthesia, critical care or pain researchers. Here the inclusion of programing code/illustrative datasets as online supplemental material is encouraged.
- For a Systematic Review, a formal strategy to search and to critically evaluate the medical literature should be applied and described. Such explicit methods are used in a Systematic Review to minimize bias in its content and findings.
- All Review Articles include a Title Page and an unstructured Abstract with no more than 400 words. Review Articles range in length from 1,500 to 5,000 words (not counting the Abstract and references), with up to 150 references and 4-6 tables and/or figures.

Meta-Analysis (Back to Top)

- A Meta-Analysis uses analytic techniques to combine the quantitative results from existing individual studies, which are initially identified via a Systematic Review, thereby (a) allowing for a more precise estimate of the magnitude of benefit or harm of an intervention and/or (b) increasing the applicability of the results to a broader range of patients
- A Meta-Analysis should not be written and submitted as a Systematic Review Article but as a separate submission type.
- A Meta-Analysis includes a Title Page and structured Abstract of no more than 400 words. These manuscripts are divided into four sections: Introduction, Methods, Results, and Discussion.
- A Meta-Analysis ranges in length from 1,500 to 4,000 words (not counting the Abstract and references), typically with no more than 30-40 references and 4-6 tables and/or figures. Online supplemental material can be provided when appropriate.
Editorial (Back to Top)

- Editorial are solicited by the Editorial Board
- An Editorial either (a) provides an editorial perspective on an article published in the Journal or (b) expresses the general policies or opinions of the Journal Editorial Board. If an Editorial is intended to provide an expert perspective on an article or topic published in the Journal, it is typically solicited from reviewer(s) who provided unusually thoughtful insight during the peer-review process, and which the Editors believe should be shared with the Journal readership.
- An Editorial includes a Title but not an Abstract. It is typically less than 2000 words (not counting the references), with no more than 15 references and occasionally 1 table and/or 1 figure.

The Open Mind (Back to Top)

- The Open Mind is a unique forum for thoughtful, scholarly, and preferably well-referenced perspectives. The Open Mind is intended to stimulate lively yet civil discussion. It is a forum for (a) challenging myths or dogma and/or (b) proposing new approaches or solutions to an important issue facing the anesthesiology community.
- Submissions to The Open Mind include a Title Page but not an Abstract.
- Open Mind articles range in length from 1,500 to 3,000 words (not counting the references), with up to 20 references and 2-3 tables and/or figures.

Special Article (Back to Top)

- A Special Article is a manuscript that does not fit in any of the other article types. They are typically invited by the Editorial Board to examine a particular topic.
- Occasionally, authors produce a publishable scholarly text that does not fit one of the other article types. After first communicating directly with the Journal’s Editor-in-Chief, these may be submitted as a Special Article.
- All Special Articles include a Title Page and an unstructured Abstract with no more than 400 words. Special Articles range in length from 1,000 to 5,000 words (not counting the Abstract and references), with up to 150 references and 4-6 tables and/or figures.

Echo Rounds (Back to Top)

- Echo Rounds provide a focused discussion of a unique or interesting perioperative clinical situation in which 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.
- Authors are advised to examine previously published Echo Rounds (either via the Table of Contents or via the www.anesthesia-analgesia.org) to avoid submission of previously published topics.
- Echo Rounds should not be construed and presented as “mini Case Reports.” Therefore, 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 but not an Abstract.
- Echo Rounds are short reports with no more than 800 words (not counting the Abstract and references) and 6 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 but not an Abstract. The author should instead provide 3 or 4 bulleted teaching points summarizing the most important teaching points.
- Echo Didactics submissions start with an index case, which is 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 are typically no more than 1500 words (not counting the Abstract and references) and should include no more than 10 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.

**Letter to the Editor (Back to Top)**

- A Letter to the Editor can offer brief, objective, and constructive comments or criticism concerning previously published articles or provide other communication of general interest to the readership. Such 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 500 words. Three or fewer references, a small table or a pertinent illustration may be provided.
- All Letters to the Editor should be submitted via the *Anesthesia & Analgesia* 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 that is written in response to a published paper must be submitted no later than 3 months after the first of day of the month of the original article’s print publication date.

**Book and Multimedia Reviews (Back to Top)**

- A Book and Multimedia Review reports on a current publication about anesthesiology, perioperative medicine, critical care medicine, or pain medicine.
- Publishers interested in having their book or multimedia material reviewed by the Journal should first contact our Media Reviews editor at: bookreviews@iars.org.
- Book Reviews are typically less than 750 words.

**Meeting Report (Back to Top)**

- A Meeting Report is a scholarly outline of the program and content of a scientific meeting.
- A Meeting Report may be organized temporally (day by day) or thematically (topic by topic).
• Authors interested in submitting meeting reports should first contact our Media Reviews editor at bookreviews@iars.org to confirm that the meeting is of general interest to the readership.
• A Meeting report does not have an Abstract and is typically less than 1500 words.
• Instructions for manuscript preparation

A&A Case Reports (Back to Top)

Please note that when submitting a manuscript to A&A Case Reports, go to http://www.editorialmanager.com/aa/default.aspx and select “A&A Case Reports” as the submission type.

• Case Reports include a Title Page and an unstructured Abstract with a maximum of 100 words.
• Case Reports include an Introduction, Description of the case, project, initiative, setting, or scenario, Discussion, and References.
• There are no absolute word limits. However, it is recommended that the Introduction, Description, and Discussion should be no more than 1500 words, with no more than 10 references.
• Including figures, illustrations, tables, and supplementary digital and video and audio material that expands the reader’s understanding of the case report is strongly encouraged.

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

Section 2: Articles at a Glance (Back to Contents)

<table>
<thead>
<tr>
<th>Manuscript Type</th>
<th>Abstract:</th>
<th>Figures/Tables</th>
<th>References</th>
<th>Word Count</th>
<th>Sections</th>
<th>Supplemental Material</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Research Report</td>
<td>Structured 400 word limit</td>
<td>4 to 6 tables and/or figures</td>
<td>30-40</td>
<td>1500-4000 (not including abstract and references)</td>
<td>Introduction, Methods, Results, and Discussion</td>
<td>When appropriate</td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td>Laboratory Research Report</td>
<td>Structured 400 word limit</td>
<td>4 to 6 tables and/or figures</td>
<td>30-40</td>
<td>1500-4000 (not including abstract and references)</td>
<td>Introduction, Methods, Results, and Discussion</td>
<td>When appropriate</td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td>Brief Reports</td>
<td>Unstructured 100 word limit</td>
<td>1 table and/or 1 figure</td>
<td>10</td>
<td>1500 (not including abstract and references)</td>
<td>Introduction, Methods, Results, and Discussion</td>
<td>NA</td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td>Narrative Review Articles</td>
<td>Unstructured 400 word limit</td>
<td>4-6 tables and/or figures</td>
<td>150</td>
<td>1,500 to 5,000 words (not including abstract and references)</td>
<td>The inclusion of programming code/illustrative datasets as online supplemental material is encouraged</td>
<td></td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td>Systematic Review Article</td>
<td>Unstructured 400 word limit</td>
<td>4-6 tables and/or figures</td>
<td>150</td>
<td>1,500 to 5,000 words (not including abstract and references)</td>
<td>When appropriate</td>
<td></td>
<td>EQUATOR checklist</td>
</tr>
</tbody>
</table>

For more information about A&A Case Reports and to view examples of its published manuscripts, visit: http://journals.lww.com/aacr.
<table>
<thead>
<tr>
<th><strong>Meta Analysis</strong></th>
<th>Structured 400 word limit</th>
<th>4-6 tables and/or figure</th>
<th>30-40</th>
<th>1,500 to 4,000 words (not including abstract and references)</th>
<th>When appropriate</th>
<th>EQUATOR checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Editorial</strong></td>
<td>NA</td>
<td>1 table and/or 1 figure</td>
<td>15</td>
<td>Less than 2000 words (not including references)</td>
<td>When appropriate</td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td><strong>The Open Mind</strong></td>
<td>NA</td>
<td>2-3 tables and/or figures</td>
<td>20</td>
<td>1500 to 3000 words (not including references)</td>
<td>When appropriate</td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td><strong>Special Article</strong></td>
<td>Unstructured 400 words</td>
<td>4-6 tables and/or figures</td>
<td>150</td>
<td>1000-5000 words (not including abstract and reference)</td>
<td>When appropriate</td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td><strong>Echo Rounds</strong></td>
<td>NA</td>
<td>1 simple table allowed (.doc format only)</td>
<td>6</td>
<td>800 words (not including abstract and references)</td>
<td>When appropriate</td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td><strong>Echo Didactics</strong></td>
<td>3 bulleted teaching points summarizing the most important teaching points</td>
<td>1-3 high-resolution figures</td>
<td>10</td>
<td>1500 (not including abstract and references)</td>
<td>When appropriate</td>
<td>EQUATOR checklist</td>
</tr>
<tr>
<td><strong>Letter to the Editor and Reply</strong></td>
<td>NA</td>
<td>Small table or a pertinent illustration may be provided.</td>
<td>3 or less</td>
<td>500</td>
<td>EQUATOR checklist</td>
<td></td>
</tr>
<tr>
<td><strong>Book and Multimedia Review</strong></td>
<td>NA</td>
<td>NA</td>
<td>Reference the publication</td>
<td>750</td>
<td>EQUATOR checklist</td>
<td></td>
</tr>
<tr>
<td><strong>Meeting Report</strong></td>
<td>NA</td>
<td>NA</td>
<td>Less than 1500</td>
<td>EQUATOR checklist</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Case Reports</strong></td>
<td>Unstructured 100 words or less</td>
<td>Figures, illustrations, tables, and supplementary digital and video material that expands the reader’s understanding of the case report is strongly encouraged</td>
<td>10</td>
<td>Recommend length – 1500 words (Introduction – Discussion) Introduction, Description of the case, project, initiative, setting, or scenario, Discussion, and References</td>
<td>When appropriate</td>
<td>EQUATOR checklist</td>
</tr>
</tbody>
</table>
Section 3: Anesthesia & Analgesia and A&A Case Reports Standardized Study Reporting Requirements (Back to Contents)

SPECIFIC STUDY TYPE AND ASSOCIATED GUIDELINE

1. Randomized Controlled Trials. Authors reporting the results of a randomized controlled trial must follow the CONSORT statement and provide a completed CONSORT checklist. Authors must also provide a CONSORT flow diagram as Figure 1 of the submitted manuscript.

Please note that there are CONSORT Extensions for several different types of randomized trials, and the most applicable Extension should be followed by authors.

2. Non-Randomized Controlled Trials. Authors reporting the results of a non-randomized controlled trial must follow the TREND statement and provide a completed TREND checklist.

3. Observational Studies. Authors reporting the results of a cohort, case-control, or cross-sectional study (or any other type of observational study of human subjects), a case series of \( \geq 4 \) patients, or a retrospective data collection study must follow the STROBE statement and provide a completed STROBE checklist.

For a single case study or small case series of \( \leq 3 \) patients, the STROBE statement is not applicable but instead the CARE statement (see below) should be followed.

4. Systematic Review or Meta-analysis. Authors reporting a systematic review or meta-analysis of randomized trials or cohort studies must follow the PRISMA (previously named QUOROM) Statement and provide a completed PRISMA checklist. Authors must also submit a PRISMA flow diagram as Figure 1 of the submitted manuscript.

5. Quality Improvement Research. Authors reporting the results of a quality improvement study must follow the SQUIRE 2.0 guidelines and provide a completed SQUIRE 2.0 checklist.

6. Qualitative Research. Authors reporting the results of a qualitative study (e.g., in-depth interviews and focus groups) must provide a completed SRQR checklist.

Alternatively, authors reporting the results of a qualitative study can provide a completed COREQ checklist.

7. Health Economic Evaluation Research. Authors reporting the results of a health economic evaluation research study must follow the CHEERS guidelines and provide a completed CHEERS checklist.

8. Diagnostic Accuracy. Authors reporting a study of the accuracy of a diagnostic test must follow the STARD statement and provide a completed STARD checklist. Authors must also provide a STARD flow diagram as Figure 1 of the submitted manuscript.

Alternatively, authors reporting studies of the accuracy of diagnostic tests can follow the TRIPOD Statement and provide a completed TRIPOD checklist.

9. Genetic Association Studies. Authors reporting a genetic association study must follow the STREGA guidelines and must submit a completed STREGA checklist.

10. Animal Studies. Authors reporting an animal study must follow the ARRIVE guidelines and must submit the ARRIVE checklist.

11. Echo Rounds and Echo Didactics Submission Checklist

- Authors must submit a completed Anesthesia & Analgesia checklist for an Echo Rounds submission Required Echo Rounds Submission Checklist
- or an Echo Didactics submission Required Echo Didactics Submission Checklist
- Echo Rounds or Echo Didactics for publication by Anesthesia & Analgesia must be prepared in accordance with the requirements of HIPAA privacy regulations (See Section 7 A&A Echo Rounds and Echo Didactics Compliance with HIPAA Privacy Regulations).

12. Case Reports. Authors reporting the details of a case study of a single patient or a case series of \( \leq 3 \) patients must follow the CARE Guidelines and submit a completed CARE checklist.

Case Reports for publication by Anesthesia & Analgesia must be prepared in accordance with the requirements of HIPAA privacy regulations (See Section 7 A&A Case Reports Compliance with HIPAA Privacy Regulations).

In 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.

The Enhancing the Quality 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.

As advocated by the EQUATOR Network, Anesthesia & Analgesia requires adherence to the applicable statement/guidelines and checklist for all submitted research-related manuscripts (see Table below).
Adhering to the applicable statement/guidelines and checklist promotes consistent study design and manuscript content, which are major advantages for the Journal’s authors, reviewers, editors, and readers.

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.

- The applicable study checklist should be completed and uploaded as a Supplemental/Additional File at the time of initial manuscript submission via Editorial Manager. [Instructions for Supplemental Material]

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Title of Guideline</th>
<th>Webpage URL or Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSORT</td>
<td>Consolidated Standards of Reporting Trials (See footnote* below)</td>
<td><a href="http://www.consort-statement.org/">http://www.consort-statement.org/</a></td>
</tr>
<tr>
<td>SRQR or COREG</td>
<td>Standards for Reporting Qualitative Research</td>
<td>(PMID: 24979285) <a href="https://www.ncbi.nlm.nih.gov/pubmed/17872937">PMID: 17872937</a></td>
</tr>
<tr>
<td>ARRIVE</td>
<td>Animal Research: Reporting of In Vivo Experiments</td>
<td><a href="http://www.nc3rs.org.uk/arrive-guidelines">http://www.nc3rs.org.uk/arrive-guidelines</a></td>
</tr>
</tbody>
</table>

* The main CONSORT Statement is based on the “standard” two-group parallel design. However, there are several different types of randomized trials, some of which have different designs (e.g., cluster, non-inferiority and equivalence, or pragmatic trials), interventions (e.g., herbal medicinal, non-pharmacological, or acupuncture) and data (e.g., harms), for which specific CONSORT Extensions exist.

**Section 4: Digital Copyright Transfer Agreement** [Back to Contents]

All Copyright Transfer Agreements (CTA) must now be signed digitally and uploaded (one completed form per author) upon submission for all new submissions. The corresponding author is responsible for collecting all signed forms and uploading them (as a “Copyright Transfer Form” file) into the “Attach Files” section of Editorial Manager. Please note that you will not have a Manuscript ID if you are submitting a new submission and only need to provide the manuscript title.

If your manuscript is in the revision stage please have the corresponding author collect all signed forms and upload them (as a “Copyright Transfer Form” file) into the “Attach Files” section of Editorial Manager.

If your manuscript has been accepted please have the corresponding author collect all signed copyright forms and email or fax them (in one batch) to the editorial office.

Download the Copyright Transfer Form.

**Questions About the Copyright Transfer and Disclosure Form?**

Please see the Copyright Form FAQs for Authors.

If you are unable to view the form: Please be aware that the default setting used by all of the most commonly used browsers is to open PDF files within a new browser tab or window. Because the copyright form is a very large file it may not load within a browser, depending on the speed of your Internet connection. If you are unable to view the form in your browser, please download the file and open it directly within Adobe Reader. You may also
change the default PDF-handling settings in your browser. Both options are explained in our online knowledge base: Opening the Copyright Transfer Form.

ATTENTION MAC USERS: The form cannot be viewed with Safari. In order to access the form, you will need to:

1) File -> Save As (to save onto your computer)
2) Open Adobe Reader
3) File -> Open File -> copyrighttransfer.pdf


Our publisher's CTA FAQ is available at: http://lwwonline.custhelp.com/app/answers/list

The form is accessible via Adobe Reader X. To download the latest version of Adobe Reader, go to: http://get.adobe.com/reader/.

If you have problems uploading your form and you need to fax it to us, please email us for instructions.

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. The article processing charge for Anesthesia & Analgesia and A&A Case Reports is $3,000. Please see the Open Access page for more details.

Section 6: Anesthesia & Analgesia and A&A Case Reports Manuscript Preparation (Back to Contents)

Manuscript Organization
  
  Title Page
  
  Abstract (when required)
  
  Body
  
  Acknowledgments
  
  References
  
  Tables
  
  Appendices
  
  Figure Legends
  
  Figures
  
  Video instruction for Echo Rounds and Echo Didactics
  
  Supplemental Material
  
  Additional Information
    
    Units of Measurement
    
    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 (not required for all article types - see Articles At A Glance), Body Text, References
2. **Tables** (each Table should be a separate .doc 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
- 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 36 months of submission. If no conflicts, state Conflicts of interest: None
- Number of words in Abstract, in Introduction, and in Discussion.
- Abbreviated Title (running head) that states the essence of the article (< 50 characters). This is not required for all article types--see above.

Abstract (Back to Top)

<table>
<thead>
<tr>
<th>Manuscript Type</th>
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<th>Number of words</th>
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<td>NA</td>
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<tr>
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<td>Case Report</td>
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Body (Back to Top)

The body of the manuscript should typically be divided into four parts (does not apply to all article types – See Article Types At A Glance):

- Textual material (body text, tables, figure legends etc.) should be submitted in a .doc word processing program
- 12 point Arial or Times New Roman font
- Introduction (new page, recommended 500 word limit). This should rarely exceed one page in length.
  - Should contain three brief paragraphs: (1) background, (2) rationale/significance, and (3) the study’s objectives/aims and if applicable, hypotheses.
  - Avoid the temptation and frequent tendency to provide a literature review
- Methods (new page)
  - A subsection entitled “Statistical Analysis” should appear at the end of the Methods section when appropriate
  - Example: This manuscript adheres to the applicable Equator guidelines.
- Results (new page)
- Discussion (new page). Focuses on the findings in the current work

Acknowledgements (Back to Top)

For acknowledgement of individuals or organizations, provide complete name, degrees, academic rank, department, institutional affiliation, city, state, and country. Add description of the contribution to the study.
References (Back to Top)

- *Anesthesia & Analgesia* and *A&A Case Reports* follow the American Medical Associate (AMA) citation style; Consult the American Medical Association Manual of Style, 10th ed., New York, Oxford University Press, 2007, for style.
- Number references (as superscripts) in the sequence they appear in the text.
- In text, tables, and legends, identify references with superscript Arabic numerals.
- Abbreviate names of journals according to the journals list in 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 # ___."
- List all authors and/or editors up to 6; if more than 6, list the first 3 followed by “et al.”

Tables (Back to Top)

- *Anesthesia & Analgesia* and *A&A Case Reports* follow the American Medical Associate (AMA) table format
- Tables should be uploaded as a separate Word file or presented in the main document word file, just after the references
- Use a separate page for each table
- Do not submit tables as photographs or pasted images
- Number the tables consecutively, and cite them consecutively (on first instance) in the text. Each table should have a brief title. Each column in a table should have a brief name
- Use footnotes (not table titles or column headings) for explanatory matter and definitions of abbreviations. Abbreviations must be described with footnotes even if they are defined in the text or in other tables.
- For footnotes, use lower-case italicized letters in alphabetical order.
- If you include a block of data, a table, or a figure from another source, whether published or unpublished, acknowledge the original source.

Appendices (Back to Top)

- Uploaded as a separate file
- Each appendix must be cited within the text, in consecutive order.

Figure Legends (Back to Top)

- Supply a legend for each figure.
- Group Figure legends on a single page just 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 abbreviations used in the legend.

Figures (Back to Top)

- Figures should be uploaded as separate .tiff, .jpeg or .eps files. Figures will 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.
- *Anesthesia & Analgesia* and *A&A Case Reports* publish 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.
- Number figures consecutively. Supply a brief title for each. Cite figures in the text in consecutive, numerical order on first instance.
- 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 abbreviations used in each figure. Repeat definitions of any abbreviations used in subsequent legends.
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.

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's text and to be considered for online-only posting.
- 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.
- Citations should include the type of material submitted, should be clearly labeled, and should include a sequential number (Example “Supplemental Table 1,” “Supplemental Figure 1,” “Supplemental Table 2,” “Supplemental Figure 2”).
- Supplemental Legends should be submitted separately and should provide a brief description of the supplemental content. For example: “Supplemental Table 1: Lists all medications used in this study.”
- Each supplemental digital content file must be composed to standalone. For example, tables and figures must include titles, legends, and/or footnotes, following journal 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.
- For audio and video files, enter the author name, videographer, participants, length (minutes), and size (MB) of file in Editorial Manager. Authors should mask patients' eyes and remove patients' names from supplemental digital content unless they obtain written consent from the patients 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. Abbreviations
   - Define all abbreviations except those approved by the International System of Units for length, mass, time, temperature, amount of substance, etc. Do not create new abbreviations for drugs, procedures, experimental groups, etc.

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

4. Statistical Analysis
   - Detailed statistical methodology must be reported. Describe randomization procedures and the specific tests used to examine each part of the results; do not simply list a series of tests. Care should be taken with respect to a) parametric vs. nonparametric data, b) corrections for multiple comparisons, and c) rounding errors (summary statistics should not contain more significant digits than the original data). Median range (or percentiles) is preferred for nonparametric data.

5. Patient Identification
   - Do not use patients' 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 Anesthesia & Analgesia, access the Copyright Clearance Center) and enter Anesthesia & Analgesia 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 Anesthesia & Analgesia. Contact the Editorial Office at editor@anesthesia-analgesia.org for further information.
Language Editing Services (Back to Top)

Articles submitted to the Journal must be written with a solid basis of English language. 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.
- Artwork Preparation: Save precious time and effort by ensuring that your artwork is viewed favorably by the journal without you having to incur the additional cost of purchasing special graphics software.

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Section 7: Anesthesia & Analgesia and A&A Case Reports Editorial, Ethical and Legal Requirements (Back to Contents)

Anesthesia & Analgesia and A&A Case Reports follow 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 Anesthesia & Analgesia and A&A Case Reports are required to understand and adhere to the material below.

A. Role of Authors and Contributors

Anesthesia & Analgesia and A&A Case Reports adhere to the ICMJE recommendations for defining the role of authors and non-author contributors. Anesthesia & Analgesia therefore defines manuscript authorship as meeting 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 who do not meet all four criteria should be acknowledged as non-author contributors.

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.

B. Author Conflict of Interest

Anesthesia & Analgesia endorse the ICMJE recommendations for defining the role of authors’ conflict of interest.

- Anesthesia & Analgesia 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. Protection of Human Subjects

Research is a systematic investigation for the creation of generalizable knowledge. Any investigation submitted for publication demonstrates intent to create generalizable knowledge, and thus constitutes research.

The name of the institutional research ethical review and oversight committee varies with country and local custom. In the United States, this committee is called the Institutional Review Board (IRB). Other countries may use other terms (e.g., “Research Ethics Committee”) for their research ethical review committee. “Institutional Review Board” is used here generically to refer to the local board that reviews the ethical treatment of human subjects and grants institutional approval for the study.
Regardless of the country of origin, all clinical investigators undertaking human subjects research must abide by the "Ethical Principles for Medical Research Involving Human Subjects" outlined in the Declaration of Helsinki, and adopted in October 2000 by the World Medical Association.

Clinical studies not meeting the Declaration of Helsinki criteria will not be considered for publication. If published research is subsequently found to be noncompliant, it will be retracted.

On the basis of the Declaration of Helsinki, Anesthesia & Analgesia requires that all manuscripts reporting clinical research state in the first paragraph of the Methods section that:

1. The study was approved by the appropriate Institutional Review Board (IRB), and
2. Written informed consent was obtained from all subjects, a legal surrogate, the parents or legal guardians for minor subjects, or that the requirement for written informed consent was waived by the Institutional Review Board (IRB).

The Editors of Anesthesia & Analgesia may question the authors about the details of the IRB review, informed consent forms, or the consent process. On occasion, the Editor-in-Chief may request a copy of the approved IRB application from the author. Lack of appropriate consent or its documentation will be grounds for rejection or subsequent retraction.

Patients also have a right to privacy regarding their protected health information (PHI). Access to their protected health information (PHI) should not occur without their written authorization of use or disclosure of PHI for the explicit purposes of (a) research or (b) a case report (N = 1) or case series (N ≤ 3). Under certain circumstances, the requirement for patient written authorization may be waived by the Institutional Review Board (IRB).

D. A&A Case Reports Compliance with HIPAA Privacy Regulations

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 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 a case report or case series (with an N ≤ 3) for publication, the researcher or educator has two options:

1. The first and most efficient means to use patient information is to remove all PHI data elements from the information before using it. If all of the 18 PHI data elements, found at http://www.oshp.ca.gov/Boards/CPHS/HIPAAIdentifiers.pdf, are removed from the presentation or a case report or case series (with an N ≤ 3) for publication, then the information is de-identified data and contains no PHI. A signed patient authorization is not required when using such de-identified data.
2. If a clinician, educator, or researcher must include certain PHI data elements as part of the activity, then the second option applies. The patient must authorize the use of their PHI by signing a 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 case report or case series (with an N ≤ 3) for publication, a lecture to national or international professional meeting, and presentation to a class or seminar outside the covered entity’s clinical education setting.

Nota bene that one the 18 PHI data elements includes: “Any other unique identifying number, characteristic, or code.” This scenario includes a case so unique that individuals with personal knowledge of the incident could identify the patient. In this situation, an authorization must be obtained for disclosure of the PHI in a case report or case series (with an N ≤ 3) for publication.

A case report or retrospective chart review 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.

A&A Case Reports therefore (a) does not require IRB approval but (b) does require that authorization (permission) is obtained from the patient or (deceased) patient’s relative for submission of a Clinical Case Report or Case Series for potential publication. This must be obtained before submission of the manuscript, and the authors must state this in their submission cover letter. 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.

E. Anesthesia & Analgesia Echo Rounds and Echo Didactics Compliance with HIPAA Privacy Regulations

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.

The circumstances are different 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 a case report (N = 1) (which includes an Anesthesia & Analgesia Echo Rounds) or case series (with an N < 3) for publication, the researcher or educator has two options:
1. The first and most efficient means to use patient information is to remove all PHI data elements from the information before using it. If all of the 18 PHI data elements, found at http://www.oshpd.ca.gov/Boards/CPHS/HIPAAIdentifiers.pdf, are removed from the presentation or a case report (N = 1) or case series (with an N < 3) for publication, then the data are de-identified and contain no PHI. A signed patient authorization is not required when using such de-identified data.

2. If a clinician, educator, or researcher must include certain PHI data elements as part of the activity, then the second option applies. The patient must authorize the use of their PHI by signing a 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 case report (N = 1) or case series (N < 3) for publication, a lecture to national or international professional meeting, and presentation to a class or seminar outside the covered entity’s clinical education setting.

Nota bene that one of the 18 PHI data elements states: “Any other unique identifying number, characteristic, or code.” This scenario includes a case so unique that individuals with personal knowledge of the incident could identify the patient. In this situation, an authorization must be obtained for disclosure of the PHI in a case report (N = 1) or case series (N < 3) for publication.

A case report or retrospective chart review 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.

Anesthesia & Analgesia therefore (a) does not require IRB approval but (b) does require that a HIPAA-compliant written authorization of use or disclosure of PHI, for the explicit purposes of the Echo Rounds manuscript, is obtained from the patient or (deceased) patient’s relative for submission of an Echo Rounds for potential publication. This written authorization of use or disclosure of PHI must be obtained before submission of the manuscript. The author(s) must state they obtained this written authorization of use or disclosure of PHI in their submission cover letter. Failure to comply with these requirements will result in rejection of the manuscript.

F. Investigational Drugs

The Editorial Board of Anesthesia & Analgesia may exercise judgment about the ethics of a clinical trial involving investigational drugs that differs from the view of the investigators’ Institutional Review Board. 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).

- Studies using 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) application approved by the US FDA or the equivalent agency in the investigator’s country.

- Anesthesia & Analgesia is committed to expanding knowledge of the clinical pharmacology of drugs in children. However, studying drugs in children when there is no pediatric indication poses ethical concerns. Therefore, studies 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.

Anesthesia & Analgesia 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 Anesthesia & Analgesia reserves the right not to review a manuscript describing off-label administration of a drug if the Editorial Board believes the study posed unacceptable risk to subjects. To preclude such a determination, investigators are encouraged to obtain an Investigator IND from the US FDA or an equivalent agency in their country before initiating studies involving off-label drug administration.

G. Registration of Clinical Trials

All clinical trials involving assignment of patients to treatment groups must be registered prior to patient enrollment. The registry, registration number, principal investigator’s name, and date of registration must be stated in the first paragraph of the Methods section of the manuscript.

A number of registries have been approved by the International Committee of Medical Journal Editors (http://www.icmje.org/about_icmje/faqs/clinical_trials-registration/), including http://www.clinicaltrials.gov (the most commonly used registry in the United States), http://isrctn.org.
H. Protection of Animal Subjects

Manuscripts describing investigations performed in vertebrate animals must explicitly state that the study was approved by the authors' Institutional Review Board for animal research (e.g., Institutional Animal Care and Use Committee, IACUC). The Journal expects humane and ethical treatment of all experimental animals, and requires that the study has been conducted in a manner that does not inflict unnecessary pain or discomfort upon the animals, as outlined by the United States Public Health Service Policy on Humane Care and Use of Laboratory Animals and the Guide for the Care and Use of Laboratory Animals (1996), prepared by the National Academy of Sciences' Institute for Laboratory Animal Research. A statement to this effect should appear at the beginning of the Methods section of the manuscript.

I. Plagiarism

Plagiarism is the use of previously published material without attribution. The Editorial Office screens all manuscripts for plagiarism prior to peer review. The screening process identifies passages of text that have been previously published. 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 verbatim, but referenced to the original source. The offense is a technical one, and authors are simply asked to correct it prior to 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, the Journal 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 research simultaneously to more than one peer-reviewed research 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 the Journal will be retracted.

- **Duplicate publication** is prior publication of a manuscript with considerable content overlap, particularly in the research 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 to English). 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 Annual Meeting, ASA Annual Meeting). Anesthesia & Analgesia requests that authors inform the Journal 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 Anesthesia & Analgesia and A&A Case Reports will be rejected unless it has already been published by the Journal, in which case it will be retracted.

K. Scientific Misconduct

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

Anesthesia & Analgesia recognize its responsibility to appropriately address concerns 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 Anesthesia & Analgesia.

In general, Anesthesia & Analgesia follows the recommendations of the Committee on Publication Ethics (COPE) when working to address allegations of misconduct. When a concern or allegation is raised involved parties generally will be contacted to provide an explanation of the situation. As needed, Anesthesia & Analgesia may also contact the institution at which the study was conducted and any other involved journals. Anesthesia & Analgesia 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 institution and/or financial sponsor of the person(s) involved, expressing the concerns and information collected.
- Publishing in Anesthesia & Analgesia 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 Anesthesia & Analgesia, and informing readers and indexing authorities
- Banning an author or authors from publishing any manuscript in Anesthesiology 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, missing IRB contact information (for studies involving humans), or incomplete author information

2) Abstract is missing in the Word file or not properly structured

3) Missing page numbers

4) Entire manuscript is not double-spaced

5) Methods section does not begin with IRB approval and written patient consent statement

6) References – e.g., using "et al" instead of listing every author, or incorrect style

7) Completed digital Copyright Transfer Agreement was not uploaded