TSHP Journal Article Submission Checklist

The Texas Society of Health-System Pharmacists (TSHP) encourages members and non-members to submit original manuscripts and articles for publication consideration. The following provides guidance on procedures and requirements. Each author submitting for publication in the *TSHP Journal* certifies that the paper(s) follow these guidelines, which are largely in conformance with the Uniform Requirements for Manuscripts.

Manuscripts must be submitted via the online form at www.tshp.org/journalsubmission. Questions should be sent to journal@tshp.org with subject "TSHP Journal Inquiry."

[PLEASE NOTE: The editors may choose not to consider manuscripts that depart markedly from the specifications in this checklist.]

Word Count

____ The text of the submitted manuscript (not including the abstract, reference list, or key points) is no more than 4,000 words and no more than 3 pages of graphics.

____ Allowances for graphics (tables or figures) are in addition to word limits and help to estimated final size in the printed journal. For every page of the graphics allowance not used, 600 more words of text are allowed.

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 the 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

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Cover Letter

____ Provide a separate cover letter with your intent to submit your manuscript for consideration in the *TSHP Journal*, including any dual publication or other information you wish the editors to consider when reviewing your submission.

General Format

____ All manuscript pages are numbered consecutively in the upper-right corner, beginning with the title page and including tables.
____ A separate Author ID Page is provided to facilitate blinding of the manuscript.
____ The following elements (each beginning on a separate page) are ordered as follows: title page, abstract, text, footnotes, references, key points (if applicable), appendixes, figure captions, tables, figures.
____ No drug or chemical names are abbreviated.
____ Authors are not identified in the text (including headers and footers).

Author ID Page

____ For each author, ID includes full name, academic degree(s), professional credentials, and no more than two institutional affiliations (department or division, full name of institution, city, and state/country).
____ For each author, there is disclosure of any potential conflicts of interest.
____ The corresponding author is identified.

Authorship

All persons listed as authors must have:
____ Made substantial contributions to the conception or design of the work or the acquisition, analysis, or interpretation of data for the work; and
____ Drafted the work or revised it critically for important intellectual content; and
____ Provided final approval of the current version by completing & signing an authorization form; and
____ Agreed 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.

Title Page

____ Contains a concise, informative title and no other information.

Abstract

____ Is no longer than 250 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, and Conclusion.
____ Provide up to 6 Abstract keywords to assist with PubMed indexing (refer to the MeSH (https://meshb.nlm.nih.gov/search or https://meshb.nlm.nih.gov/MeSHonDemand); additional terms not included in that taxonomy are allowable).

Text/Manuscript

____ For all manuscripts reporting data from human participants, the Methods section should include a statement indicating formal re-view and approval, or formal review and waiver or exemption, by an appropriate institutional review board, ethics committee, or other responsible institutional or national review committee. If no formal review process is available, a statement indicating that the research was conducted according to the principles of the Declaration of Helsinki, seventh revision (JAMA. 2013; 310:2191-4), should be included.

____ Names of authors, institutions, and patients are not mentioned, except in descriptive reports in which institutional identification is essential to understanding the program.

____ For systematic reviews and meta-analyses, authors should follow the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist, available at www.prisma-statement.org.

____ Case Studies are described in the following order: Problem (followed by Background, depending on content), Analysis and Resolution, Discussion, and Conclusion.

____ For Case Report 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 (refer to recently published articles for examples).

____ For stability studies, complies with guidelines for such studies, 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 and median values for study results are accompanied by some measure of variability or precision (e.g., standard deviations, interquartile range); 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.

____ Measurements are reported in the units in which they were made.

____ Volume, distance, and weight measurements are expressed in metric units.

____ In articles referring to pharmacogenomics, current approved gene symbols and nomenclature are used (specific guidance at this link).

____ For commercial products important to the paper, denotes, with footnotes, the trade name or model number; the manufacturer's name, city, and state/country; and 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/country.

____ Provide up to six (6) Manuscript keywords to assist with PubMed indexing (refer to the MeSH (https://meshb.nlm.nih.gov/search or https://meshb.nlm.nih.gov/MeSHonDemand); additional terms not included in that taxonomy are allowable). Keywords are requested for all articles, not just those with an abstract.

Key Points (required for all articles with an abstract)

____ Three key points, each written as a complete sentence; the total word count is 65–85 words.
____ Key points are *not* written from the first-person (I/we, me/our) or second-person (you, your) perspective.
____ Abbreviations are used sparingly in key points and are defined on first mention unless they are very well known (e.g., HIV, AIDS, NSAID, TSHP, ASHP, FDA) or spelling out would be awkward or unwieldy, as with certain receptor proteins (e.g., PI3K, VEGF) or genes (BRAF, EGFR).

References

____ Are not entered using automatic endnotes or footnotes functions.
____ Do not include unpublished observations or personal communications. References to personal communications may be inserted in parentheses in the text and should include the contact's name, the name of the contact's company or institution, and the date of communication (year, month, day).
____ Have been verified by the author(s) against the original documents.
____ Are formatted in accordance with *TSHP Journal* style (specific guidance at this link).

Tables

____ Are typed double-spaced, each (complete with title and footnotes) on a separate page.
____ Do not contain information substantially duplicated in the text or figures.
____ Are formatted in accordance with *TSHP Publication* style (www.tshp.org/journal).
____ 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 are supplied in their original native file format, in a separate file, and not embedded in the text. We prefer figure files created in the following Adobe programs: InDesign, PhotoShop, or Illustrator. In some cases, we will accept figure files created in Excel. We will not accept files that are embedded in any text or manuscript document.
____ All files in TIFF (.tif), PNG (.png), or JPEG (.jpg) formats must be no less than 300 dpi resolution.
____ 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 by error bars (e.g., standard deviations, confidence intervals) is identified.
____ The legend is sufficiently descriptive for the figure to work as a “standalone” item (i.e., can be understood without having to refer to the text of the article).
____ If previously published, the original source is acknowledged, and written permission from the copyright holder to reproduce the material is submitted.

Permission for Reproduction or Adaptation of Published Material

____ When quoted material exceeds two sentences in length, it is the author's responsibility to obtain written permission for its use from the copyright owner, who may not be the quotation's author. It is usually necessary to determine the original source of the material to identify its copyright owner. Some quotations may be in the public domain. Permission to quote material originally appearing in TSHP publications is usually unnecessary for manuscripts submitted to *TSHP Journal*.

____ Written permission to reproduce copyrighted material must be provided to the *TSHP Journal* editor when the final revised manuscript is submitted. Failure to obtain such permission may result in the removal of the reproduced material or a delay in publication.

____ Fees required by the copyright owner are the author's responsibility unless an exception has been granted by an *TSHP Journal* editor.

____ Reproduction of all or a substantial portion of a table or illustration also requires the author to obtain permission for use from the copyright owner. Any associated fees are the author's responsibility unless an exception has been granted by an *TSHP Journal* editor. If a table or illustration has been adapted and there is doubt about whether the extent of adaptation makes permission unnecessary, an *TSHP Journal* editor should be consulted.

Proper Citation of Quoted Material

____ When possible, the original source of a reproduced quotation, table, or illustration should be cited (preferably with the page number), regardless of the need for permission. Citing a secondary or tertiary source that used but was not the original source of the material is strongly discouraged.

____ Online compilations of quotations are not considered primary, scholarly, or reliable sources, and their use for the attribution of quoted material is highly discouraged.

Checklist completed by: _____ on _____

TSHP Journal
Copyright, Authorship, and Publication Statements

In consideration of the Texas Society of Health-System Pharmacists (TSHP) taking action in reviewing and editing my (our) submission, the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all ownership rights in the submission on all copyright ownership to TSHP. (Not applicable to US government employees.) In the event such work is not published by TSHP, all said rights shall be released.

By signing below, I acknowledge that I have participated sufficiently in the conception, design, data analysis (where applicable), and writing of this manuscript to take public responsibility for the content. I have read the final version of the paper and find it suitable for publication.

If this paper has been presented at a meeting other than one sponsored by TSHP or published elsewhere in whole or in part, a copy of a release from the sponsors of that meeting or publication, permitting publication elsewhere, is inlcuded with the cover letter. An abstract of 250 words or less is excluded.

If you have not complied with the items immediately above, please include an explanation in your cover letter.

Please print, sign, and scan the completed form. All authors listed on the Author ID page must sign below before you submit your article for consideration. Submit the electronic version of this completed document (legible min 75 dpi PDF, jpg, or png) when submitting your article for consideration.

Questions? Contact journal@tshp.org or visit www.tshp.org/journal.

Manuscript Title: _____

_____

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1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____

Formatting Manuscripts in *TSHP Publication Style*

Authors are encouraged to use the accompanying checklist to ensure that their manuscripts comply with the major stylistic requirements of the *TSHP Journal*, which largely conform with the International Committee of Medical Journal Editors (ICMJE) "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals," also called the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" or simply "Uniform Requirements" (www.icmje.org/icmje-recommendations.pdf). Exceptions to the ICMJE recommendations are noted with an asterisk (*).

1. General

_____ The manuscript text is double-spaced in a 12-point font throughout (including tables, references, footnotes, figure captions, and author identification [ID]) on 8.5 x 11-inch pages with margins of at least 1 inch all around.
_____ The manuscript text is not 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).

2. Author ID page

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

3. Title page

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

4. **Abstract** *(not required for short-form articles (less than 2,000 words)*

_____ Is no longer than 250 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.

5. 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 "World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects," as amended in October 2013 (*JAMA.* 2013; 310:2191-4).
_____ 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 manuscripts, 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 manuscript; subheadings also may be

used.

____ For stability studies, the methodology 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 deviation); 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 manuscript, 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, lowercase letters. *

____ For software important to the manuscript, denotes in parentheses or a footnote the version, manufacturer, city, and state.

6. 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 double-spaced on pages separate from the text and numbered consecutively as they appear in the text. References that appear only 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 by the National Library of Medicine for MEDLINE indexing (www.nlm.nih.gov/services/medline_titles.html; additional guidance available at www.nlm.nih.gov/pubs/factsheets/constructitle.html).

____ Include inclusive page numbers.

____ Are formatted consistently and according to TSHP Publication style, as outlined below. For articles with four or fewer authors, list all authors (last name and two initials, if available); if there are five or more authors, list only the first three and add "*et al.*"). Examples of citation style for various types of references follow.

Standard journal article, including electronic journal article:

1. Seibert HH, Maddox RR, Flynn EA, Williams CK. Effect of barcode technology withelectronic medication administration record on medication accuracy rates. *Am J Health-Syst Pharm.* 2014; 71:209-18.

2. Wingard JR, Carter SL, Walsh TJ et al., for the Blood and Marrow Transplant Clinical Trials Network. Randomized, double-blind trial of fluconazole versus voriconazole for prevention of invasive fungal infection after allogeneic hematopoietic cell transplantation. *Blood*. 2010; 116:5111-8.
[Note: Comma followed by "for the" (as opposed to semicolon) precedes name of study group in author list.]

3. Dager WE. Developing a management plan for oral anticoagulant reversal. *Am J Health-Syst Pharm.* 2013; 70(suppl 1):S21-31.

Article from journal paginated by issue:

4. Toth PP. An update on the benefits and risks of rosuvastatin therapy. *Postgrad Med.* 2014; 126(2):7-17.

[Note: If page range seems to indicate that the publication is not paginated by volume (as in the example above), list both volume and issue numbers.]

Letter, editorial, news, or abstract:

5. 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.

[Note: Article type designated at end of citation.]

Textbook or other book-like reference:

6. Brunton L, Chamber B, Knollman B, eds. Goodman & Gilman's the pharmacological basis of therapeutics. 12th ed. New York: McGraw-Hill; 2011:1275-306.

[Note: Provide specific page range for referenced information.]

Chapter or article in a book-like reference:

7. Kantarjian H, Faderl S, Talpaz M. Chronic myelogenous leukemia. In: Devita VT Jr, Hellman S, Rosenberg SA, eds. Cancer: principles and practice of oncology. Philadelphia: Lippincott Williams & Wilkins; 2001:2433-45.

[Note: Provide specific page range for referenced information.]

Government agency publication (print or online):

8. National Heart, Lung, and Blood Institute. The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Bethesda, MD: National Institutes of Health; 2003 Dec. NIH publication no. 03-5233.

9. Food and Drug Administration. Guidance for industry: safety considerations for product design to minimize medication errors (December 2012). www.fda.gov/downloads/Drugs/ Guidances/UCM331810.pdf (accessed 2013 Oct 31).

10. ClinicalTrials.gov. Prevention and treatment of chemotherapy-induced peripheral neuropathy in subjects with advanced colorectal cancer. http://clinicaltrials.gov/ct2/show/NCT00380874 (accessed 2013 Sep 26).

[Note: Provide date of publication, if it can be ascertained, in parentheses after document title, as in example 9.]

Drug package insert or prescribing information (print or online):

11. Jakafi (ruxolitinib) package insert. Wilmington, DE: Incyte Corporation; 2011 Nov.

12. Teflaro (ceftaroline fosamil) prescribing information. St. Louis: Forest Pharmaceuticals; 2010 Oct. Revised 2013 May.

13. Schering Corporation. Victrelis (boceprevir) prescribing information. www.accessdata.fda.gov/2011/202258lbl.pdf (accessed 2013 Jan 30).

14. GlaxoSmithKline. Zofran (ondansetron hydrochloride) prescribing information. http://us.gsk.com/products/assets/us_zofran.pdf (accessed 2014 Jan 27).

Information presented at a meeting:

15. MacKay MW, Jones K, Holley M et al. Using electronic refractive index for testing glucose concentration in pediatric parenteral nutrition. Abstract presented at ASHP Midyear Clinical Meeting. Orlando, FL; 2008 Dec.

[Note: Designate method of communication (e.g., abstract, poster, presentation) as appropriate.]

Electronic sources:

16. Trastuzumab [monograph]. In: Micromedex Drugdex [online database]. Greenwood Village, CO: Truven Health Analytics (accessed 2014 Mar 21).

17. Redbook Online [online database]. Greenwood Village, CO: Truven Health Analytics. (accessed 2014 Feb 28).

18. Erythromycin [monograph]. In: Lexicomp Online [online database]. Hudson, OH: Lexi-Comp (accessed 2014 Jun 16).

19. Warfarin [monograph]. In: Lexi-Drugs, version 1.13.0 [mobile application]. Hudson, OH: Lexi- Comp (accessed 2014 Nov 2).

7. Tables

_____ Text and data are double-spaced, with each table (complete with title and footnotes) on a separate page.
_____ Do not contain information substantially duplicated in the text or figures.
_____ Are formatted per *TSHP Publication* style (see "TSHP Table Formatting Guidelines" at www.tshp.org/journal).
_____ 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 manuscript), and the source is acknowledged.

8. Figures

_____ Figures are supplied in their original native file format, in a separate file, and not embedded in the text. We prefer figure files created in the following Adobe programs: InDesign, PhotoShop, or Illustrator. In some cases, we will accept figure files created in Excel. We will not accept files that are embedded in any text or manuscript document.
_____ All files in TIFF (.tif), PNG (.png), or JPEG (.jpg) formats must be no less than 300 dpi resolution.
_____ 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 by error bars (e.g., standard deviations, confidence intervals) is identified.
_____ Axis labels appear outside the axes.
_____ 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.

9. 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 Adobe Illustrator or PhotoShop.
_____ If using a flow chart–specific software, export or save the document in PDF (.pdf) or TIFF (.tif) format.
_____ All JPEG or TIFF files must be no less than 300 dpi resolution.

Guidelines on Formatting Tables in TSHP Publication Style

Authors should use the table creation function of their word processing program to prepare their manuscript tables. Microsoft Word is strongly preferred. Each table should be saved as a separate electronic file to be submitted with your article. This style guide is largely based on the AJHP style guidelines.

NOTES: ***Do not*** embed tables in the manuscript file; ***do not*** submit tables embedded in a graphic presentation file such as a PowerPoint document or PDF unless requested to do so by the editors. ***Do not*** use the space bar or the tab key to create tables; this will require that journal staff completely recreate the table, which can result in data entry errors and potential publication delays.

Follow these general guidelines to help ensure that table formatting conforms to *AJHP* style:

1. To reduce the need for reformatting, ***key all data into table cells flush left*** (as in Table 1); proper indentation and alignment will be done by the journal's design staff. ***Do not use the space bar or hard returns to indent, align, or "stack" data within cells;*** instead, place each item of data in a separate cell.

2. Format the table to emphasize the primary outcome of interest; for example, to show a change over time, list successive years from left to right in the column headings. While row headings should often list variables alphabetically, it may be desirable to order row headings to highlight key findings. Note that in Table 1, the racial/ethnic characteristics and comorbidities are listed in descending order of frequency; in Table 5, the risk factors are listed by relative importance. In general, the most effective and visually appealing tables have fewer column headings than row headings.

3. If the body of the table consists entirely or primarily of numerical values, designate all units of measure or quantification (e.g., %, mg, $, µg/mL) in row headings (as in Table 1) or column headings (Tables 4 and 5) rather than repeating the units or symbols throughout the body. If most or all numerical data in multiple columns are of the same type (e.g., mean ± S.D., number and percentage of patients), this can be indicated above a straddle rule, as in Tables 2 and 3, or in the title (Table 4).

4. ***Present related data in the same column.*** Examples include the number and percentage of patients, the mean or median value and corresponding measure of variability or precision (e.g., S.D., range), and the odds ratio and confidence interval (see Tables 1–3 and 5). When appropriate, *p* values are presented in a separate column (Table 2); alternatively, a footnote may be used to highlight only the findings that are statistically significant (Table 5).

5. In general, use only standard abbreviations for units of measure (e.g., g, mg, µg, cm^2, L, mL, dL), other commonly used abbreviations such as vs. (versus) and S.D. (standard deviation), and well-known initialisms introduced in the text of the article (e.g., ADR, COPD, ESRD). To quantify time, use the following abbreviations: sec, min, hr, wk, mo, yr ("day" is not abbreviated); these abbreviations are never plural (e.g., not 12 hrs, but 12 hr). None of these abbreviations need to be defined in a footnote.

6. Use only standard signs and symbols (e.g., + = ≤). ***Do not use nonstandard symbols*** (e.g., ↑ ↓ Δ; instead, spell out increase, decrease, and change).

7. Quantify medication dosages in the preferred format (dose, route, and frequency), as in 1 g i.v. daily, 10 mg i.m., or 200 mg orally twice daily. Do not use the abbreviations p.o. or s.c./s.q.; instead, specify "orally" and "subcutaneous/subcutaneously." The use of b.i.d., t.i.d., and other established abbreviations for frequency of administration (e.g., q 8 hr) is permissible. None of these abbreviations require definition in a footnote.

8. Use leading and trailing zeroes, as applicable, and carry out and/or round like values (generally those in the same row or column) to the same number of decimal places. Decimal points should always be preceded by a number or zero (e.g., 2.5 mg, $p < 0.123$).

9. Use superscript lowercase letters ($^{a, b, c, d}$) instead of numbers or symbols ($^{* \dagger ** \ddagger}$) for footnotes. Avoid abbreviations in table titles. Unless no abbreviations requiring a definition are used in the title or body, all abbreviations are defined in the first footnote (i.e., footnote a) in order of appearance in the table (from top to bottom and left to right). If the first footnote is used to define abbreviations, it is cited with a superscript letter in the table title (as in the examples below) and the footnote itself should contain only abbreviations and the corresponding definitions.

10. Except in very unusual circumstances, there should be no empty cells in the body of the table. As necessary, enter ellipses with an explanatory footnote (e.g., data unavailable, not reported, not applicable), as in Table 3.

Refer to the following examples in formatting tables:

Table 1. **Demographic and Clinical Variables in Study Populations, by Year**[a]

Variable	**2004 (*n* = 1000)**	**2014 (*n* = 1000)**
Mean ± S.D. age, yr	59 ± 2.3	57 ± 3.6
Female, no. (%)	567 (56.7)	610 (6. 1)
Race/ethnicity, no. (%)		
White	650 (65)	640 (64)
Black	200 (20)	190 (19)
Hispanic	150 (15)	170 (17)
Comorbidities		
Hypertension, no. (%)	603 (60.3)	581 (58.1)
Cardiovascular disease, no. (%)	312 (31.2)	338 (33.8)
COPD, no. (%)	135 (1.35)	124 (1.24)
Mean ± S.D. hospital days per patient	5.1 ± 2.3	4.5 ± 1.9
Median (range) hospital LOS, days	4.2 (1–5)	5.7 (1–7)

[a]COPD = chronic obstructive pulmonary disease, LOS = length of stay.

[NOTE: Column headings, row headings, and all data are keyed into table cells flush left, with each item of data in a separate cell and no stacking of data within individual cells.]

[NOTE: In Tables 2–6 below, indentation and alignment are shown for illustrative purposes only; *in creating tables, authors should key all column/row headings and tabular data into table cells flush left.*]

Table 2. **Outcomes in Patients with Diabetes Before and After Pharmacist Intervention**[a]

	Mean ± S.D.		
Variable	**Before (*n* = 500)**	**After (*n* = 500)**	***P***
HbA_{1c} concentration, %	7.8 ± 1.6	7.1 ± 1.2	<0.01
Weight, kg	103.7 ± 28.2	103.5 ± 28.9	0.70
BMI, kg/m^2	36.7 ± 9.1	34.5 ± 8.6	0.99
Blood pressure, mm Hg			
Systolic	128.8 ± 14.4	124.9 ± 13.8	<0.01
Diastolic	77.6 ± 9.5	74.2 ± 10.5	<0.01

[a]HbA_{1c} = glycosylated hemoglobin, BMI = body mass index.

[NOTE: A straddle rule is used to specify a unit of measure applicable to multiple data columns.]

Table 3. **Pharmacokinetics of Drug Z in Healthy Persons and Patients with Renal Impairment**[a]

	Mean ± S.D.	
Variable	**Healthy (*n* = 100)**	**Renally Impaired (*n* = 100)**
$t_{½}$ *(hr)*	11.21 ± 3.64	12.8 ± 2.30
CL (L/hr)	17.19 ± 2.12	. . .[b]
C_{max} (µg/mL)	2.23 ± 0.55	3.12 ± 0.85
t_{max} (hr)[c]	4.0, 1.3–6.8	1.7, 0.5–2.5
V_{ss}	90.82 ± 23.10	. . .
AUC (µg · hr/mL)	25.2 ± 9.2	29.8 ± 8.9

[a]$t_{½}$ = half-life, CL = clearance, C_{max} = maximum concentration, t_{max} = time to maximum concentration, V_{ss} = volume of distribution at steady state, AUC = area under the concentration–time curve.
[b]Not reported.
[c]Reported as median and range.

Table 4. **Antimicrobial Therapy Costs ($) in Study Groups, Stratified by Patient Risk**

Risk Level	**Group A**	**Group B**	**Group C**
Low	107.79	114.53	68.76
Medium	154.83	146.81	77.43
High	201.39	194.55	90.32

Table 5. **Patient and Hospitalization Factors Associated with Postdischarge Thromboembolism**[a]

Characteristic	No. (%) Patients	Odds Ratio (95% CI)[b]
Patient risk factor		
Prior VTE	7,335 (91.68)	8.21 (7.49–9.29)[c]
Sepsis	1,435 (17.93)	2.67 (1.93–3.70)
Cancer	6,970 (87.12)	2.47 (2.05–2.97)
Hospitalization factor		
Admission in urban setting	3,302 (41.27)	1.15 (0.89–1.49)
Multiple admissions in 1 yr	2,345 (29.31)	1.11 (0.27–4.49)

[a]CI = confidence interval, VTE = venous thromboembolism.
[b]Relative to control group.
[c]$p < 0.01$.

[NOTE: Related data (i.e., numbers and percentages of patients, odds ratios and confidence intervals) are presented in the same column, with units of measure/quantification specified in column headings.]

Table 6.
Summary Data from Clinical Trials of Drug Y for Disease Z[a]

Study	Design	Regimen	Primary Endpoint(s)	Outcome(s)
EXCITE I13	Phase I dose-ranging study	0.5–1.5 mg/kg daily (*n* = 45)	Minimum effective dose	Minimum effective dose established at 1.25 mg/kg
EXCITE II14	Phase II randomized controlled trial	1.25 mg/kg per day (*n* = 88) vs. daily placebo (*n* = 88)	Rates of disease progression at 3, 6, and 9 mo	Drug Y superior to placebo at 3 and 6 mo ($p < 0.05$) and also at 9 mo ($p < 0.01$)
EXCITE III15	Phase III international, multisite randomized controlled trial	1.25 mg/kg per day (*n* = 767) for 4 wk vs. daily placebo (*n* = 769)	% of patients with stage 5 disease at 12 mo; mean no. ADEs per wk	Rate of stage 5 disease reduced with drug Y vs. placebo (37% vs. 78%); mean no. ADEs per wk lower with drug Y (2.1 vs. 0.9, $p < 0.01$)

[a]ADE = adverse drug event.

[NOTE: The superscript numerals in the left-hand column correspond to those for references cited in the text of the article. References that appear *only* in a table (i.e., are not cited in the text) should be numbered according to placement of first mention of the table in the text; for example, if the table callout "(Table 6)" in the text of the article appears after 10 other references are cited, the three references cited in this table would be numbered 11, 12, and 13, with subsequent citations *in text* numbered 14, 15, 16, etc.]