

These guidelines have been adapted from the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, updated October 2007 (<http://www.icmje.org/>).

Contents [For the web version of this document, go to www.texasheart.org/thijinfoauthors.]

- I. [Manuscript Submission](#)
- II. [Conditions for Publication](#)
 - A. [Scientific Responsibility \(Authorship\)](#)
 - B. [Exclusive Publication](#)
 - C. [Conflict of Interest](#)
 - D. [Copyright Transfer](#)
- III. [Review, Processing, and Reprints](#)
- IV. [Electronic Manuscript Preparation](#)
 - A. [Title Page](#)
 - B. [Abstract and Key Words](#)
 - C. [Text \(Content and Style\)](#)
 - D. [Acknowledgments](#)
 - E. [References](#)
 - F. [Tables](#)
 - G. [Illustrations: General Information](#)
 - H. [Legends for Illustrations](#)
- V. [Digital Image Guide](#)
 - A. [Image Preparation Checklist](#)
 - B. [Color](#)
 - C. [File Format](#)
 - D. [Resolution and Scanning](#)
 - E. [Naming Files](#)
 - F. [Approved Fonts](#)
 - G. [Labels](#)
 - H. [How to Submit Images](#)
- VI. [Motion Image Guide](#)
- VII. [Special Sections: Requirements](#)
 - A. [Images in Cardiovascular Medicine](#)
 - B. [Coronary Anomalies](#)
 - C. [Letters to the Editor](#)
- VIII. [Written Permissions](#)
- IX. [Manuscript Checklist](#)

I. Manuscript Submission

Manuscripts may be submitted electronically using Editorial Manager™. Save the following shortcuts to your favorites: THIJ's Editorial Manager site, www.editorialmanager.com/thij and Information for Authors, www.texasheart.org/thijinfoauthors. Authors who mail manuscripts or images to the Journal will be asked to register at Editorial Manager and submit electronic files. "Conditions for Publication" forms and permissions may be mailed to Texas Heart Institute Journal, MC 1-194, 1101 Bates Street, Suite P-514, Houston, TX 77030, USA, or faxed to 832-355-3714.

II. Conditions for Publication

After submitting a manuscript, all authors must sign a "Conditions for Publication" agreement with regard to scientific responsibility, exclusive publication, conflict of interest, and copyright transfer. Download a copy of the form from the website: www.texasheart.org/thijinfoauthors.

- A. *Scientific Responsibility (Authorship)*. In submitting a manuscript, all authors are attesting to the fact that they have participated substantially in the conception and design of the work, in

the acquisition of data, or in the analysis and interpretation of data (when applicable). They should also have participated in the writing of the manuscript and have approved the final version to be published. They should have participated sufficiently to take public responsibility for the work. If requested, they should be able to produce for examination the data upon which the manuscript is based. If possible, the number of authors should be limited to 6. Nevertheless, we recommend the inclusion of people who made substantive contributions, such as radiologists and pathologists whose studies contributed to the resolution of medical or surgical problems.

Contributors who do not meet the criteria for authorship should be recognized in an acknowledgments section, rather than given authorship (see [Acknowledgments](#)). Examples include technical help, writing assistance or general support from a department chair. All such persons must give written permission to be acknowledged (see [Permissions](#)).

- B. *Exclusive Publication.* Authors must certify that neither this manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere. This does not preclude our consideration of 1) a complete report that follows publication of a preliminary report, 2) a paper that has been presented at a scientific meeting but has not appeared in print, or 3) a paper rejected elsewhere. Explanation of any potential duplicate publication should be made on the "Conditions for Publication" form.
- C. *Conflict of Interest.* Authors must disclose any commercial association that might pose a conflict of interest in connection with the manuscript. Research or project support from commercial firms, private foundations, and government should be acknowledged.
- D. *Copyright Transfer.* When a manuscript is accepted for publication, print and electronic copyright ownership is transferred to the *THI Journal* (federal government employees excepted).

III. Review, Processing, and Reprints

Manuscripts are generally reviewed by 2 or more expert consultants. The initial review process takes 6 to 12 weeks; revisions require additional time. Written comments, when available, are returned when manuscripts are returned.

- A. *Editing.* All manuscripts accepted for publication are edited for clarity in accordance with *Journal* style and returned to the author for approval. Authors are responsible for all statements made in their work, including changes made by the editors and authorized by the corresponding author.
- B. *Ownership.* All accepted manuscripts become permanent property of the *Texas Heart Institute Journal* and may not be published elsewhere without written permission from the Executive Editor.
- C. *Reprints.* Reprint order forms are sent to the author immediately after publication of an article. The Texas Heart Institute neither orders reprints nor has them available.

IV. Electronic Manuscript Preparation

Manuscripts should be prepared in a word processing system such as Microsoft Word or one that can be easily converted to or saved in Word format. The manuscript should be in English, double-spaced throughout, using 8½" by 11" paper, with 1" margins. The paper should be arranged in this order (all in one document): title page, abstract, text, acknowledgments, references, tables, and figure legends. Number pages consecutively, in the lower right-hand corner, beginning with the title page. Use the left justification feature (ragged right margins). Use letter-quality printing. Do not use line-numbering.

Revised manuscripts must be submitted with a revised cover letter that contains each review comment followed by the authors' response. In addition, all changes in the main document must be highlighted. "Track changes" will not be accepted.

A. Title Page. The title page should carry 1) a concise, informative title for the article consisting of 20 or fewer words (no abbreviations); 2) full name and highest relevant academic degree(s) of each author (limit of 2 degrees); 3) names of departments and institutions where the work was completed by each individual author (use symbols to link authors to affiliations) and current affiliations if these have changed; 4) disclaimers, if any; 5) sources of support in the form of grants, equipment, or drugs; 6) the name of one author who is to be designated as the corresponding author, with a complete postal address, telephone number, fax number, and e-mail address (this is the address to whom reprint requests will be addressed unless the authors state that reprints will not be available); and 7) a short title (9 or fewer words), placed at the bottom of the page and identified as a footnote.

B. Abstract and Key Words. The 2nd page should carry an abstract of no more than 250 words, stating the purposes of the study, basic procedures (study subjects or experimental animals; observational and analytic methods), main findings (specific data and statistical significance), and conclusions. Emphasize new and important aspects of the work. Avoid abbreviations other than standard units of measurement. Information must match the information in the text and may contain no information that is not presented in the text.

Below the abstract, provide, and identify as such, 3 to 10 key words or phrases that will assist in cross-indexing the article. Use terms from the Medical Subject Headings (MeSH) list available from MEDLINE/PubMed at www.ncbi.nlm.nih.gov/sites/entrez?db=mesh ; other terms may be used if suitable MeSH terms are not yet established.

Article types that do not require abstracts and key words include [Coronary Anomalies](#), Editorial Commentary, Guest Editorial, History of Medicine, [Images in Cardiovascular Medicine](#), [Letters to the Editor](#), and Reviews.

C. Text (Content and Style). The texts of observational and experimental articles generally include these sections: Introduction, Patients (or Materials) and Methods, Results, and Discussion. Other articles such as case reports and reviews will need other formats; authors should consult representative articles in the *Journal*.

1. Protection of Human and Animal Subjects

a. Informed Consent: Studies. Manuscripts should state formally that studies were performed in compliance with human-studies guidelines or animal-welfare regulations of the authors' institutions and in compliance with FDA guidelines, and that informed, written consent was obtained from human subjects after the nature of the procedure was explained.

b. Informed Consent: Patients' Privacy and Confidentiality. Identifying information should be eliminated if not essential. When any such information is included, the patient must give informed, written consent for publication (for details, see [Privacy and Confidentiality](#)).

2. References to Drugs. Use generic names of drugs unless the specific trade name is relevant. State the form in which the drug was used (salt or base), the amount given in relation to body weight, and the route of administration; if injected, state the volume and rate of injection. State the frequency and the time of additional doses.

3. Manufacturing Information. Credit suppliers of drugs, equipment, and other materials described at length in the paper in parentheses at 1st mention, giving specific product name and model number (if applicable), company name, and location (city, state, and country).

4. **Methods.** Present methods in sufficient detail to enable repetition by other investigators, citing references for published methods or statistical methods, well known or otherwise.
 5. **Results.** Present both positive and relevant negative results.
 6. **Numbers.** Provide exact numbers when possible; for example, “87 of 137 patients (63.5%)” is preferable to stating the percentage alone. Do not spell out numbers except at the beginning of a sentence.
 7. **Repetition.** Summarize in the text, but do not repeat, data presented in tables and figures.
 8. **Abbreviations.** Avoid abbreviations in the title and abstract and keep abbreviations to a minimum in the rest of the paper. The full term should precede the 1st use of an abbreviation in the text unless it is a standard unit of measurement.
 9. **Footnotes.** Type footnotes, denoted with an asterisk, at the bottom of the page on which they are cited (do not confuse footnotes with references). Footnotes that contain information from articles that have been submitted but not accepted should be cited as “unpublished observations.” Written permission from the source should be provided (see [Written Permissions](#)).
 10. **Units of Measurement and Symbols.** Measurements of length, height, weight, and volume should be reported in metric units; temperatures, in degrees Celsius (°C); blood pressures, in millimeters of mercury (mmHg); and hematologic and clinical chemistry, in terms of the International System of Units (SI).
- D. Acknowledgments.** When expressing appreciation to another scientist for assistance with your research or manuscript, enclose written permission, because such an acknowledgment may imply endorsement of your data and conclusions (see [Written Permissions](#)).
- E. References.** Cite original sources when possible. Small numbers of references to key original papers will often serve just as well as more-exhaustive lists. Type references, double-spaced, on a separate page. Cite and number references consecutively as they appear in the text. Within the text, place each citation immediately after the term or phrase to which it is relevant (superscript preferred). References first cited in tables or figures should be numbered so that they will be in sequence with references cited in the text. Double-check all references for accuracy, completeness, and duplication.

Our reference style is similar to that of the U.S. National Library of Medicine (available at www.nlm.nih.gov/bsd/uniform_requirements.html). List all authors up to 7. For 8 or more, list the first 6 and add “et al.” List inclusive page numbers; include specific page numbers for books as well.

Examples:

1. **Standard Journal Article**
Maybaum S, Mancini D, Xydas S, Starling RC, Aaronson K, Pagani FD, et al. Cardiac improvement during mechanical circulatory support: a prospective multicenter study of the LVAD Working Group. *Circulation* 2007;115(19):2497-505.
2. **Book by 1 or More Authors (including specific page numbers)**
Angelini P. Coronary artery anomalies: A comprehensive approach. Baltimore: Lippincott Williams & Wilkins; 1999. p. 25-150.
3. **Chapter in a Book**
Denfield SW, Gajarski RJ, Towbin JA. Cardiomyopathies. In: Garson A Jr, Bricker JT, Fisher DJ, Neish SR, editors. *The science and practice of pediatric cardiology*. 2nd ed. Vol 3. Baltimore: Williams & Wilkins; 1998. p. 1851-83.
4. **Abstract in Journal Supplement**
Sherman SK, Sugeng L, Weinert L, Shook D, DuPont F, Mor-Avi V, Lang RM. Real-time three-dimensional echocardiographic evaluation of prosthetic valves: Initial

experience with a matrix transesophageal transducer [abstract]. *Circulation* 2007;116(16 Suppl II):II-400.

5. Internet Journal Article

Lin SK, McPhee DJ, Muguet FF. Open access publishing policy and efficient editorial procedure. *Entropy* [Internet]. 2006 [cited 2007 Jan 8];8:131-3. Available from: <http://www.mdpi.org/entropy/htm/e8030131.htm>

Papers *accepted* but not yet published may be referenced (indicate the journal, followed by "Forthcoming"). Unpublished personal observations and personal communications are not acceptable as references but may be included in the text as footnotes, denoted with an asterisk (see [Footnotes](#)).

Authors who use EndNote may use our customized style document to format references. (Go to the website to download the *THI Journal EndNote Style* document.) Please Note: This feature is provided for your formatting convenience. However, before the manuscript is submitted, all EndNote field codes must be removed by clicking "Remove Field Codes."

F. Tables. Each table should appear on a separate page, numbered with Roman numerals, with a title for each. Submit tables in a word processing, not an imaging, format. Explain all nonstandard abbreviations in footnotes. Identify statistical measures of variations, such as standard deviation or standard error of the mean. Do not submit tables that merely repeat information in the text. Supply [permissions](#) to use data from another published or unpublished source.

G. Illustrations: General Information (for details, see [Digital Image Guide](#)). Letters, numbers, and symbols should be clear and even throughout, and should contrast with the background; they should be large enough to be legible when reduced for publication and should be added *after* images are scanned to the proper resolution. Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in the photomicrographs should contrast with the background. Titles and detailed explanations belong in the legends, not on the illustrations themselves.

Privacy and Confidentiality. Avoid photographs of patients; if such photographs are used, the subjects must not be identifiable (masking their eyes is inadequate). Figures should not include any written patient identification, including names, initials, and hospital numbers. Photos or illustrations that might in any way reveal the identity of a patient must be accompanied by written [permission](#) to use the photograph; moreover, the patient should be shown the manuscript and should be told if the manuscript will be available on the Internet as well as in the print publication.

Cite each figure in the text in consecutive order. If a figure has been published, acknowledge the original source and submit [written permission](#) from the copyright holder to reproduce the material.

H. Legends for Illustrations. Legends for illustrations should be double-spaced, on a separate page from text or tables, with Arabic numbers that correspond to the illustrations. Supply a detailed explanation of each figure. Define all symbols, arrows, or legends that are used to identify parts of the illustrations. Explain internal scale and identify the method of staining in photomicrographs.

V. Digital Image Guide

The *Texas Heart Institute Journal* requires that digital artwork be prepared according to professional standards. Digital files must meet *Journal* requirements in order to be accepted for publication. Files that do not meet the guidelines will be rejected. Please refer to the instructions below when preparing images for publication.

- A. Image Preparation Checklist.** To verify that you have fulfilled the requirements for electronic image preparation, use the following checklist. Each category is expanded below the checklist.
- ___ Black-and-white images are saved in grayscale mode (not black and white).
 - ___ Photographic images are saved in RGB color mode (not CMYK or indexed color).
 - ___ Files are submitted in native TIFF or EPS and are not embedded in another program such as Microsoft Word, PowerPoint, or Excel.
 - ___ Charts or illustrations created in Microsoft Office (Word, PowerPoint, Excel) are submitted in native format and do not include embedded images.
 - ___ Charts created in SPSS, SigmaPlot or ChemDraw are submitted as EPS images.
 - ___ All graphics are sized to 100% of their print dimensions so that no scaling is necessary (3.2" wide for 1-column figures, and 6.4" wide for 2-column figures).
 - ___ Images have been scanned according to our scanning guidelines.
 - ___ Files are named using our recommended naming conventions.
- B. Color.** When preparing digital images for publication, it is important to scan and save electronic files in the correct color space.
- 1. Photographic images.** Images such as photographs, angiograms, echocardiograms, etc., should be scanned and saved in RGB color mode, even if the images will be printed in grayscale. (*Journal* compositors will convert these images to their final grayscale or CMYK color modes.) Note: Printing in color is expensive and is not always necessary. Please inform the *Journal* editors if an image requires color for clarity.
 - 2. Line art.** Black-and-white images, including line drawings, charts, graphs, and ECG, and EEG tracings, should be scanned and saved in grayscale mode (not black-and-white or color). (For charts created in SPSS, refer to Section C.2 on creating EPS file formats. For charts and graphs created in Microsoft Office, refer to Section C.3.)
 - 3. Avoid ICC Profiles.** Images should not contain any ICC profiles.
- C. File Format.** Submit only TIFF or EPS for electronic images. See instructions for submitting artwork created in [Microsoft Office programs](#) (Word, PowerPoint, Excel).
- 1. TIFF** (Tagged Image File Format). TIFF is recommended for photographic images. When preparing TIFF images, be sure to refer to our [scanning guidelines](#) for proper resolution. Note: The *Journal* accepts TIFF images saved with LZW compression; choosing this option will result in smaller files.
In most software programs, a TIFF is made by choosing *File / Save as...* or *Export / TIFF* or *TIF*. For more information, consult the Help menu of your software.
 - 2. EPS** (Encapsulated Postscript). EPS format is recommended for line art, charts, and illustrations that are created using professional drawing programs such as Adobe Illustrator, SPSS, ChemDraw, CorelDraw, SigmaPlot, etc. When submitting EPS files for publication, be sure to use the following guidelines:
 - Convert text to outlines or include/embed fonts. Use only [Journal-approved fonts](#).
 - Flatten any layers.
 - Use line weights greater than 0.5 points.
 - Include an 8-bit preview/header at a resolution of 72 dpi.
 - Save color images in RGB color mode.
 In most drawing programs, an EPS file is made by choosing *File / Save as ...* or *Export / EPS*. For more information, consult the Help menu of your software.
 - 3. Microsoft Office** (Word, Excel, PowerPoint). Charts and illustrations created in Microsoft Office programs are accepted. Do not submit Microsoft Office files that contain embedded images. When creating charts and illustrations—
 - Work in black-and white, not color.
 - Do not use patterns for fill color; use black, white, and shades of gray.

- Avoid 3-dimensional charts.
- Use only [Journal-approved fonts](#).
- Use line weights greater than 0.5 points.
- Submit the grouped image so that *Journal* compositors can access the datasheet.

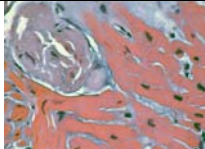

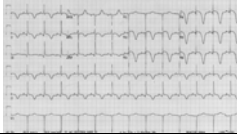

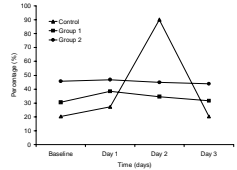
4. AVOID THE FOLLOWING:

- Submitting graphics downloaded or saved from Web pages. The resolution will be too low, regardless of how the image looks on screen.
- Submitting GIF files. GIF files are never appropriate for publication.
- Scanning preprinted photographs (already published halftones). The printing process introduces distortion into the photograph that will transfer to the scan.
- Generating TIFFs in the Microsoft Office Document Scanning program. This proprietary program changes image formatting such that the image cannot be opened in our image evaluation program.

D. Resolution and Scanning

1. Images must be scanned at the proper resolution in order to ensure print quality. Use the following guidelines to select the correct scanning resolution. Images scanned at lower resolutions will be rejected.

- Photographic images *without* text or arrows: **300 dpi/ppi**
- Photographic images *with* text or arrows: **600 dpi/ppi**
- Black-and-white line art: **1200 dpi/ppi**
- a. Scanning photographic images *without* text or arrows
 - Scan in RGB mode.
 - Scan at 300 dpi/ppi.
 - Select a target width of 3.2" for 1-column figures, and 6.4" for 2-column figures.
 - Crop images tightly; **do not scan the margins**.
 - Use the proper [naming convention](#); save as a TIFF and apply LZW compression.
- b. Scanning photographic images *with* text or arrows
 - Scan in RGB mode.
 - Scan at 600 dpi/ppi (even if text or labels will be added *after* the image is scanned).
 - Select a target width of 3.2" for 1-column figures, or 6.4" for 2-column figures.
 - Crop images tightly; **do not scan the margins**.
 - If adding labels, use an [approved font](#). If these are pixilated, you may be asked for an unlabeled version.
 - Use the proper [naming convention](#); save as a TIFF and apply LZW compression.
- c. Scanning black-and-white line art
 - Scan in grayscale mode.
 - Scan at 1200 dpi/ppi.
 - Select a target width of 3.2" for 1-column figures, and 6.4" for 2-column figures.
 - Images should be tightly cropped; **do not scan the margins**.
 - If adding labels, use an [approved font](#). If these are pixilated, you may be asked for an unlabeled version.
 - Use the proper [naming convention](#); save as a TIFF and apply LZW compression.

Type	Example	Format	Color Mode	Resolution
Photographic images <i>without</i> text or arrows		TIFF	RGB	300 dpi/ppi
Photographic images <i>with</i> text or arrows		TIFF	RGB	600 dpi/ppi
Black-and-white line art		TIFF	Grayscale	1200 dpi/ppi
Black-and-white line art from a professional drawing program such as Adobe Illustrator		EPS	Grayscale	NA
Black-and-white chart or graph from Microsoft Office program		PPT or XLS	NA (Use blacks, whites and shades of gray)	NA

2. Scanning originals that are smaller than the target width
 - Choose the correct color space for photographic images or line art.
 - Determine the correct resolution. If an image has a width smaller than the [target width](#), it is necessary to compensate with an increase in the scanning resolution. To do this, divide the actual width by the target width (either 3.2" or 6.4"). Multiply the answer by the target dpi and round up to the nearest hundred. This will determine the scanning dpi. Use the following example:

If an image is 2.4" wide and needs to be 300 dpi/ppi at 3.2" wide, then

$$3.2 \div 2.4 = 1.33$$

$$1.33 \times 300 = 399 - \text{Round up to } 400.$$

Thus, if the 2.4" image is scanned at 400 dpi/ppi, the *Journal* can properly convert the image to 3.2" wide at 300 dpi.

- Use the proper [naming convention](#) and save.

E. Naming Files

1. Please use the following naming convention for electronic images:
Author last name + figure number.file format
For example: Smith1.eps or Smith1A.tif
2. Revising images. Any time you revise an image and resubmit it to the *Journal*, you need to add a version number to ensure that the image will be re-evaluated.
For example: Smith1.eps would be saved the next time as Smith1_v2.eps

3. Note: *Always allow the software program to add the file format extension.* Files that do not contain an extension will be rejected. To change a file format extension, you must use a software program. Renaming a file extension does not properly convert a file. For example, simply *renaming* a JPG file to a TIFF does not *convert* the file to a TIFF image. Opening a JPG file in Photoshop (or comparable software program) and saving as a TIFF *does* properly convert the file. Note: You can safely change the *Author last name + figure number* (i.e., anything before the “dot file format” portion) by using the Rename command.
- F. *Approved Fonts.* Please use one of the following fonts for text in labels, graphs, and charts:
- Adobe Garamond
 - Arial
 - Helvetica
 - Symbol
 - Times New Roman
 - Univers LT
- G. *Labels*
1. Do not place figure labels (A, B, C, etc.) on digital files; include the letter in the figure file name (for example, Smith2B.tif).
 2. If images are part of an A, B, C series, scan and submit each image separately.
- H. *How to Submit Images.* To submit digital artwork, refer to the information in the [Manuscript Submission](#) section.

VI. Motion Image Guide

Motion images may be included to supplement articles published in the *Journal*. The motion images are featured on the *THIJ* Web site and on PubMedCentral. Each motion image must be submitted with a “still” photograph so that it can be represented in the print version of the *Journal*.

Movie or animation files are required for Web site feature articles displaying motion images. All files submitted are subject to conversion and optimization for online use before publication.

- A. *Quality.* Movie files must be of the highest possible quality. Files should be saved uncompressed or with the least amount of compression possible.
- B. *Length.* Between 5 and 30 seconds. Diagnostic images should show at least 5 cardiac cycles.
- C. *Accepted movie formats:*
 1. Microsoft Audio/Video Interlaced (.avi) (**Preferred format**)
 2. Apple QuickTime (.mov)
 3. MPEG-1 or MPEG-2 (.mpg)
- D. *Accepted animation format.* Compuserve GIF (.gif)

VII. Special Sections: Requirements

- A. ***Images in Cardiovascular Medicine.*** The Images in Cardiovascular Medicine section presents high-quality images that illustrate unusual or rare clinical entities, new or emerging imaging techniques, new areas of clinical focus or techniques, or a combination of these elements.

The text should say only what is necessary to describe the images being shown: it can be as short as 1 or 2 paragraphs. In general, the text should include a 1-paragraph description of the case and a comments section that describes the disease or other entity shown and the method of imaging used.

Images must conform to the specifications in our [Digital Image Guide](#) and must be deemed of acceptable publication quality before the manuscript is reviewed by the Section Editor. If two attempts at supplying acceptable images are unsuccessful, authors may be referred to the *Journal's* graphics specialist for advice.

Motion images conforming to the specifications of the [Motion Image Guide](#) may be included to supplement the published article. The motion images will be featured on the *THIJ* Web site and on PubMedCentral. Each motion image must be submitted with a “still” photograph so that it can be represented in the print version of the *Journal*.

Images articles should be 400–500 words at most, with a maximum of 6 authors and 8 references. Ideally, 1–4 images should be submitted, but up to 8 will be considered. No abstract or key words are required; however, a title page *is* required.

- B. *Coronary Anomalies.*** Reports concerning congenital anomalies should be short and should emphasize individual peculiarities (e.g., clinical presentation, intervention, and imaging). The introduction and discussion sections should avoid lengthy digressions on embryology and the incidence of coronary anomalies. Rather, these sections should refer the reader to existing books and review articles.

Include specific documentation of

1. Typical and atypical chest pain
2. Dyspnea, syncopal equivalents, and sudden death
3. Coronary anomaly-related reversible ischemia (documented by echocardiographic stress tests or nuclear scintigraphy) or scarring
4. Treatment and follow-up (including recommended changes in sports and other lifestyle habits)

Coronary anomalies articles should contain these elements: title page, abstract, key words, introduction, case report, discussion, references, and images (with captions) if appropriate. Papers intended for the [Images in Cardiovascular Medicine](#) section should follow the guidelines for that section.

Images must conform to the specifications in our [Digital Image Guide](#).

Motion images conforming to the specifications of the [Motion Image Guide](#) may be included to supplement the published article. The motion images will be featured on the *THIJ* Web site and on PubMedCentral. Each motion image must be submitted with a “still” photograph so that it can be represented in the print version of the *Journal*.

- C. *Letters to the Editor.*** Letters provide an opportunity to express views about a specific paper published in the *Journal* or to present points of scientific interest that do not require extended treatment. Letters should double-spaced, with a maximum of 4 authors, 400 words, and 6 references. If a letter refers to a published paper, the authors of that paper will be given an opportunity to reply. If acceptable, after editorial review, both the letter and the reply will be published. Correspondence may be edited for length, grammatical correctness, and *Journal* style. All *Journal* [“Conditions for Publication”](#) are applicable (see above).

VIII. **Written Permissions**

Authors are responsible for obtaining written permissions upon manuscript submission or shortly thereafter if they plan to include any of the following:

- Previously published materials (contact copyright holder)
- Personal observations and personal communications other than those of the authors (include direct quotation with signature of researcher, along with the month and year of observation or communication)
- Names of contributors other than the authors, as an acknowledgment (which might imply endorsement of your data and conclusions)
- Photographs of human subjects

IX. Manuscript Checklist

___ Cover letter with complete contact information; revision cover letter must contain point-by-point responses to all reviewers' comments

___ Manuscript, including

- Title page (required for ALL submissions)
- Abstract (250-word maximum) and key words
- Text
- Acknowledgments, if any
- References (check for accuracy and completeness); cite in numerical order in text
- Tables (with brief titles), in text, in MS Word
- Legends for illustrations

Note: Revised manuscripts must have all changes highlighted. Do not use "track changes."

___ Digital Images, if any, each saved as a separate file according to the section above (not embedded in a Word document); cite in numerical order in text

___ Motion Images, if any, each saved according to instructions above

___ Permissions, if applicable