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Author Guidelines

Pediatrics is the official peer-reviewed journal of the [American Academy of Pediatrics](#). *Pediatrics* publishes original research, clinical observations, and special feature articles in the field of pediatrics, as broadly defined. Contributions pertinent to pediatrics are also included from related fields such as nutrition, surgery, dentistry, public health, child health services, human genetics, basic sciences, psychology, psychiatry, education, sociology, and nursing.

The journal, published monthly, has a circulation of 66,000 and is translated into six different languages. Its 2008 impact factor was 4.789.

Pediatrics has been continuously published by the American Academy of Pediatrics since January 1948.

When submitting to *Pediatrics*, authors must attest that the manuscript is being submitted only to *Pediatrics*, that it will not be submitted elsewhere while under consideration, and that it has not been published elsewhere.

When preparing the manuscript for *Pediatrics*, authors must first determine the manuscript type, and then select the appropriate manuscript preparation instructions from the types listed below. Authors must also become familiar with journal style and correct preparation of figures, tables, and multimedia before submitting a manuscript.

Acceptance Criteria

Relevance to readers is of major importance in manuscript selection. *Pediatrics* will consider manuscripts in the following categories: reports of original research, particularly clinical research; review articles; special articles; and case reports.

Generally, all papers will be reviewed by at least two outside consultants who are selected by the editors based on their expertise in the topic of the manuscript.

A report of original research will be judged on the importance and originality of the research, its scientific strength, its clinical relevance, the clarity with which it is presented, and the number of submissions on the same topic. The decision to publish is not based on the direction of results.

Unsolicited commentaries will be considered; however, most commentaries are solicited by the editors. Case reports are of interest only when they present a new entity or illustrate a major new aspect of a previously reported entity.

If your manuscript is accepted, the editors reserve the right to determine whether it will be published in the print edition (which includes electronic publication) or only in the electronic edition of *Pediatrics*.

Journal Style

All aspects of the manuscript (tables, illustrations, and references) should be prepared according to the International Committee of Medical Journal Editors ([ICMJE](#)) requirements.

Grammar, Punctuation, and Usage. Grammar, punctuation, and scientific writing style should follow the most current edition of the *AMA Manual of Style*.¹

Author Listing. All authors' names should be listed in their entirety. All authors must clearly present institutional/professional affiliations and degrees held.

Abbreviations. On the title page, authors should provide a list of abbreviations used in the paper and what they stand for. All acronyms in the text should be expanded at first mention, followed by

the abbreviation in parentheses. The acronym may appear in the text thereafter. Acronyms may be used in the abstract if they occur 3 or more times therein. Generally, abbreviations should be limited to those defined in the *AMA Manual of Style*, current edition. Uncommon abbreviations should be listed at the beginning of the article.

Keywords. Authors should provide keywords on the title page and use Medical Subject Headings (MeSH) terms as a guide. Visit: <http://www.nlm.nih.gov/mesh/meshhome.html>

Units of Measure. Authors should use Système International (SI)^{2,3} values.

Proprietary Products. Authors should use nonproprietary names of drugs or devices unless mention of a manufacturer is pertinent to the discussion. If a proprietary product is cited, the name and location of the manufacturer must also be included.

References. Authors are responsible for the accuracy of references. Citations should be numbered in the order in which they appear in the text. Review articles should be appropriately cited. Reference style should follow that of the *AMA Manual of Style*, current edition. Abbreviated journal names should reflect the style of Index Medicus. Visit: <http://www.nlm.nih.gov/tsd/serials/lji.html>

Manuscript Preparation

Manuscripts should be prepared according to ICMJE guidelines.⁴ Refer to the following “article types” for specific guidelines on preparing a manuscript.

Regular articles require a structured abstract. Label each section of the structured abstract with the appropriate subheading. Case Reports, Reviews, and Special Articles require short, unstructured abstracts. Commentaries do not require abstracts.

Research or project support should be acknowledged as a footnote on the title page. Technical and other assistance should be identified on the title page.

Authors submitting manuscripts or letters to the editor involving adverse drug or medical device events or product problems should also report these to the appropriate governmental agency.

Title Page

The title page must include author names, degrees, and institutional/professional affiliations, a short title, abbreviations, keywords, financial disclosure, and conflict of interest. Please include the contact information for the corresponding author (eg, address, telephone, fax, and e-mail address).

Title lengths should be kept to 15 words or 97 characters (including spaces) for all submissions, regardless of article type.

Contributor’s Statement Page

All submissions must contain a contributor’s statement page, directly following the title page.

An “author” is generally considered to be someone who has made substantive intellectual contributions to a published study and is required to meet the following criteria:

- 1) Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data.
- 2) Drafting the article or revising it critically for important intellectual content; and
- 3) Final approval of the version to be published.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. All persons designated as authors should qualify for authorship, and all

those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged.

Article Types

Regular Articles

Abstract length: 250 words or fewer

Article length: 3,000 words or fewer

NOTE: Abstracts and References are not included in the 3,000 word count.

Regular articles are original research contributions that aim to change clinical practice or the understanding of a disease process. Regular articles include but are not limited to clinical trials, interventional studies, cohort studies, case-control studies, epidemiologic assessments, and surveys. Components of a Regular Article include:

- **What's Known, What's New**

Brief summaries on the topic of “What's Known on this Subject” and “What This Study Adds”, each limited to 40 words.

For this section please use precise and accurate language. For manuscripts accepted as regular articles, the “What's Known on This Subject” and “What This Study Adds” summaries will become a highly visible part of your published paper, with prominence on the first page. Moreover, these summaries will also be highlighted and presented in other areas of the journal, namely *Pediatrics Digest*. It is therefore paramount that you enter language of the same caliber as the rest of your paper.

- **Structured Abstract**

A structured abstract must include headings such as Objective, Patients and Methods, Results, and Conclusions. The objective should clearly state the hypothesis; patients and methods, inclusion criteria and study design; results, the outcome of the study; and conclusions, the outcome in relation to the hypothesis and possible directions of future study.

- **Introduction**

A 1- to 2-paragraph introduction outlining the wider context that generated the study and the hypothesis.

- **Patients and Methods**

A "Patients and Methods" section detailing inclusion criteria and study design to ensure reproducibility of the research.

- **Discussion**

An expanded discussion highlighting antecedent literature on the topic and how the current study changes the perception of a disease process.

- **Conclusion**

A concluding paragraph presenting the impact of the study and possible new research directions on the subject.

Clinical Trials

Pediatrics requires authors to disclose whether or not an article reports the results of a clinical trial. If authors report the results of a clinical trial, they must affirm that the study has been registered at www.clinicaltrials.gov or another qualified national or international registry prior to the enrollment of the first subject. Current information on requirements and appropriate registries is available at www.icmje.org/faq.pdf. The trial registration number must be listed on the title page of the manuscript. Authors are also required to complete the Consort Form (<http://mc.manuscriptcentral.com/pediatrics>) and submit it along with the initial submission of their manuscript. In our submission system, this form is found under “Instructions and Forms.” It can be reached directly at <http://mc.manuscriptcentral.com/societyimages/pediatrics/Consort%20Form.pdf>.

Review Articles

Abstract length: 250 words or fewer

Article length: 4,000 words or fewer

Review Articles combine and/or summarize data from the knowledge base of a topic. These articles can include systematic reviews and meta-analyses. Structured abstracts for systematic reviews are recommended and headings should include: Context, Objective, Data Sources, Study Selection, Data Extraction, Results, and Conclusions (see Iverson et al^[pp22-23]).

Systematic Reviews and Meta-Analyses

Reports of systematic reviews and meta-analyses should use the PRISMA statement (<http://www.prisma-statement.org/>) as a guide, and include a completed PRISMA checklist and flow diagram to accompany the main text. Blank templates of the checklist and flow diagram can be downloaded from the PRISMA Web site (<http://www.prisma-statement.org/statement.htm>).

State-of-the-Art Review Articles

Abstract length: 250 words or fewer

Article length: 4,000 words (max) or fewer

State-of-the-Art Review Articles are usually invited. They should be structured as follows:

- **Objectives**
To be defined by author(s). Should pertain to one or more of the following:
 - Adult sequelae of the condition.
 - Transition from pediatric to adult care for patients with the condition.
 - Adult-care recommendations for patients with the condition.
- **Overview**
To provide a comprehensive and scholarly overview of an important clinical subject with a principal focus on developments in the past 5 years. The data sources should be as current as possible.
- **Advances in Science and Technology**
To explain recent advances in science and technology that may have resulted in changes in

clinical diagnosis and/or therapy in terms that teach relevant science to those who devote most of their time and effort to clinical endeavors.

- **Critical Assessments**
To include critical assessments of clinical topics, emphasizing factors such as cause, prognosis, diagnosis, and prevention.
- **Perception**
To describe how the perception of the disease, disease category, diagnostic approach, or therapeutic intervention has evolved in recent years.

Special Articles

Abstract length: 250 words or fewer

Article length: 4,000 words or fewer

Special Articles include but are not limited to guidelines, consensus statements, and other scholarly work.

Commentaries

Abstract length: no abstract

Article length: 400 to 800 words

Commentaries are opinion pieces consisting of a main point and supporting discussion. These contributions usually pertain to and are published concurrently with a specific article; the commentary serves to launch a broader discussion of a topic. Commentaries may address general issues or controversies in the field of pediatrics.

While the vast majority of commentaries are solicited, we do accept unsolicited commentaries. However, unsolicited commentaries will go through the same peer-review process as other papers.

Case Reports

Abstract length: 250 words or fewer

Article length: 1,600 words or fewer

Case Report articles highlight unique presentations of disease processes to expand the differential diagnosis and improve patient care. For a paper to be considered a Case Report, it must meet the following 3 criteria:

1. Challenge an existing clinical or pathophysiologic paradigm.
2. Provide a starting point for novel hypothesis-testing clinical research.
(and/or)
3. Offer a clinical “lesson” that may allow pediatric colleagues to provide improved care.

Case Report articles should be structured as follows:

- **Abstract**
An unstructured abstract that summarizes the case(s).
- **Introduction**
A brief introduction (recommended length, 1-2 paragraphs).
- **Patient Presentation**
A case report section that details patient presentation, initial diagnosis, and outcome.

- **Discussion**

A discussion section including a brief review of the relevant literature and how this case brings new understanding to the disease process.

Quality Reports

Abstract: 250 words or fewer

Article: 3,000 words or fewer

Supplemental content: appropriate for figures, tables, multimedia, measurement tools.

Starting in January 2011, *Pediatrics* will add a new section to the journal, entitled Quality Reports, featuring reports of quality improvement projects. We invite submission of Quality Reports that add to our understanding of how to improve quality in any of the many clinical settings in which pediatrics is practiced. Reports should provide new understanding or descriptions of the change process, whether successful or unsuccessful, and include insights regarding why things worked or did not work. Descriptions of formal studies to assess whether an intervention is effective, as well as descriptions of development and testing of improvement-related tools for validity and reliability, will be better suited for the regular articles of the journal. If, however, a lesson can be learned from implementing a quality improvement process with the intent that it could lead to subsequent formal studies and hypothesis testing, then this section is appropriate for providing the initial pilot information that could lead to such a study.

Authors are expected to generally follow the Standard for Quality Improvement Reporting Excellence (SQUIRE) Guidelines for reporting their quality improvement projects. These guidelines are described in detail on the SQUIRE website at www.squire-statement.org. Authors should note that the basic structure of a quality report will mirror the rest of the journal, using the IMRaD (Introduction, Methods, Results, Discussion) format. The SQUIRE guidelines suggest specific areas that need to be addressed in each section, with recognition that every report will have different areas of emphasis.

The following is a very brief description of the sections of a quality report; authors should refer to the full SQUIRE report at www.squire-statement.org

- **Introduction: *Why did you start?***
Summarizes background, local problem and local setting, and specific aim(s) of project
- **Methods: *What did you do?***
Describes ethical aspects, contextual issues, the intervention itself, implementation and evaluation plan, analysis
- **Results: *What did you find?***
Describes the actual course of the intervention, changes in process and outcomes, degree of success, problems and failures, lessons learned
- **Discussion: *What do the findings mean?***
Summarizes findings and considers factors that may have affected the outcome; includes interpretation of findings, conclusions, and next steps.

Errata

E-mail the editor of *Pediatrics* if a correction to a published manuscript should be made. If the error is an author generated error, the cost of the errata may be billed to the author.

eLetters (Letters to the Editor)

Pediatrics welcomes reader responses in the form of eLetters. As an increasing number of our subscribers now view the website on a regular basis (18 million hits each year) and in order to accelerate publication, all reader responses must be submitted online using the *Pediatrics* website. Letters submitted via email or regular mail to the Editorial Office will not be considered and will not be returned.

All reader responses submitted on-line will be reviewed by the editors. Letters will only be considered for articles up to three months old. If a reader response is judged by the editors to be suitable for publication, it will posted on-line as an eLetter. The decision of whether or not to publish a reader response is at the discretion of the editors.

Criteria for Considering Publication of Reader Responses as eLetters

- We will only consider publishing reader responses that contribute substantially to the discussion of the original article to which the reader is responding. All decisions by the editors are final.
- We will not publish reader responses that are, or appear in the opinion of the editor to be, obscene, libelous, incomprehensible, defamatory, or gratuitously rude.
- We will not publish responses that include advertising.
- We will not publish responses that address personal health questions about the respondent or family members or that give personal health information about identifiable individuals.
- We will not publish responses that lack adequate personal details, including full name, title, organization, and a functioning email address.
- We will only publish responses written in English.
- We will consider publishing responses from all readers regardless of professional background. Decisions about publication are made based on the content of the response, not the professional background of the respondent.
- Respondents are responsible for the accuracy of the content of the responses they submit and for the references they cite. Respondents should determine that the references cited say what they indicate they say. The editors will not check facts or references. Respondents accept full responsibility for the accuracy of their submission and citations.
- Respondents are responsible for determining that their response does not infringe on any third party's intellectual property rights.
- We do not edit reader responses prior to or after posting as eLetters. It is the responsibility of the respondent to use correct spelling and punctuation and to format all text, tables, and references correctly. The editors will not modify submitted responses either before or after posting the response as an eLetter.
- Selected eLetters may be chosen for publication in the indexed, on-line edition of *Pediatrics* as Letters to the Editor. The editors may abridge and edit an eLetter prior to publication as a Letter to the Editor in the print edition of *Pediatrics* without notifying or seeking approval from the author of the eLetter.

Please note: Once a response has been published on the website, you will not have the right to have it removed or edited. *Pediatrics* shall, however, be able to remove any eLetter at its absolute discretion.

How to Submit Reader Responses for consideration as eLetters

1. Locate the article online using the “Current Issue” or “eArchives” links (note: only articles up to three months old).
2. To respond to an article, click the “Submit an eLetter” link located in the content box to the right of the article.

How to cite an eLetter

McFadden, Michael J., Research or Yellow Journalism?[eLetter], *Pediatrics* (January 12, 2009), <http://pediatrics.aappublications.org/cgi/eletters/123/1/e74> (accessed January 12, 2009).

Figures, Tables, and Multimedia

Figures

Authors should number figures in the order in which they appear in the text. Figures include graphs, charts, photographs, and illustrations. Each figure should be accompanied by a legend that does not exceed 50 words. Use abbreviations unless these have not been expanded in the text. If a figure is reproduced from another source, authors are required to obtain permission from the copyright holder, and proof of permission must be sent to the editorial office in Burlington, VT, at initial submission. Authors are also required to provide level of magnification for histology slides.

Figure arrays should be clearly labeled, preassembled, and submitted to scale according to the width and depth of a journal page (40 picas wide by 56 picas deep). Figure parts of an array should be clearly marked in capital letters in 10-point Helvetica font in the upper left-hand corner of each figure part. **Figures should be submitted separately from the text file.**

Technical Requirements for figures. For an original submission, authors may submit JPEG or PDF files. However, at revision, authors will need to submit higher resolution files (150-300 dpi). The following file types are acceptable: TIFF, EPS, and PDF. *Pediatrics* cannot accept Excel or Powerpoint files. Color files must be in CMYK (cyan, magenta, yellow, black) mode.

For more information regarding digital art submission, visit Cadmus Communications
<http://cjs.cadmus.com/da/index.jsp>

Tables

Tables should be numbered in the order in which they are cited in the text and include appropriate headers. Tables should not reiterate information presented in the Results section, but rather should provide clear and concise data that further illustrate the main point. Tabular data should directly relate to the hypothesis. Table formatting should follow the most current edition of the *AMA Manual of Style*.

Multimedia

Pediatrics publishes supplemental content in the online article. References to online supplemental content appear in the print journal. Such data include but are not limited to tables, videos, audio files, slide shows, data sets, and Web sites. Authors are responsible for clearly labeling such supporting information and are accountable for its accuracy. *Supplemental data will not be professionally copyedited.*

Videos

Pediatrics encourages the submission of videos to accompany the electronic editions of articles. Videos should be submitted in QuickTime 4.0 or higher format, and may be prepared on either a personal computer or Macintosh computer.

All videos should be submitted at the desired reproduction size and length. To avoid excessive delays in downloading the files, videos should be no more than 6MB in size, and run between 30 and 60 seconds in length. Authors are encouraged to use QuickTime's "compress" option when preparing files to help control file size. In addition, cropping frames and image sizes can significantly reduce file sizes. Files submitted can be looped to play more than once, provided file size does not become excessive.

Authors will be notified if problems exist with videos as submitted, and will be asked to modify them. No editing will be done to the videos at the editorial office—all changes are the responsibility of the author.

Video files should be named clearly to correspond with the figure they represent (ie, figure1.mov, etc). Be sure all video files have filenames that are no more than 8 characters long and include the suffix “.mov.” A caption for each video should be provided (preferably in a similarly named Word file submitted with the videos), stating clearly the content of the video presentation and its relevance to the materials submitted.

IMPORTANT: One to four traditional still images from the video **must** be provided, along with mm:ss time indexes for each. These still images will be published in the print edition of the article and will act as thumbnail images in the electronic edition that will link to the full video file. Please indicate clearly in your text whether a figure has a video associated with it, and be sure to indicate the name of the corresponding video file. A brief figure legend should also be provided.

Technical Requirements

For text, use PDF, RTF, or Word files; for figures, JPEG or PDF files; for figure legends, Word or RTF files; for tables, Word, Excel, HTML, or PDF files (one table per file); for videos, QuickTime (version 4.0 or higher) or MPEG files; for video legends, Word or RTF files; for audio files, MP3 or WAV files; for slide shows, Powerpoint; and for Web sites, provide a complete list of files and the name of the main page in HTML, PDF, JPEG, BMP, plain text, or Excel.

Supplements to *Pediatrics*

The proceedings of sponsored meetings can be accepted as supplements to *Pediatrics*. Supplements to *Pediatrics* must contain material pertinent to a pediatric audience.

Supplement Costs

- The cost to sponsor a **printed supplement** to *Pediatrics* is \$975 per page. This estimate includes all costs for production, copyediting, press, distribution and postage, and online production and hosting of the supplement. A budget contract estimate will be issued for your approval prior to scheduling. Also included are 100 complimentary copies of the supplement. Additional printed copies can be purchased by contacting Alain Park, Managing Editor, at apark@aap.org.
- We offer the option of publishing **online-only supplements** to *Pediatrics*. The submission and production processes are exactly the same as those supplements that are published both in print and online. The difference is that no copies of the supplement are printed—thereby eliminating costs associated with printing and postage. The cost to sponsor an online-only supplement is \$485 per page.
- A 50% deposit is required at budget contract and scheduling.

Conceptual Approval

Approval of the topic of a supplement must be obtained from Virginia A. Moyer, MD, MPH, Deputy Editor, prior to submission. To facilitate this process, we ask for a brief letter outlining the supplement, a proposed table of contents listing titles and authors of prospective papers, and a statement describing who will underwrite the cost of the supplement. This material should be sent to the deputy editor [pediatrics-editorial@bcm.edu] during the planning stages of the supplement, ideally several months prior to submission (Please note: *Pediatrics* does not accept supplements financed by for-profit corporations if the topics in the supplement bear close relation to the products sold by the corporation).

Submission Requirements

- To submit the supplement after conceptual approval, please send 4 hard copies, plus a CD-ROM, of the entire supplement to the deputy editor at our Houston editorial office (see page 15). Our production team can accept material prepared using Microsoft Word or any of the commonly used word processing programs. Material appearing in *Pediatrics* is subject to editorial standards specified by the most current edition of the *AMA Manual of Style*.
- Once the supplement is received by the deputy editor, it is sent out in its entirety to reviewers. If the supplement is provisionally accepted, revisions may be required.
- We estimate 120 days from final acceptance to publication. This time can vary depending on the number of other supplements in production and the length of your supplement.

Manuscript Submission

Pediatrics requires that all manuscripts be submitted electronically.⁵ To submit a manuscript, please follow the instructions below:

Getting Started

1. Launch your Web browser (Internet Explorer 5 or higher or Netscape 6 or higher) and go to the *Pediatrics* homepage (<http://www.pediatrics.org>).
2. Click on “Submit/Track My Manuscript.”
3. Log-in or click the “Create Account” option if you are a first-time user of Manuscript Central.
4. **If you are creating a new account:**
 - After clicking on “Create Account” enter your name and e-mail information and click “Next.”
Your e-mail information is very important.
 - Enter your institution and address information as prompted and then click “Next.”
 - Enter a user ID and password of your choice (we recommend using your e-mail address as your user ID) and then select your area of expertise. Click “Finish” when done.
5. Log-in and select “Author Center.”

Submitting Your Manuscript

6. After you have logged in, click the blue star reading “Click here to submit a new manuscript.”
7. Enter data and answer questions as prompted.
8. Click on the “Next” button on each screen to save your work and advance to the screen.
9. Corresponding authors will need to enter all co-author functioning emails. It is important that these emails be up-to-date working emails since copyright forms and other important correspondence will sent to them.
10. You will be prompted to upload your files:
 - Click on the “Browse” button and locate the file on your computer.
 - Select the description of the file in the drop-down menu next to the Browse button.
 - When you have selected all files you wish to upload, click the “Upload” button.
11. Review your submission (in both PDF and HTML formats) before sending it to the editors. Click the “Submit” button when you are done reviewing.

You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation via e-mail. You can also log-on to Manuscript Central any time to check the status of your manuscript. The editors will inform you via e-mail once a decision has been made.

Conditions of Publication

All authors are required to affirm the following statements before their manuscript is considered:

- That the manuscript is being submitted only to *Pediatrics*, that it will not be submitted elsewhere while under consideration, that it has not been published elsewhere, and, should it be published in *Pediatrics*, that it will not be published elsewhere—either in similar form or verbatim—without permission of the editors. These restrictions do not apply to abstracts or to press reports of presentations at scientific meetings.
- That all authors are responsible for reported research.
- That all authors have participated in the concept and design; analysis and interpretation of data; drafting or revising of the manuscript, and that they have approved the manuscript as submitted.

All authors are also required to disclose any professional affiliation, financial agreement, or other involvement with any company whose product figures prominently in the submitted manuscript.

Artwork

Black-and-white illustrations will be printed without charge. Authors will be charged for all color illustrations and other special processing. It is the responsibility of the authors to make arrangements before manuscripts are processed.

Low-resolution files may be adequate for review; however, in all cases we will require high-resolution files before publication. Please see the instructions for preparing electronic art at: <http://cjs.cadmus.com/da>

Copyright

At the time of submission, all authors will receive instructions for submitting an online copyright form. No paper will be considered for review until all authors have completed their copyright form.

Please note, it is our practice not to accept copyright forms via fax, email, or regular mail unless there is a problem with the online author account that cannot be resolved. Every effort should be made for authors to use the online copyright system. Corresponding authors can log in to the submission system at any time to check on the status of any co-author's copyright form.

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434/964-4100 (or) <http://mchelp.manuscriptcentral.com/gethelpnow/index.html>

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