

## Manuscript Preparation Guide

### Editorial Policies for Authors

RESPIRATORY CARE welcomes original manuscripts related to the science, technology, ethics, and art of respiratory care. The Journal is published in both print and electronic formats and may be viewed online at <http://www.RCJournal.com/>.

RESPIRATORY CARE is now using a Web-based system for manuscript submission, peer review, and manuscript tracking. The Journal asks authors to submit all manuscripts electronically to Manuscript Central, <http://mc.manuscriptcentral.com/rcare>.

For editorial consultation regarding manuscript categories, the suitability of a potential submission, or for queries about the submission process, please contact the editorial office.

Dean R Hess PhD RRT FAARC  
Editor in Chief  
[dhess@aacrc.org](mailto:dhess@aacrc.org)

Katherine Kreilkamp  
Assistant Editor  
[rcjkk@oz.net](mailto:rcjkk@oz.net)

Technical support is available from Monday through Friday from 7:00am to 3:00pm PST at 206 223 0558.

All communications from the Editor in Chief and the editorial office will be via e-mail: the decision of whether to send the manuscript for peer review, the peer reviewers' comments, and the editor's decision after peer review.

Manuscripts must conform to the International Committee for Medical Journal Editors' Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://www.icmje.org/>) and to the following instructions.

The manuscript must not have been previously published elsewhere in any form and must not be currently under consideration for publication elsewhere, including publicly accessible Web sites. If any part of the material (other than a brief abstract submitted to a national meeting) has been published or is currently under consideration for publication elsewhere, to avoid allegations of duplicate publication you must provide RESPIRATORY CARE copies of all such material, as well as outline the relationship of all materials.

RESPIRATORY CARE adheres to the policies on "ghost authorship" adopted by the World Association of Medical Editors (<http://www.wame.org/wamestmt.htm#ghost>). All persons listed as authors must (1) give consent to submission and publication of the work; (2) have participated in the research and in the shaping of the manuscript; (3) have read and approved the manuscript; and (4) be able to publicly discuss and defend the manuscript's content.

Authorship is not based on obtaining funding, collecting or analyzing data, offering advice, or similar activities. Persons who provide such services may be mentioned in the Acknowledgments. Any editorial or

authorship contributions made by outside organizations, persons, funding bodies, or persons hired by funding bodies must be appropriately acknowledged on the Title Page. Any potential conflicts of interest of all such contributors must also be acknowledged on the Title Page. Failure to adhere to these policies may result in rejection of the manuscript.

### Ethics of investigation

Per the International Committee of Medical Journal Editors (<http://www.icmje.org/>), RESPIRATORY CARE will consider reports of clinical trials begun after July 1, 2005, only if the trial has been registered before data collection began. Register at the National Library of Medicine's free registry site (<http://www.clinicaltrials.gov/>) or other acceptable site.

Clinical trials must follow the CONSORT guidelines (<http://www.consort-statement.org/>). The manuscript must comply with the 22-item CONSORT checklist (<http://www.consort-statement.org/Statement/revisestatement.htm>).

The first figure in a report of a clinical trial must contain a flow diagram that shows the phases of the trial, including enrollment, patient allocation, follow-up, and analysis.

All studies that include human subjects must indicate in the Methods section that approval was received from the appropriate local institutional review board(s), and/or that the procedures were conducted in accordance with the ethical standards of the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (<http://www.w.net/e/policy/b3.htm>).

All authors are responsible for ensuring that the manuscript also complies with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), available at <http://www.h.gov/ocr/hipaa>, which applies to information in any part of the report that could identify a patient.

You must provide written consent from the patient, next of kin, or guardian for any photograph, illustration, or description in which an individual could be identified.

All studies involving animals must indicate in the Methods section that approval was received from the local institutional review board(s), or that the research was conducted in accordance with a national guideline (eg, Public Health Service Policy on Humane Care and Use of Laboratory Animals (<http://grants.nih.gov/grants/olaw/references/phspol.htm>)).

### Conflict of Interest

It is expected that some authors will have financial and other ties to commercial entities related to products, services, or other aspects of submitted manuscripts, either at the time of submission or previously. The Journal does not consider such potential conflicts of interest to be unethical. *However, failure to fully disclose such potential conflicts is unethical.* The editor reserves the right to deter-

mine whether to share disclosed information with reviewers, or— if the manuscript is published—with the readership. For any questions regarding conflict of interest, see the Conflict of Interest section in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://www.icmje.org/>).

### Online Submission

Submit your manuscript to <http://mc.manuscriptcentral.com/rccare>. Detailed instructions are available on the Web site, and the process should be self-explanatory. Before submitting your manuscript, please read and carefully follow the instructions below.

In addition to the online submission of your manuscript, you must also complete and return by *surface mail, fax, or PDF attachment to an e-mail* the **Manuscript Submission Form**, which requires all authors' signatures (*hand signatures only*). This form can be found on-line and on the last page of this guide. The manuscript cannot be accepted for review until *all* authors have signed this form. The editorial office will not acknowledge receipt of this form but will query you if it is not received.

### Preparing Your Files

On your computer, save your manuscript in one of the following file types: Microsoft Word (.DOC), Rich Text Format (.RTF), PostScript (.PS). Other file types are not allowed.

If you have not done so already, place your tables, figures, and/or appendixes in separate files from the body of the manuscript.

Check that you have the following files ready to transmit:

- Title Page
- Abstract
- Body of the manuscript, including references and figure legends
- Figures, tables, and/or appendixes in separate files

Make sure you have all co-authors' full names (including middle initials), geographical addresses (city/state), and e-mail addresses

You have to log in, or if you are a first-time user of RESPIRATORY CARE Manuscript Central, create a **user account** using the "Create Account" option. Before creating your user account, check to see if you have an existing account. You should have only one account, even if you have multiple roles (such as a previous author or reviewer).

Check to see that your user account is up to date. If your email address changes, please update your user account to ensure that you receive e-mail communication in a timely manner. Always click the "Update Information" button to make sure the changes are saved.

If you submitted the manuscript previously, include the **ID number** assigned by the RESPIRATORY CARE editorial office.

You must select at least 3 categories from a defined list to aid in the selection of reviewers.

You can complete all steps of the submission process at one sitting or return to complete the process later. You may stop working at any point in the

submission process, but be sure to complete the screen you are on before logging off. For security reasons, Manuscript Central will log out if no activity takes place after 75 min, and any work that is left in a screen that is not 'saved' will be lost. (Note that you can copy/paste information— title, abstract, etc—from your text file into Manuscript Central.)

Manuscript Central will create both an HTML version and a PDF version of each manuscript. You will be required to proof both versions before the process is complete. Please check to see that all elements appear, that tables are complete, that figure resolution is acceptable, and that any special characters and math have successfully converted to HTML and PDF. These new versions of your manuscript are for your personal review, for editorial office review, and for peer review.

Check for a **confirmation e-mail**. Successful submission will immediately generate an e-mail to you that will include a unique manuscript number. If you do not receive an e-mail, return to your author center and be sure that you clicked the final submit button.

### Peer Review

All submitted manuscripts are subject to peer review on the basis of clarity, scientific accuracy, breadth of appeal, and timeliness. Manuscripts are reviewed by professionals with experience in the subject of the manuscript. External reviewers are selected by the Editor in Chief. However, authors are invited to provide the names of 3 particularly well qualified reviewers who are not affiliated with the same institution(s) as the authors and who have not been involved in the research or preparation of the manuscript; the suggestions are not mandatory. Current e-mail addresses must be provided for all suggested reviewers. Authors may also suggest individuals who they would prefer *not* to review their manuscript.

You can log onto Manuscript Central at any time to check the status of your manuscript. The Editor will inform you via e-mail once a decision has been made. Manuscripts that do not conform to guidelines will be delayed in processing and risk not being accepted for review. When inquiring about a manuscript, please refer to the assigned manuscript number. Inquires will be accepted from the designated Corresponding Author only.

### Submission of Revision

Before logging on to Manuscript Central, you should have ready:

- A "marked-up" ("tracked changes") copy of the revised manuscript, which *shows the changes in red*. On the first page please write "REVISED VERSION."
- Tables, figures, and/or appendixes in separate files

**In Manuscript Central you must delete the original version and upload the revised file.**

If there has been any change in authors, author contact information, or other aspect of the research or manuscript about which the Editor should be informed, in addition to the revised version, you must submit *another* completed Manuscript Submission Form (mail or fax it to the Editorial Office, as you did during the initial submission process). If there has been a change in conflict of interest status for any of the authors, this must be indicated on the Title Page of the revision.

## Response to Reviewers

You must respond point by point to the reviewers' specific comments and suggestions, indicating in each instance whether or how the manuscript has been changed. You can respond to the decision letter and comments from each reviewer by typing in the "Response to Decision Letter" window.

The Editor in Chief may decide to send the revision for peer review. Further revision may be requested, in which case he will provide reviewer comments and other guidance. If the peer reviewers are dissatisfied with the revision and the manuscript is rejected, the Editor in Chief will explain that decision. If the manuscript is accepted, you will be notified of the expected date of publication.

If revision of a submission is not received within 6 months from the last decision letter of the Editor in Chief, the Journal will assume that the authors have withdrawn the manuscript from further consideration. In cases where substantial new data are required, the Editor in Chief may grant an extension at his discretion.

## Copy Editing

Accepted manuscripts are copy edited for clarity, concision, grammar, consistency, and conformity with Journal style. The copy editor may or may not contact you with questions about your manuscript. Matthew Mero, Copy Editor, 206 547 9580, mattimero@speakeasy.net.

For authors for whom English is not their native language, the Editor in Chief may require that they consult with a native English speaker or professional editor if he judges that poor English fails accurately to communicate the authors' message.

## Page Proofs

Page proof will be sent by e-mail (PDF) to the corresponding author. Careful attention should be paid to the proofs, as the authors are responsible for all statements published in their work, including any changes made by the copy editor. The proof should be corrected by handwritten notes in the margins and returned to the Editorial Office within 48 hours by fax or express mail. Modification to proofs should be limited to minor and typographical errors only. An offprint order form is e-mailed with the page proofs. The corresponding author will receive a complimentary copy of the issue containing his or her article after publication.

## Copyright

Upon publication of an article, a statement transferring copyright to Daedalus Enterprises Inc (American Association for Respiratory Care) will be sent to the Corresponding Author for signature. The signed form should be returned to the editorial office along with the corrected page proof.

By law, employees of the federal government cannot transfer copyright ownership; any author who is a federal employee should note this on the title page.

No material published in RESPIRATORY CARE may be reprinted without written permission. For permission contact: Sara Forgy, Permissions Editor, 972 406 4667, Fax 972 484 6010, forgy@aarc.org.

## PREPARING THE MANUSCRIPT

For guidance on preparing a scientific manuscript, the Journal recommends 2 manuals:

*AMA manual of style : a guide for authors and editors*, 10th edition. New York: Oxford University Press; 2007.

Council of Biology Editors. *Scientific style and format: the CSE manual for authors, editors, and publishers*, 7th edition. Reston VA: Council of Science Editors and Rockefeller University Press; 2006.

**Cover Letter.** For all articles, please include a cover letter to the Editor in Chief explaining your reasons for submitting the paper. This letter should include any noteworthy information of which you would like the Editor to be aware.

You can submit a cover letter in one of 3 ways:

Type your cover letter into the window in Manuscript Central  
Paste an existing cover letter into the window  
Browse to and attach an existing file

## Required Sections of Manuscript

**Title Page.** Title page should include the following:

Full title  
Full first and last name (including middle initials), highest academic or professional degrees (but not including honorific designations other than FAARC), email address, and institutional affiliation for all authors  
The name and location of the institution at which the study was performed  
Disclosure of all authors' pertinent relationships to any organization with a direct financial interest in the subject of the manuscript. All sources of financial support must also be disclosed. For each author, if no financial or other potential conflicts of interest exist, a statement to this effect should be included.

**Abstract.** For Original Research articles, the abstract should have the following sections: Background, Methods, Results, and Conclusions. Abstracts for Special Articles, Review Articles, Case Reports, and Conference Proceedings should be in the form of a narrative paragraph. Please limit the abstract to less than 300 words (150 words for Case Reports). The abstract must not contain any facts or conclusions that do not also appear in the body text.

Please include the abstract in the manuscript file that you upload into Manuscript Central; you will also be asked to paste the abstract into the abstract window during the submission process.

**Key Words.** Include with the abstract a list of 6 to 10 key words or phrases that best reflect the content of your manuscript. Key words can be selected from the Medical Subject Headings (MeSH terms) used by MEDLINE and available at <http://www.nlm.nih.gov/mesh/MBrowser.html>. [Note: You will also be asked to provide 3

categories in RESPIRATORY CARE Manuscript Central. These are more general terms that are used in the selection of reviewers and do not have to match the terms used in your manuscript.]

**Text.** Double-space the text and number the pages. Center and bold the 1st level headings; flush-left and bold any 2nd level headings. Indent and bold any 3rd level headings.

**References.** References must be listed and numbered *in the sequence in which each referenced document is first cited in the text, tables, and figures*. Authors are responsible for the accuracy and completeness of the citations. Please do not use software such as End-Note or Reference Manager in your word processing files.

The following examples show RESPIRATORY CARE's style for references.

Manuscript accepted but not yet published:

Hess DR. New therapies for asthma. *Respir Care* (year, in press).

One copy of manuscripts cited as "in press" should be uploaded onto Manuscript Central as supplementary material.

Article in a journal carrying pagination throughout the volume; for citations with multiple authors, list 6 authors, and then "et al":

Rau JL, Coppolo DP, Nagel MW, Avvakoumova VI, Doyle CC, Wiersema KJ, et al. The importance of nonelectrostatic materials in holding chambers for delivery of hydrofluoroalkane albuterol. *Respir Care* 2006;51(5):503-510.

Article in a publication that numbers each issue beginning with Page 1: Chatburn R. Benchmarking for success: the AARC benchmarking project: part 1: overview. *AARC Times* 2006;30(6):26-28.

Corporate author journal article:

Perez-Padilla R, Vazquez-Garcia JC, Marquez MN, Jardim JR, Pertuze J, Lisboa C, et al; the Latin American COPD Prevalence Study (PLATINO) Team. The long-term stability of portable spirometers used in a multinational study of the prevalence of chronic obstructive pulmonary disease. *Respir Care* 2006;51(10):1167-1171.

Article in journal supplement (journals differ in numbering and identifying supplements. Supply information sufficient to allow retrieval): Salim A, Martin M. High-frequency percussive ventilation. *Crit Care Med* 2005;33(3 Suppl):S241-S245.

Abstract in journal (citing abstracts is discouraged, but permissible; those more than 3 years old should not be cited):

Graham BL, Nuccio PF, Jackson MR. Quality improvement in post-tracheotomy patient care leads to increased decannulations (abstract). *Respir Care* 2006;51(11):1331.

Editorial in a journal:

Gallegos LC, Shigeoka JW. Novel oxygen-concentrator-based equipment: take a test drive first! (editorial) *Respir Care* 2006;51(1):25-28.

Editorial with no author given:

Institute of Medicine urges reform of FDA (editorial). *Lancet* 2006;368(9543):1211.

Letter in journal:

Silvestri L, Petros AJ, Viviani M, Rommes JH, van Saene HK. Selective decontamination of the digestive tract and ventilator-associated pneumonia, part 1 (letter). *Respir Care* 2006;51(1):67-69; author reply 70-72

Book (specific pages should be cited whenever reference is made to specific statements or other content):

Dudek RW. High-yield lung. Philadelphia: Lippincott, Williams & Wilkins; 2006:119-120.

Corporate author book:

Institute of Medicine. Preventing medication errors: quality chasm series. Washington DC: National Academies Press; 2007.

Chapter in book with editor(s):

Groman J, Cutting GR. Cystic fibrosis. In: Silverman EK, Shapiro SD, Lomas DA, Weiss ST, editors. *Respiratory genetics*. London UK: Hodder Arnold; 2006:297-313.

Internet Material (citation of Internet material should be listed in the references, not in the manuscript text, and used only when a printed citation is not available):

American Lung Association. EPA's new standards fail to protect the health of the public. Statement from John L Kirkwood, President and CEO, American Lung Association, September 21, 2006 [Internet]. <http://www.lungusa.org/>. Accessed October 14, 2006

For detailed instructions for citing all types of material found on the Internet, including homepages, Internet journals and books, databases, electronic mail, see the National Library of Medicine Recommended Formats for Bibliographic Citation <http://www.nlm.nih.gov/pubs/formats/internet.pdf>.

Unpublished Work:

If research has not yet been accepted for publication, it should not be cited in the reference list but may be cited in full parenthetically *within the text* as a personal communication, Example: "Recently, Jones et al found this treatment effective in 45 of 83 patients (Jones HI, personal communication, 2006)." You must obtain written permission from the author to cite his or her unpublished data. Reference to your own unpublished work that has not been accepted for publication should not be included in the reference list but must be mentioned as follows: "Recently we found that this type of aerosol is no more effective than placebo (unpublished data)."

### Optional Sections of Manuscript

#### Figures

##### Original Figures

Use only illustrations that clarify and augment the text. All the figures must be called-out in the text. Number figures consecutively as Figure 1, Figure 2, etc.

Submit digital ("soft") figures in production-ready format (in the proper file format and in the necessary resolution), preferably at the submission stage, but definitely on submission of the revised manuscript.

Figures must be uploaded to Manuscript Central as separate files and NOT embedded in the manuscript file. Each figure should be prepared as a separate digital file. Figures with multiple parts should be submitted as a single file. See “Tips for Uploading Files and Images on Manuscript Central,” in the “Get Help Now” function in Manuscript Central.

Acceptable file formats are TIF and EPS. (JPG files will upload into the system, but are not acceptable for production.) PPT files will not upload into the system and must be converted to TIF files. It is advisable to convert Excel (XLS) charts and graphs into a TIF image before you upload. Please do not submit compressed (zipped) files to Manuscript Central. They will not properly convert.

Acceptable resolutions are:

- 1200 dpi for line art (graphs or drawings with no gray tone)
- 600 dpi Combination figures (photographs with labeling)
- 300 dpi for black and white and color figures with no labeling (If color is essential to the figure, consult the Editorial Office for more information)

Radiographs should show only the areas of interest, clearly show the point being made, contain no patient identifiers, and should all be sized the same.

A signed letter of consent must accompany any photograph of an identifiable person.

Identify stains and magnifications for all photomicrographs.

Arrows, numbers, or letters to identify parts of the figure must be explained in the figure legend.

#### *Borrowed Figures*

To include previously published figures, you must obtain permission from the original copyright holder. Figures must be of professional quality, and a copy of the article from which the figure came should be available. Scan borrowed figures at 1200 dpi and saved them in TIF format.

**Figure Legends.** Every figure must have a legend (a title and/or description explaining every component of the figure). The legend should be self-sufficient and allow the reader to understand the figure without reference to the text.

The legend should be in the text file, at the very end of the file, after the references. Do not include the legend as part of the figure file. When you upload the figures into Manuscript Central, you will be asked also to fill in (copy/paste) the figure legends into the program to enhance the reviewers’ examination of your paper.

**Tables.** Tables must be uploaded to Manuscript Central as separate files and *not* embedded in the manuscript file. Submit a separate file for each table. Tables should be created and inserted into a Word document using the “Insert Table” function in your word processing software. (To be sure that your table captions will be

included in the PDF view of Manuscript Central, *add your captions to the actual Word document.* The converter will not add a caption to a Word file, but only to .TIF, EPS, and JPG files.)

A table should be self-explanatory and should not duplicate information in the text. Tables should be numbered and cited consecutively in the text. All abbreviations and symbols should be explained in notes at the bottom of the table. For footnotes use the following symbols, superscripted, in the table body, in the following order: \*, †, ‡, §, ||, ¶, \*\*, ††.

With “±” values, indicate whether the value is a standard deviation or standard error of the mean. Note: It is rarely correct to report standard error values when describing a study’s findings. Consult a statistician if this is in doubt.

**Acknowledgements.** If your manuscript is accepted for publication, you must obtain written permission from all individuals before they are named in the Acknowledgments section; inclusion of names can be taken as signifying the individuals’ approval of the paper’s contents. You must notify the editorial office that you have obtained such permission.

**Permissions.** To include borrowed (previously published) figures and tables, the author must obtain written permission from the original copyright holder. The author must also provide reference citation so that appropriate credit can be acknowledged in accordance with copyright law.

Fax permissions granted to 206 223 0563, or e-mail them via PDF to RCJournal@aacr.org. Copies of all applicable permissions must be on file at RESPIRATORY CARE before a manuscript goes to press.

Copyright is most often held by the journal or book in which the figure or table originally appeared and applies to the creativity, style, and format in which the facts/data are presented to the reader; the facts themselves are *not* copyright-protectable. Therefore, permission is required to reproduce a table or figure directly, or with minor adaptations, from a journal or book, but permission is not required if data are extracted and presented in a new format. In that case, cite the source of the data as in the following example: “Adapted from Reference 23.”

A sample permission request form is available on the Web site. Permission may involve a *fee payable to the original publisher.* (A few publishers also require the borrower to obtain *permission from the original author.*) Payment of any fees required for borrowed material included in unsolicited manuscripts is the responsibility of the author. Authors of invited articles should contact the editorial office with respect to borrowing material from other sources.

**Equations.** Create equations as normal text. Do not use Microsoft Word’s equation creation function or other mathematics software.

**Statistics.** For manuscripts that report complex statistics, the Editor recommends statistical consultation (or at least expertise); a biostatistician will most likely review such manuscripts during the review process.

In the Methods section:

- Identify the statistical tests used to analyze the data.
- Indicate the prospectively determined p value that was taken to indicate a statistically significant difference.
- Cite only textbook and published article references to support your choices of tests.
- Identify any statistics software used.

In the Results section:

- Report actual p values rather than thresholds: not just whether the p value was above or below the significant-difference threshold. Example: write “p = 0.18”, not “p > 0.05” or “p = NS.”

**Units of Measurement.** Always report the units of measurement according to current scientific usage. Standard units of measurement and scientific terms can be abbreviated without explanation (eg, L/min, mm Hg, pH, O<sub>2</sub>). Use the units and conversion factors listed at [http://www.rcjournal.com/author\\_guide/symbols.pdf](http://www.rcjournal.com/author_guide/symbols.pdf).

**Abbreviations and Symbols.** Use sparingly; refer to the standard abbreviations and symbols listed at [http://www.rcjournal.com/author\\_guide/symbols.pdf](http://www.rcjournal.com/author_guide/symbols.pdf). Do not invent new abbreviations for terms that have long had standard abbreviations. Use an abbreviation only if the term occurs 4 or more times in the manuscript. Abbreviate the term parenthetically at first mention in the text; thereafter use only the abbreviation. Example: arterial blood gas (ABG).

**Pulmonary terms and symbols.** Refer to a report of the ACCP-STS Joint Committee on Pulmonary Nomenclature at [http://www.rcjournal.com/author\\_guide/symbols.pdf](http://www.rcjournal.com/author_guide/symbols.pdf) (originally published in *Chest* 1975;67[5]:583-93).

**Drugs and Commercial Products.** Precisely identify all drugs and chemicals, doses, and methods of administration.

Use generic names instead of trade (proprietary) names for both drugs and equipment.

At first mention, trade names may be given parenthetically after generic names, including the name and location (city, state, country) of the manufacturer.

For equipment, provide model numbers (if available) and the manufacturer’s suggested price if the study has cost implications. Example: “Pleural pressure was measured using 2 balloon-tipped catheter systems connected to 2 differential pressure transducers (143PC03D; Micro Switch, Honeywell, Freeport, IL).”

## CATEGORIES OF ARTICLES

### Research Article

A report of an original investigation (a study). Must include: Title Page, Abstract, Key Words, Introduction, Methods, Results, Dis-

ussion, Conclusions, and References. May also include: Tables, Figures (if so, must include Figure Legends), Acknowledgments, and Appendixes.

### Case Report

Report of an uncommon clinical case or a new or improved method of management or treatment. A case-managing physician must either be an author or furnish a letter approving the manuscript. Must include: Title Page, Abstract, Key Words, Introduction, Case Summary, Discussion, and References. May also include: Tables, Figures (if so, must include Figure Legends), and Acknowledgments.

### Review Article

A comprehensive, critical review of the literature and state-of-the-art summary of a topic that has generally been the subject of at least 40 published research articles. Must include: Title Page, Outline, Abstract, Key Words, Introduction, Review of the Literature, Summary, and References. May also include: Tables, Figures (if so, must include Figure Legends), Acknowledgments, and Appendixes. Review articles are generally written by persons with established expertise in the subject area addressed.

### Special Article

A pertinent manuscript not fitting one of the other categories. Consult with the Editor in Chief before writing or submitting such a manuscript.

### Editorial

A manuscript addressing an issue in the practice or administration of respiratory care. It may present an opposing opinion, clarify a position, or bring a problem into focus. Editorials are generally invited by the Editor in Chief; contact the editorial office if in doubt.

### Letter to the Editor

A brief, signed communication responding to previously published material in *RESPIRATORY CARE* or about other controversies. Tables, Figures, and References may be included.

### Teaching Case of the Month

*Instructive and exceptionally well-documented* cases of conditions pertinent to the goals and readership of *RESPIRATORY CARE*, along with concise reviews of the important features of each reported condition. The characteristics of an appropriate case: (1) A disease, situation, complication, course, or outcome pertinent to the Journal’s readership; (2) a case with features *typical* of the entity being reported; (3) exceptional, *unequivocal* documentation, including images, laboratory data, and other documentation as appropriate; and (4) not previously covered in the series. Must include: Title Page, Introduction, Case Summary, Discussion, and References. May also include Tables, Figures (if so, must include Figure Legends). Consultation with editorial office is strongly recommended prior to submission.

**CONFLICT OF INTEREST IN THE FIELD OF RESPIRATORY CARE**

RESPIRATORY CARE'S conflict of interest policy is similar to that of JAMA<sup>1</sup>, and consistent with the policies and principles elaborated on this topic by the International Committee of Medical Journal Editors (ICMJE)<sup>2</sup>, the Council of Science Editors (CSE)<sup>3</sup>, and the World Association of Medical Editors (WAME)<sup>4</sup>.

Disclosure must be made at the time of submission, as conflict of interest is important in the review process, not just to the reader when the article is published.

The Editor will decide whether the presence of author conflict of interest affects the potential suitability of the manuscript for publication. He will also decide whether and how much of an author's disclosure will be made available to reviewers and other editors and/or published if the manuscript is accepted

The Journal's Conflict of Interest Policy as applied to the authors of submitted manuscripts is as follows:

- A conflict of interest may exist whenever an author (or the author's institution, or employer, or a close family member) has financial or personal relationships or affiliations that could influence (or bias) the author's decisions, work, or manuscript
- All authors are required to disclose all potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of the manuscript

This policy also applies to the Journal's Editors, its Editorial Board members, and all manuscript and book reviewers.

By way of example, for an author of a paper having to do with aerosol therapy (or mechanical ventilation), the following would be considered conflicts of interest and thus require disclosure:

- Being an employee of a company manufacturing nebulizers or anything else dealing with aerosol therapy (or mechanical ventilators or associated equipment)
- Serving on an advisory board or as a consultant to such a company
- Having received a research grant or other grant-in-aid from such a company, or any other grant pertaining to aerosol therapy (or mechanical ventilation)
- Having received honoraria for lectures, writing, or other educational activities from such a company
- Holding a patent or having other financial interest in the field of aerosol therapy (or mechanical ventilation)

These relationships may apply to members of the author's immediate family as well. The above examples are intended to illustrate the types of relationships that constitute conflicts of interest in the field of respiratory care, and they are by no means all-inclusive. Many others exist and all should be disclosed.

If any such relationships are present, they must be declared, but their existence per se will not necessarily affect the review or publication of the manuscript. Having such relationships is common, is to be expected in a field that is heavily dependent on devices and apparatus, and is not considered unethical. However, the Journal considers not declaring such relationships when they do exist to be unethical. The presence of such relationships does not necessarily indicate that the author or manuscript is biased as a result. Authors should contact the editorial office about whether to declare a particular relationship or with any other questions relating to conflicts of interest.

1. Flanagan A, Fontanarosa PB, DeAngelis CD. Update on JAMA's conflict of interest policy. JAMA 2006;296(2):220-221.
2. International Committee of Medical Journal editors. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication [Internet]. <http://www.icmje.org/> (accessed 12/07/06)
3. Council of Science Editors. Editorial policy statements approved by the CSE Board of Directors [Internet]. [http://www.councilscienceeditors.org/services/draft\\_approved.cfm](http://www.councilscienceeditors.org/services/draft_approved.cfm) (accessed 12/07/06)
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