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All contributions, including solicited articles and symposia, are critically reviewed by the editors and invited referees. Reviewers' comments are usually returned to authors. The decision of the editors is final. In their cover letter, authors are welcome to suggest the names of individuals they consider qualified to serve as reviewers.

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MANUSCRIPT PREPARATION

Manuscripts should be typewritten with double-spacing throughout on 8.5 × 11-inch (21.6 × 27.9-cm) nonerasable white bond paper, including (in this order) title page, summary, text (divided into introduction, materials and methods, results, and discussion), acknowledgments, references, tables, and figure legends. The original manuscript should be submitted along with 4 photocopies. For artwork, 2 originals and 4 sets of photocopies should be submitted for each figure, but 3 originals should be sent of photomicrographs and gels (see information under **Figures** for further information on artwork). Number all pages consecutively, beginning with the title page, and include all text, references, figure legends, and tables.

Title page. Include title; short running title (limit: 40 characters, including spaces); first name, middle initial, and last name of each author; name of departments and institutions to which the work is affiliated (in English); name, address, telephone number, and fax number of corresponding author; and 3–6 keywords (not *diabetes*) for indexing.

Summary. Summarize the content of the paper in 250 words or fewer. The summary should be self-contained and understandable without reference to the text.

Main text. Studies involving experimental animals must state the species, strain, and other pertinent information. When describing surgical procedures, identify the preanesthetic and anesthetic used, and state the amount or concentration and the route and frequency of administration. The use of paralytic agents, e.g., curare or succinylcholine, is not an acceptable substitute for anesthesia. When other invasive procedures are described, report the analgesic or tranquilizing drugs used; if none was used, provide justification for such exclusion.

When reporting studies on human subjects or patients, describe their characteristics. If results of an experimental investigation of humans are reported, state formally that consent was obtained from the subjects after the nature of the procedure was explained. When anesthetized humans are studied, indicate that the procedure was in accord with institutional guidelines. All human investigation *must* be conducted according to the principles expressed in the Declaration of Helsinki.

The designations *insulin-dependent diabetes mellitus* (IDDM or type I) and *non-insulin-dependent diabetes mellitus* (NIDDM or type II) should be used when referring to the two major forms of diabetes mellitus. *Diabetic* should not be used as a noun.

Statistical methods should be identified. Acknowledgments of aid or criticism should be approved by the person whose help is being recognized.

The generic names of drugs should be used. If a special item is obtained, include supplier, city, and state, or city and country if foreign. Metric units should be used. **Authors must use Système International (SI) units (see Table 1).**

Units of measurement should be abbreviated in accord with the *CBE Style Manual*. Other abbreviations should be defined at first use.

Acknowledgments. Acknowledgments of assistance and financial support should be stated briefly.

Tables. Tables should be typed *double-spaced* on sep-

arate sheets of paper. Title all tables and number them in order of citation in text. For footnotes, use the following symbols in this sequence: *, †, ‡, §, ||, ¶, #, **, ††, etc., in order from left to right and from top to bottom in body of table.

Figures. Figures should be professionally drawn and photographed or produced on a laser printer. For laser-printed figures, paper specially made for camera-ready copy (such as Hammernill Laser-Print Plus) **must** be used (paper having an opacity of 90 or more and a whiteness of 90 or more); glossy prints must be provided if such paper is not available. Each figure should be marked in soft pencil on the back showing the orientation (an arrow pointing up), the first author's name, and the Figure number. Figures must be unmounted and no larger than 5 × 7 inches. Where possible photographs and gels should be cropped to one or two columns in width.

In most instances figures will be reduced to one column width (about 3 1/4 inches) and should be produced accordingly. Authors should reduce the figures on a photocopier to make sure that all relevant data points can be distinguished and that all labeling is clearly readable. Information on the axes should be succinct, using abbreviations where possible, and the label on the *y*-axis should read vertically, not horizontally. Key information should be placed in any available white space **within** the figure; if space is not available, the information should be placed in the legend. In general, figures with multiple parts should be marked A, B, C, etc., with a description of each panel being placed in the legend rather than on the figure.

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EXAMPLES

1. Primhak RA, Whincup G, Tsankas JN, Milner RDQ: Reduced vital capacity in insulin-dependent diabetes. *Diabetes* 36:324-326, 1987
2. Nerup J, Christy M, Patz P, Ryder P, Svejgaard A: Aspects of the genetics of insulin-dependent diabetes mellitus. In *Immunology in Diabetes*. Andreani D, Dimario U, Federlin KF, Heding LG, Eds. London, Kimpton, 1984, p. 63-70
3. Seine S, Bell GI: Comparison of the 5'-flanking sequences of chimpanzee, African green monkey, and human insulin genes (Abstract). *Diabetes* 34 (Suppl. 1):20A, 1985
4. Permutt MA, Andreone TA, Chirgwin J, Elbein S, Rotwein P: Insulin gene polymorphism and type II or non-insulin-dependent diabetes mellitus (NIDDM). In *Proc Int Congr Endocrinology*, 7th. Labrie F, Proulx L, Eds. Amsterdam, Excerpta Med., 1985, p. 245-248

RAPID PUBLICATIONS

Observations considered to be of unusual importance and that would lose scientific impact if not published promptly should be submitted as a rapid publication. These reports should describe a completed, concise, and properly controlled investigation. An editorial decision will be made within 3 weeks after sending the manuscript out for peer review. No written review or explanation will be provided. Rejected papers may be resubmitted as regular manuscripts and reviewed accordingly. Rapid publications may not exceed 10 double-spaced typewritten pages, including figures, tables, and references.

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3. Whether authors will be paid, and, if so, how much. If the proposal is approved, the sponsor then must submit a proposal to the Editor of *Diabetes*. Initial approval by ADA does not commit an editor to accept a proposal in whole or part. All manuscripts are subject to the same peer review as other manuscripts in the journal.

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TABLE 1—Système International (SI) units for plasma, serum, or blood concentrations

Measurement	Conventional unit	Conversion factor	SI unit	Significant digits	Suggested minimum increments
Acetoacetate	mg/dl	97.95	μmol/L	XXO	10 μmol/L
Acetone	mg/dl	172.2	μmol/L	XXO	10 μmol/L
Adrenocorticotropin	pg/ml	0.2202	pmol/L	XX	1 pmol/L
Aldosterone	ng/dl	27.74	pmol/L	XXO	10 pmol/L
Amino acids					
Alanine	mg/dl	112.2	μmol/L	XXX	5 μmol/L
α-aminobutyric acid	mg/dl	96.97	kmol/L	XXX	5 μmol/L
Arginine	mg/dl	57.40	μmol/L	XXX	5 μmol/L
Asparagine	mg/dl	75.69	μmol/L	XXX	5 μmol/L
Aspartic acid	mg/dl	75.13	μmol/L	XXX	5 μmol/L
Citrulline	mg/dl	57.08	μmol/L	XXX	5 μmol/L
Cysteine	mg/dl	41.61	μmol/L	XXX	5 μmol/L
Glutamic acid	mg/dl	67.97	μmol/L	XXX	5 μmol/L
Glutamine	mg/dl	68.42	μmol/L	XXX	5 μmol/L
Glycine	mg/dl	133.2	μmol/L	XXX	5 μmol/L
Histidine	mg/dl	64.45	μmol/L	XXX	5 μmol/L
Hydroxyproline	mg/dl	76.26	μmol/L	XXX	5 μmol/L
Isoleucine	mg/dl	76.24	μmol/L	XXX	5 μmol/L
Leucine	mg/dl	76.24	μmol/L	XXX	5 μmol/L
Lysine	mg/dl	68.40	μmol/L	XXX	5 μmol/L
Methionine	mg/dl	67.02	μmol/L	XXX	5 μmol/L
Ornithine	mg/dl	75.67	μmol/L	XXX	5 μmol/L
Phenylalanine	mg/dl	60.54	μmol/L	XXX	5 μmol/L
Proline	mg/dl	86.86	μmol/L	XXX	5 μmol/L
Serine	mg/dl	95.16	μmol/L	XXX	5 μmol/L
Taurine	mg/dl	79.91	μmol/L	XXX	5 μmol/L
Threonine	mg/dl	83.95	μmol/L	XXX	5 μmol/L
Tryptophan	mg/dl	48.97	μmol/L	XXX	5 μmol/L
Tyrosine	mg/dl	55.19	μmol/L	XXX	5 μmol/L
Valine	mg/dl	85.36	μmol/L	XXX	5 μmol/L
Amino acid nitrogen	mg/dl	0.7139	mmol/L	X.X	0.1 mmol/L
Amylase	U/L	1.0	U/L	XXO	10 U/L
Androstenedione	μg/L	3.492	nmol/L	XX.X	0.5 nmol/L
Calcitonin	pg/ml	1.0	ng/L	XXO	10 ng/L
Calcium	mg/dl	0.2495	mmol/L	X.XX	0.02 mmol/L
Calcium ion	meq/L	0.500	mmol/L	X.XX	0.01 mmol/L
Carbon dioxide content	meq/L	1.00	mmol/L	XX	1 mmol/L

Continued on next page

TABLE 1—Continued

Measurement	Conventional unit	Conversion factor	SI unit	Significant digits	Suggested minimum increments
Cholesterol	mg/dl	0.02586	mmol/L	X.XX	0.05 mmol/L
Citrate (as citric acid)	mg/dl	52.05	μmol/L	XXX	5 μmol/L
Cortisol	μg/dl	27.59	nmol/L	XXO	10 nmol/L
C-peptide	ng/mL	0.331	nmol/L	X.XX	10 nmol/L
Creatinine	mg/dl	88.40	μmol/L	XXO	10 μmol/L
Creatinine clearance	ml/min	0.01667	ml/s	X.XX	0.02 ml/s
cyclic AMP	μg/L	3.038	nmol/L	XXX	1 nmol/L
cyclic GMP	μg/L	2.897	nmol/L	XX.X	0.1 nmol/L
Dehydroepiandrosterone	μg/L	3.467	nmol/L	XX.X	0.2 nmol/L
Dehydroepiandrosterone sulfate	ng/ml	0.002714	μmol/L	XX.X	0.1 μmol/L
11-Deoxycortisol	μg/dl	28.86	nmol/L	XXO	10 nmol/L
Epinephrine	pg/ml	5.458	pmol/L	XXO	10 pmol/L
Estradiol	pg/ml	3.671	pmol/L	XXX	1 pmol/L
Estrone	pg/ml	3.699	pmol/L	XXX	5 pmol/L
Fatty acids, nonesterified	mg/dl	0.01	g/L	X.XX	0.01 g/L
Follicle-stimulating hormone	mIU/ml	1.00	IU/L	XX	1 IU/L
Fructose	mg/dl	0.05551	mmol/L	X.XX	0.1 mmol/L
Galactose	mg/dl	0.05551	mmol/L	X.XX	0.1 mmol/L
Gases					
PO ₂	mmHg	0.1333	kPa	XX.X	0.1 kPa
PCO ₂	mmHg	0.1333	kPa	X.X	0.1 kPa
Gastrin	pg/ml	1.0	ng/L	XXO	10 ng/L
Gastroinhibitory polypeptide	pg/ml	0.201	pmol/L	XXO	10 pmol/L
Glucagon	pg/ml	1.0	ng/L	XXO	10 ng/L
Glucose	mg/dl	0.05551	mmol/L	XX.X	0.1 mmol/L
Glycerol, free	mg/dl	0.1086	mmol/L	X.XX	0.01 mmol/L
Growth hormone	ng/ml	1.0	μg/L	XX.X	0.5 μg/L
β-Hydroxybutyrate (as β-hydroxybutyric acid)	mg/dl	96.05	μmol/L	XXO	10 μmol/L
17α-Hydroxyprogesterone	μg/L	3.026	nmol/L	XX.X	0.5 nmol/L
Insulin	μU/ml	6.0	pmol/L	XXX	5 pmol/L
Lactate (as lactic acid)	mEq/L	1.0	mmol/L	X.X	0.1 mmol/L
Lipase	U/L	1.0	U/L	XXX	1 U/L
Lipoproteins					
LDL (as cholesterol)	mg/dl	0.02586	mmol/L	X.XX	0.05 mmol/L
HDL (as cholesterol)	mg/dl	0.02586	mmol/L	XXX	0.05 mmol/L
Luteinizing hormone	mIU/ml	1.0	IU/L	X.XX	1 IU/L
Norepinephrine	pg/ml	0.005911	nmol/L	XXX	0.01 nmol/L
Osmolality	mOsm/kg	1.0	mmol/kg	XX	1 mmol/kg
Pancreatic polypeptide	pg/ml	0.239	pmol/L		1 pmol/L
Phosphate (as inorganic phosphorus)	mg/dl	0.3229	mmol/L	X.XX	0.05 mmol/L
Phospholipid phosphorus	mg/dl	0.3229	mmol/L	XX	0.05 mmol/L
Progesterone	ng/ml	3.180	nmol/L	XX	2 nmol/L
Prolactin	ng/ml	1.0	μg/L	XX	1 μg/L
Protein, total	g/dl	10.0	g/L	XX	1 g/L
Pyruvate (as pyruvic acid)	mg/dl	113.6	μmol/L	XXX	1 μmol/L
Renin	ng · ml ⁻¹ · h ⁻¹	0.2778	ng · L ⁻¹ · s ⁻¹	X.XX	0.02 ng · L ⁻¹ · s ⁻¹
Serotonin	μg/dl	0.05675	μmol/L	X.XX	0.05 μmol/L
Somatostatin	pg/ml	0.611	pmol/L	XX	1 pmol/L
Testosterone	ng/ml	3.467	nmol/L	XX.X	0.5 nmol/L
Thyroid-stimulating hormone	μU/dl	1.0	mU/L	X.X	0.1 mU/L
Thyroxine	μg/dl	12.87	nmol/L	XXX	1 nmol/L
Triiodothyronine	ng/dl	0.01536	nmol/L	X.X	0.1 nmol/L
Urea nitrogen	mg/dl	0.3570	mmol/L	X.X	0.5 mmol/L
Vasoactive intestinal polypeptide	pg/ml	0.331	pmol/L	X.X	1 pmol/L

From Young DS: *Ann Intern Med* 106:114–29, 1987.