
Instructions for Authors

Diabetes publishes original research about the physiology and pathophysiology of diabetes. Submitted manuscripts can report any aspect of laboratory, animal, or human research. Emphasis is on investigative reports focusing on areas such as the pathogenesis of diabetes and its complications, normal and pathological pancreatic islet function and intermediary metabolism, pharmacological mechanisms of drug and hormone action, and biochemical and molecular aspects of normal and abnormal biological processes. Studies in the areas of diabetes education or the application of accepted therapeutic and diagnostic approaches to patients with diabetes are not published.

All contributions, including solicited articles and symposia, are critically reviewed by the editors and invited referees. Reviewers' comments are usually provided 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.

Each original article will be assigned to a category in the table of contents. The category assignment is made by the editors, but authors are invited to suggest a category when submitting their manuscript.

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Diabetes subscribes to the requirements stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (*N Engl J Med* 336:309-315, 1997) that authorship implies substantial contributions to conception and design or analysis and interpretation of data and drafting of the article or critical revision for important intellectual content.

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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. They should include (in this order) title page, summary, text (divided into introduction, research design and methods, results, and discussion), acknowledgments, references, figure legends, and tables. The original manuscript should be submitted along with four photocopies. For artwork, two originals and four sets of photocopies should be submitted for each figure, but three originals should be sent for photomicrographs and gels (see **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 with which the authors are affiliated (in English); name, address, telephone number, fax number, and e-mail address of corresponding author; and three to six keywords for indexing (not *diabetes*).

Abstract. Summarize the content of the paper in 250 words or fewer. The abstract 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 were 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 *type 1* (insulin-dependent, IDDM) and *type 2* (non-insulin-dependent, NIDDM) should be used when referring to the two major forms of diabetes. *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 (when used with numbers) in accord with the Council of Biology Editors style manual. See the list of abbreviations below for those that need not be defined; other abbreviations should be defined at first use.

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

References. Number references in order of appearance in text. **Do not** use the footnote/endnote function found in some word-processing software. Identify a reference number in the text by enclosing it in parentheses. Works submitted for publication cannot be included in the reference section and should be cited as unpublished observations in the text with the initials and last names of all authors. **Type references double spaced.** Include all authors (do not use *et al.* except in text) and complete article titles. Abbreviate names of journals as in *Serial Sources for the BIOSIS Database*; spell out names of unlisted journals. Indicate abstracts and supplements. Supply inclusive page numbers. Authors are responsible for the accuracy of the references. Copies of all manuscripts listed as "in press" must be submitted with the manuscript. *Diabetes* and *Diabetes Care* are included in the National Library of Medicine's MEDLARS database, BRS Colleague database, *Index Medicus*, and *Current Contents (Basic Science and Clinical Practice)*.

Examples

1. Primbak 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 ed. Labrie F, Proulx L, Eds. Amsterdam, Excerpta Med., 1985, p. 245-248

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 Hammermill Laser-Print Plus) is preferred (paper having an opacity of 90 or more and a whiteness of 90 or more); glossy prints should 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 8 × 10.5 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 3.5 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.

Lines in graphs should be bold enough to be easily read after reduction, as should all symbols used in the figure. Data points are best marked with the following symbols, again assuring that they will be readily distinguishable after reduction: ○●□■▲. Bars should be black or white only, unless more than two data sets are being presented; further bars

should be drawn with clear bold hatch marks or stripes, **not** shades of gray.

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1,200–1,500 words, including references). Figures and tables may be submitted for review purposes, but only one figure or one table will be published. DNA sequences should be deposited in one of the genetics databases. Additional data can be prepared in the form of an appendix that will be available from the authors; if the authors wish, such an appendix will be made available on the journal's World Wide Web site. The entire text of each brief genetics report will be available on this site as well. Brief genetics reports should not have an abstract or section headings other than Acknowledgments and References. In lieu of an abstract, authors should provide a title that incorporates the main conclusion of the research.

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2. If the supplement is based on a symposium, indicate where and when the symposium was held and how the speakers and papers were selected.
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 in part. All manuscripts are subject to the same peer review as other manuscripts in the journal.

PRODUCTION

Correspondence concerning the copyediting and production of accepted manuscripts should be addressed to Assistant Managing Editor, *Diabetes*, American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314. Tel.: (703) 299-2089. Fax: (703) 683-2890.

List of Abbreviations

The following abbreviations/symbols and categories of abbreviations/symbols need not be defined.

ACE	angiotensin-converting enzyme
ACTH	adrenocorticotrophic hormone
ADP, ADPase	adenosine 5'-diphosphate, adenosinediphosphatase
AMP, AMPase, cAMP	adenosine 5'-monophosphate, adenosinemonophosphatase, adenosine 3',5'-cyclic monophosphate
ANG	angiotensin
ATP, ATPase	adenosine 5'-triphosphate, adenosinetriphosphatase
BMI	body mass index
CI	confidence interval
CoA	coenzyme A
DMSO	dimethyl sulfoxide
DNA, cDNA	deoxyribonucleic acid, complimentary DNA
DNase	deoxyribonuclease
DEAE	diethylaminoethyl
EDTA	ethylenediaminetetraacetic acid
EGTA	ethylene glycol-bis(β -aminoethyl ether)- <i>N,N,N',N'</i> -tetraacetic acid
GAD	glutamic acid decarboxylase
GHb	glycosylated hemoglobin (glycated hemoglobin, glycohemoglobin)
GLUT	glucose transporter
Hb	hemoglobin
HDL	high-density lipoprotein
HEPES	<i>N</i> -2-hydroxyethylpiperazine- <i>N'</i> -2-ethanesulfonic acid
HLA	human leukocyte antigen
IDDM	insulin-dependent diabetes mellitus
IGF	insulin-like growth factor
LDL	low-density lipoprotein
MOPS	3-(<i>N</i> -morpholino)propanesulfonic acid
NAD, NADH, NADP, NADPH	nicotinamide adenine dinucleotide, reduced NAD, NAD phosphate
NIDDM	non-insulin-dependent diabetes mellitus
NPH	neutral protamine Hagedorn insulin
PCO ₂ , PaCO ₂ , PvCO ₂	partial pressure of CO ₂ , arterial, venous
PO ₂ , PaO ₂ , PvO ₂	partial pressure of O ₂ , arterial, venous
PAGE	polyacrylamide gel electrophoresis
PEPCK	phosphoenolpyruvate carboxykinase
pH	hydrogen ion concentration; negative logarithm of hydrogen ion activity
PIPES	piperazine- <i>N,N'</i> -bis(2-ethanesulfonic acid)
RNA, mRNA, rRNA, tRNA	ribonucleic acid, messenger RNA, ribosomal RNA, transfer RNA
RNase	ribonuclease
SDS	sodium dodecyl sulfate
Tris	tris(hydroxymethyl)aminomethane
V _{max} , V _{O₂} , V _{O₂max}	maximum volume, volume of O ₂ , maximum volume of O ₂
\dot{V}_{max} , \dot{V}_{O_2} , $\dot{V}_{O_{2max}}$	maximum consumption, O ₂ consumption per unit time, maximum O ₂ consumption
VLDL	very-low-density lipoprotein

Amino acids

Cell lines

Chemical element and compound symbols

Latin terms

Mice names

Statistical symbols and tests

Units of measure