



BLOOD RESEARCH

INSTRUCTIONS FOR AUTHORS

Enacted in January 1966, Recently revised in March, 2019.

Blood Research is a peer-reviewed open-access journal and delivers important clinical, translational and basic research results in hematology to the readers worldwide. The research areas covered by **Blood Research** include topics ranging from basic laboratory research to clinical studies, translational studies and precision medicine in the field of hematology. **Blood Research** publishes Original Articles, Review Articles, Editorials, Perspectives, Letters to the Editor, and Images of Hematology. It is published online and in print quarterly (March 31, June 30, September 30, and December 31). Any physicians or researchers throughout the world can submit a manuscript written in English. **Blood Research** follows the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJJE Recommendations), <http://www.icmje.org/icmje-recommendations.pdf>, if otherwise not described below.

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Authorship: According to criteria formulated by the International Committee of Medical Journal Editors (ICMJJE), authorship credit should be based on 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. Authors should meet these 3 criteria. All other contributors who do not meet these criteria for authorship should be noted in the Acknowledgments section.

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Registration of Clinical Trial Research: All clinical trials must be registered in a public registry prior to submission. The journal follows the trials registration policy of the ICMJJE (<http://www.icmje.org>) and considers only trials that have been appropriately registered before submission.

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Selection and description of participants clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age, sex, or ethnicity is not always known at the time of study design, researchers should aim for inclusion of representative populations into all study types and at a minimum provide descriptive data for these and other relevant demographic variables. Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance. Authors should use neutral, precise, and respectful language to describe study participants and avoid the use of terminology that might stigmatize participants.

Originality and Duplicate Publication: All submitted manuscripts should be original and should not be considered by other scientific journals for publication at the same time. Any part of the accepted manuscript

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For the policies on research and publication ethics that are not stated in these instructions, the *Good Publication Practice Guidelines for Medical Journals* (<https://www.kamje.or.kr>) or the *Guidelines on Good Publication Practice* (<http://publicationethics.org/files/u7141/1999pdf13.pdf>) can be applied.

Reporting Guidelines for Specific Study Designs: It is recommended for authors to follow the reporting guidelines for the specific study design, such as randomized control study (ie, CONSORT), study of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), meta-analyses and systematic reviews of observational studies (ie, MOOSE), and observational studies (ie, STROBE). The details are available on the website at <http://www.icmje.org/icmje-recommendations.pdf>.

TYPES OF MANUSCRIPTS

Original Article is a manuscript containing results of clinical, laboratory, or experimental investigations. The article should be organized in the order of Title page, Abstract, Introduction, Materials and Methods, Discussion, Acknowledgments, References, Tables and Figures. Length is limited to 3500 words of body text and 30 references.

Review Article is usually solicited by the Editor-in-Chief. Authors who wish to submit an unsolicited review should contact the Editor-in-Chief. Topics of scientific consensus or remaining controversial may be dealt with in the review. It is organized as Title page, Abstract, Introduction, body text, Conclusion, Acknowledgments, References, Tables and Figures. Length is limited to 250 words of unstructured abstracts, 5000 words of body text, and 150 references.

Editorial is usually written by Editorial Board members. It focuses on the recent hot issues or deals with the articles in the corresponding issue. It may include up to 1200 words and 10 references.

Perspective article covers a wide variety of topics of current hematology-related issues. It may include up to 1200 words, one figure, 2 tables and 10 references.

Letter to the Editor that contains brief communications on interesting topics in hematology may be considered for publication. Comments that concern previously published articles may also be considered, and if necessary, responses by the author of the subject paper may be provided. Letters may be edited by the Editorial Board. The maximum length of a Letter is 1,500 words. Letters should have no more than 6 authors, 2 tables, 2 figures with legends, and 15 references.

Image of Hematology is intended to share an interesting and impressive hematology-related image that has not been submitted or published elsewhere. The title should contain no more than 10 words and the legend should contain no more than 200 words.

MANUSCRIPT PREPARATION GUIDELINE

Manuscripts should be submitted in the format of Microsoft Word. Manuscripts should be typed on A4 size, double-spaced, using font size of 10 with margins of 2.5 cm on each side and 3 cm for the upper and lower ends. Number all pages in sequence, including the Title page. Headings should be in bold letters, and aligned in the center.

Title Page

The title page should carry the following information: 1) The title of the article. Only the first letter of the first word of title should be capitalized; 2) Authors' full names and institutional affiliations. The affiliation address in each case should be indicated by superscript of Arabic numerals; 3) The name, mailing address, and e-mail address of the corresponding author; 4) Sources of support; 5) Running title of no more than 40 characters including spaces; 6) Word counts for the body text.

Abstract

Abstract should be concise and the length is limited to 250 words. For original articles, abstract must be structured with four subsections: Background, Methods, Results, and Conclusion. A non-structured abstract is applied for review articles. Abstract is not required for other types of manuscripts. A list of keywords, with a maximum of 6 items, should be included at the end of the abstract to be used as index terms. For the selection of keywords, refer to Medical Subject Heading (MeSH). (<http://www.ncbi.nlm.nih.gov/sites/entrez?db=mesh>)

Introduction

It should address the purpose of the article concisely and include background reports that are relevant to the purpose of the paper.

Materials and Methods

Authors should describe details of the design, subjects, and methods. Sufficient details need to be addressed in case of an experimental study so that it can be further replicated by others. Machine and equipment should be accompanied by their model name, city, state and country of manufacture in parenthesis. Appropriate IRB approval should be obtained. The statistical and software program used should be described.

Results

Results should be presented in logical sequence in the text, tables, and figures. Do not repeat all of the data in the tables or figures in the text but emphasize or summarize only the most important observations. Citation of tables and figures should be provided as Table 1 and Fig. 1.

Discussion

There should be an emphasis on the new and important aspects of the study. Do not repeat the results in detail or other information that is given in the Introduction or the Results section. Discuss according to the purpose of the study but avoid unqualified statements that are not adequately supported by the data. Limitation and further requirements may be described. Conclusion should be stated briefly in the last paragraph of the Discussion section.

Acknowledgments

Persons or institutes who contributed to the article but not enough to be coauthors may be introduced.

References

References should be numbered consecutively in the order in which they are cited in the text. Each reference should be cited as [1], [1, 4] or [5-8] at the end of the related phrases in the text. The abbreviated journal title should be used according to the List of Journals Indexed for MEDLINE (<http://www.ncbi.nlm.nih.gov/sites/entrez?db=journals>) and the List of KoreaMed Journals (<http://www.koreamed.org/JournalBrowser.php>). List all authors up to 6, but if more than 6, list first 3 authors and add "et al." Numbered references to Abstracts of conferences, personal communications, unpublished data, or manuscripts either "in preparation" or "submitted for publication" are unacceptable. If essential, such material can be incorporated at the appropriate place in the text. We recommend the use of a tool such as EndNote for reference management and formatting. Follow the styles shown in the examples below:

- Journal article (up to six authors)
Park SH, Chi HS, Cho YU, Jang SS, Park CJ. The allele burden of JAK2 V617F can aid in differential diagnosis of Philadelphia chromosome-negative myeloproliferative neoplasm. *Blood Res* 2013;48:128-32.
- Journal article (more than six authors)
Olmes MJ, Scheinberg P, Calvo KR, et al. Eltrombopag and improved hematopoiesis in refractory aplastic anemia. *N Engl J Med* 2012;367:11-9.
- Journal article (Epub ahead of print)
Hu Y, Cui Q, Luo C, Luo Y, Shi J, Huang H. A promising sword of tomorrow: Human $\gamma\delta$ T cell strategies reconcile allo-HSCT complications. *Blood Rev* 2015. [Epub ahead of print]
- Book chapter
Soiffer RJ, Martin P. T-cell depletion of allogeneic hematopoietic stem cell grafts. In: Atkinson K, Champlin R, Ritz J, et al, eds. *Clinical bone marrow and blood stem cell transplantation*. 3rd ed. Cambridge, UK: Cambridge University Press, 2004:416-25.
- Website
National Cancer Institute. Surveillance, Epidemiology, and End Results (SEER) Program Research Data (1973-2012). Bethesda, MD: National Cancer Institute, 2015. (Accessed October 2, 2015, at <http://seer.cancer.gov/data/>).
- Abstract
Komeno Y, Qju J, Lin L, et al. SRSF2 is essential for hematopoiesis and its mutations dysregulate alternative RNA splicing in MDS. *Blood (ASH Annual Meeting Abstracts)* 2013;122(Suppl):abst 261.

Tables

Tables must be cited in the order in which they appear in the text using Arabic numerals. Tables should be more than 4 rows and should not be over one page. All non-standard abbreviations should be explained in the footnotes, e.g., Abbreviations: NAIT, neonatal alloimmune thrombocytopenia; NA, not applicable. For special remarks, lower case letters in superscripts ^{a)}, ^{b)}, ^{c)} ... should be used.

Figures

Number figures as Fig. 1, Fig. 2 ... in order of citation in the text. Figure files should be submitted as JPEG, TIFF, or PowerPoint files. Photographs including radiographs, CT/MRI scans, and scanned images

must have a resolution of at least 300 dpi. If one figure is composed of several photographs, each of them should be arranged properly in one PowerPoint slide and labelled alphabetically (but not on the photograph itself). Figures along with explanatory legends should also be embedded in the manuscript after the Reference section.

Photo Files

Photo files for Image of Hematology and Filler Photographs should be submitted in JPEG format. Photos must be 300 dpi minimum to be considered for publication. Photo files may be up to 10 MB in size.

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- Nomenclatures: For medicine, use generic names. If a brand name should be used, insert it in parentheses after the generic name. Do not use the symbols [®] or [™] unless necessary. The name of genes (not the proteins) and microorganism should always be italicized, e.g., *BCR-ABL* mutations, *HER2* gene, and *E. coli*.
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- Units: SI units (International System of Units) should be used. Unit for volume is 'L', instead of 'l' to avoid the confusion. Leave a space between number and units as 5 mmHg but exceptionally 5% or 36°C is permitted.
- Numbers: In the text, numbers should be Arabic numerals, except when beginning a sentence. Numbers greater than 999 should have commas, e.g., 10,000.
- Abbreviations: When using abbreviations, define the abbreviation completely in parentheses at first mention. Do not use non-standard abbreviations in the Title. Common hematological, immunological, molecular, and chemical terms can be used without definition in the Title, Abstract, Text, Tables, and Figure legends, e.g., RBC, WBC, ALL, AML, CML, CLL, IgG, HLA, ELISA, AIDS, DNA, cDNA, RNA, mRNA, PCR, bp, kb, and kDa. Hb (hemoglobin) and Hct (hematocrit) can be used without definition except in the Title. Other common abbreviations may be used without definition in Tables, e.g., hr (hour), sec (second), min (minute), d (day), wk (week), mo (month), yr (year), N (sample size), *P* (statistical significance), mL, μ L, SD (standard deviation of the mean), and SE (standard error of the mean).

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King's Garden Officetel 2-220,
24, Sajik-ro 8-gil, Jongno-gu, Seoul 03174, Korea
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