Instructions for authors

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Neuroendocrinology Letters is an international, peer-reviewed transdisciplinary journal covering the fields of Neuroendocrinology, Psychoneuroimmunology, Neuropsychopharmacology, Reproductive Medicine, Chronobiology, Human Ethology and related areas for RAPID publication of Original Papers, Review Articles, Clinical Reports, and other contributions from all the fields covered by Neuroendocrinology Letters.

FAST TRACK PUBLICATION
The Neuroendocrinology Letters can publish high-priority papers 2–4 weeks after acceptance. A fast-tracked manuscript will be posted on our website (www.nel.edu or node.nel.edu) earlier than it appears in the printed journal, as well as sent to Medline ahead of publication.

AIM & SCOPE
Papers from both basic research (methodology, molecular and cellular biology, anatomy, histology, biology, embryology, teratology, normal and pathological physiology, biophysics, pharmacology, pathology and experimental pathology, biochemistry, neurochemistry, neuropsychopharmacology, enzymology, human ethology, chronobiology, receptor studies, endocrinology, immunology and neuroimmunology, animal physiology, animal breeding and ethology, psychology and others) and from clinical research (reproductive medicine, obstetrics and gynecology, endocrinology, immunology, neuropsychopharmacology, cardiovascular studies, internal medicine, pediatrics, neurology, psychiatry and child psychiatry, oncology and others) will be considered.

The Journal publishes original papers and review articles. Brief reports, special communications, proved they are based on adequate experimental evidence, clinical studies, case reports, commentaries, discussions, letters to the editor (correspondence column), book reviews, congress reports and other categories of articles (philosophy, art, social issues, medical and health policies, biomedical history, etc.) will be taken under consideration.

The requirements for publishing in NEUROENDOCRINOLOGY LETTERS are in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” 5th edition. JAMA 1997; 277: 927–934. For manuscripts submitted after February 23, 2007, the References are adjusted according to the Reference section below.

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It is understood that material submitted to the Journal has not been published previously in printed or electronic format and is not under consideration by another publication or electronic medium. All manuscripts submitted for publication should be written in clear, plain English (American or British English spelling), and approved by a native English speaker in case that the correspondent author is not. Neuroendocrinology Letters undertakes no language correction.

The correctness of the English language throughout the whole manuscript is entirely the responsibility of the authors. The papers with insufficient English language will be rejected by the Editor-in-Chief immediately after submission, and will be returned to the author without further processing.

All authors must give a signed consent for publication in a letter submitted with the manuscript. Upon submission the authors agree to transfer all copyright ownership of the manuscript to the Neuroendocrinology Letters.

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(page charge):
Processing fee – EUR 100 / USD 120
and Publication fee – printed page charge – EUR 75 / USD 90 (1 printed page is approximately 2 manuscript pages) are required for all papers accepted for publication in the Neuroendocrinology Letters.

Upon submission, the authors declare the acceptance of the processing fee and page charge, which must be paid to the publisher within two weeks after the author is notified about the acceptance of the paper for publication in the Neuroendocrinology Letters, and before the galley proofs will be sent and the final date for publication will be settled.

The author will be notified about the total cost (processing fee and publication fee) directly after the acceptance of their manuscript.

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All submitted manuscripts are reviewed initially by the Editor-in-Chief. Those manuscripts with insufficient priority for publication are rejected promptly. Other manuscripts are sent to relevant senior scientists for RAPID peer review. The identities of both peer-reviewers and authors are kept confidential. The comments by the reviewers may be conveyed to the authors by the Editor, at his discretion.

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The Editors and the Publisher support the principles of the Declaration of Helsinki of 1975, as revised in 1983, and expect that the authors of papers submitted to the Journal will have obtained ethical consent and followed those legal and regulatory requirements for human experimentation with drugs, including informed consent, according to procedures which apply in their institution and country.

When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on, the care and use of laboratory animals was followed.

PRESENTATION

Manuscripts should be typed on numbered pages and conform to the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” except the Reference section (see below).

The pages should be numbered consecutively, beginning with the Title page. The sections of the manuscript should be in following sequence: Title page, Abstract (structured for Original papers and non-structured for Review Articles), Key words, Abbreviations, Main text (Introduction, Material and methods, Results and Discussion), Acknowledgments, References, Tables and Figures. Particular attention should be taken to ensure that the manuscript adheres to the Instructions for Authors of the Neuroendocrinology Letters in all respects. The use of footnotes is not permitted (numbered comments/footnotes can be added at the end of the main text, before the Reference section).

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The Editors reserve the right to alter manuscripts whenever necessary to make them conform to the stylistic and bibliographic conventions of the Neuroendocrinology Letters.

TITLE PAGE

Title page of the manuscript should contain:
1. The title itself.
2. The name(s) of the author(s): first name(s) spelled out, family name and highest academic degree.
3. Author’s Affiliations: The name(s) of the department(s) or institution(s) from which the study originated.
4. Corresponding Author: The name and full address, including telephone and fax numbers, e-mail address(es) and other useful information of the corresponding author. The authors are obliged to inform the publisher immediately about any change of their fax, telephone, e-mail and ordinary mail address by e-mail: info@nel.edu
5. A “running headline,” a maximum of 40 characters, including word spaces.

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Abstract and Key words follow directly after the Title page (no extra page) A **structured abstract** (Original Articles) and **non-structured abstract** (Review papers) not exceeding 250 words should state what was done, including objectives, design, setting, results, the main findings, conclusions, and how the work was interpreted. **Additional headings may be used.**

At least 5 to 10 key words should be used, which correspond to MESH headings by Medline. The key words should be separated by semicolons. The key words will be included in the Subject Index of the volume. The next section can start directly after this on the same page.

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List of abbreviations and symbols used and spell them out in full. Abbreviations and symbols must be standard, and SI units (The International System of Units) should be used throughout. Drugs should be described by their official names, but trade names should be indicated in brackets the first time a drug is quoted in the main text.

**MAIN TEXT**

The text is conventionally divided into sections headed: Introduction, Material and methods, Results and Discussion. Lengthy papers may require subheadings for clarification.

**INTRODUCTION**

State clearly the purpose of the paper. Do not review the subject extensively and give only pertinent references.

**MATERIAL & METHODS**

Describe your selection of the observational subjects (patients or laboratory animals, including controls) clearly. Describe the study population in detail. Identify the methods and procedures in sufficient detail to allow other workers to reproduce the results. If the methods used are new or substantially modified, describe them and state their limitations.

When reporting research on human beings, the authors must include an assurance that the work was approved by a medical ethics committee and that the subjects gave their informed consent to participate. (See Ethics.)

When reporting experiments on animals, indicate whether the institution’s or a national research council’s guide for, or any national law on, the care and use of laboratory animals was followed. (See Ethics.)

**RESULTS**

Do not repeat in the text all the data displayed in the tables or illustrations; only important observations should be emphasized or summarized.

**DISCUSSION**

Emphasize only the new and important aspects and conclusions of the study, including the implications and the limitations of the findings and their relation to other relevant studies. The conclusions should be clearly linked with the objectives of the study. Avoid unqualified statements and conclusions that are not supported by the data. Do not claim priority, and do not allude to work in progress. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

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Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported details. The design of the study and the data sources should be clearly identified. The statistical methods used should be described so that it is clear which method was used and where. Give relevant references and additional details if nonstandard methods or analyses have been applied. The basic principle is to supply sufficient information about design and analysis to allow the research to be repeated by someone else. The presentation of the analysis should include relevant summaries of the data, not just the results of significance testing. The use of confidence interval is encouraged.

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The Harvard system should be used for the references. Responsibility for the accuracy of bibliographic citations lies entirely with the authors. The inaccuracy of bibliographic citations may result in a refusal of the whole manuscript.

Citations in the text: Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either “Unpublished results” or “Personal communication”, Citation of a reference as “in press” implies that the item has been accepted for publication.

All citations in the text should refer to:
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2. **Two authors**: both authors’ names and the year of publication;
3. **Three or more authors**: first author’s name followed by “et al.” and the year of publication.
INSTRUCTIONS FOR AUTHORS 2007

Citations may be made directly (or parenthetically). Groups of references should be listed first alphabetically, then chronologically.

Examples: "Reports and open studies are available (Norton, 2000; Edwards et al. 2001; Krusz & Stillman, 2001). Mathew et al. (2000) used a fixed and relatively low dosage of valproate and accomplished ..."

In the Reference List:

References should be numbered and arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters “a,” “b,” “c,” etc., placed after the year of publication (2005a).

The titles of journals should be abbreviated according to the style used in the Index Medicus.

Examples of the correct form of references:


If the language is not English, add the translated title in brackets, e.g. Swedin G. Transkutan elektrisk nervstimulering som smärtlindring vid förlossning. [(Transcutaneous electrical nerve stimulation for analgesia in childbirth.) (In Swedish with English abstract.)] Läkartidningen 776: 1946–1948.

2. Books and other monographs
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   b/ Editor(s) as author(s):
   c/ Chapter in a book:
   d/ Conference proceedings:
   e/ Conference paper:
   f/ Dissertation:

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Lettering on figures should be proportional to the size of the figure to ensure legibility after reduction.

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ACKNOWLEDGMENTS

The scientific and material contributions of others to the work should be acknowledged. Any grant supports should be listed and permission for reproduction of published material acknowledged. Authors are responsible for obtaining written permission from anyone acknowledged by name. The acknowledgments will be published as an appendix to the text.
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**DOCTORAL THeses & DISSERTATIONS in brief**
This Journal encourages the submission of important works by young investigators, researchers and practitioners. In this section the Editor wishes to recognize innovative research conducted during graduate and postgraduate studies. Each doctoral thesis or dissertation should contain an abstract and provide a concise synopsis (10 manuscript pages maximum) of the major findings presented in the final version.

**LETTERS TO THE EDITOR**
The Neuroendocrinology Letters has a section carrying comments, questions, or criticism about articles that have been published and where the original authors can respond. This section takes the form of Letters to the Editor, where also other topics and views from readers may be published and discussed.

**SUPPLEMENTS**
Monographs or series of articles that have undergone regular scientific review, university approved theses, conference proceedings, symposia on related issues or topics, etc. may be printed as supplements to the Neuroendocrinology Letters. Supplements are published as a separate issues of the Journal and are negotiated in advance with the Editor-in-Chief, and must be **prepaid prior to publication**. The Supplements are not automatically included in the subscription price, but can be purchased separately at publisher@nel.ed

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**EXAMPLE OF A STRUCTURED ABSTRACT**

**OBJECTIVES:** The distribution of serotonin (5-HT) and its effect on insulin and glucagon secretion were investigated to examine whether there are changes in the pattern of distribution and effect of 5-HT after the onset of experimental diabetes.

**METHODS:** The pattern of 5-HT and its effect of insulin and glucagon secretion was examined using immunohistochemical and radioimmunoassay techniques, respectively.

**RESULTS:** 5-HT was demonstrated mainly in the neural elements of the pancreas. 5-HT-containing fine varicose nerve fibers were discerned in the wall of blood vessels and pancreatic ducts. 5-HT-containing nerves were also observed in the periacinar and perinsular regions of normal pancreas. The pattern or intensity of the distribution of serotonergic nerves did not change after the onset of diabetes. The perivascular, periductal, periacinar and perinsular regions of diabetic pancreas all contained 5-HT positive nerves. 5-HT elicited marked increases in insulin secretion from normal pancreas but had an inhibitory effect on insulin secretion from diabetic pancreatic tissues. In contrast, 5-HT inhibited glucagon secretion from normal pancreatic tissue fragments but stimulated glucagon release from diabetic pancreatic tissue fragments.

**CONCLUSION:** 5-HT is well distributed in normal and diabetic pancreatic tissues and has stimulatory effects on insulin secretion from normal pancreas and glucagon secretion from diabetic pancreas. This result indicates that although 5-HT may help in the maintenance of the blood sugar level in normal pancreas by increasing insulin secretion and decreasing glucagon secretion, it may also aggravate the hyperglycemia observed in diabetes mellitus and hence exacerbate the symptoms of hyperglycemia in poorly controlled diabetes mellitus.

**EXAMPLE OF REFERENCE STYLE**

**Within the main text, examples:**

“... reports and open studies are available (Norton, 2000; Edwards et al., 2001; Krusz & Stillman, 2001). Mathew et al. (2000) used a fixed and relatively low dosage of valproate and accomplished ...”

For example, studies of pH changes after cellular activity (Chen and Chesler, 1992a; Fergus and Lee, 1997; Venton et al., 2003), during changes in regional blood flow (Sándor, 1999), and during behavioral tasks (Kilpatrick et al., 2000; Robinson et al., 2001) indicate that there is a shift to alkalosis of less than 0.1 under these conditions.
Following the recommendations mentioned in the Introduction on the nutritional characteristics of formula milks, and on the basis of the existence of a circadian rhythm of tryptophan in breast milk (Cubero et al. 2005), with higher levels during the night than during the day, the Day/Night (D/N) dissociated formula was developed with levels of tryptophan similar to those of breast milk.

REFERENCES:


