

Instructions for Authors for Preparation of Manuscripts for *Pediatric Drugs*

General Information (<http://adisonline.com/pediatrics>)

Indexing

Pediatric Drugs is Indexed in MEDLINE, EMBASE/Excerpta Medica, Science Citation Index Expanded, Current Contents/Clinical Medicine, International Pharmaceutical Abstracts (IPA), Sociedad Iberoamericana de Información Científica (SIIC) and Journals@OVID.

Journal Aim and Scope

Pediatric Drugs promotes the optimization and advancement of all aspects of pharmaceutical care in pediatrics, pediatric clinical pharmacology and pediatric pharmacy. A planned program of review articles provides healthcare decision makers with clinically applicable knowledge on issues relevant to drug therapy in all areas of neonatology and the care of children and adolescents.

The journal includes:

- Definitive reviews of topics relating to the effective and safe management of drug therapy in children through all stages of development
- Therapy in practice reviews covering optimum drug management of specific disorders of fetal development, the neonatal period, childhood and adolescence
- Original research articles and teaching cases with a strong link to clinical practice

Please see Appendix B for the types of paper this journal considers for publication.

Authorship and Contributorship Criteria

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Authors should meet all the following criteria: (i) conceived and planned the work that led to the manuscript or played an important role in the acquisition, analysis and interpretation of the data or both; (ii) wrote the paper and/or made substantive suggestions for revision and; (iii) approved the final submitted version. The corresponding author takes responsibility for the work as a whole, from inception to the published manuscript, and will be responsible for sign-off of the final proofs prior to publication.

The Author Declaration Form is attached (see Appendix D) and is also available on the journal website. The journal will not consider a manuscript for publication unless it has received a signed copy of this form from all authors. Any change in authors and/or contributors after initial submission must be approved by all authors. This applies to additions, deletions, change in order of the authors, or contributions being attributed differently. Any alterations must be explained to the editor. We advise that the order in which authors names are listed on a manuscript should reflect the magnitude of each author's contribution to the work. Please note that in citations of articles on the US National Library of Medicine's bibliographic database Medline the primary and only institution quoted for a manuscript is that of the first listed author.

The journal encourages all authors to specify their individual contributions to a manuscript in the Acknowledgements section; this is particularly pertinent in the case of original research. The corresponding author must provide a statement indicating the names and contributions of all persons who have contributed to the work reported in the manuscript but who do not fulfil authorship criteria. This information will be published in an Acknowledgments section of the paper. Authors should obtain written permission from individuals to be named in the Acknowledgments section.

Conflict of Interest Statement for Authors

The potential for conflict of interest arises when authors have personal or financial relationships that could influence their actions. All authors should indicate potential conflicts of interest, including specific financial interests relevant to the subject of their manuscript, in section F of the Author Declaration Form (see Appendix D). To prevent ambiguity, authors must state explicitly whether potential conflicts *do* or *do not* exist. Details of relevant conflicts of interest (or the lack of) must be declared in the Acknowledgments section of the manuscript for all authors.

Role of the Funding Source

All sources of funding should be declared in the Acknowledgments section of the manuscript. Authors of studies are required to confirm that the paper is an accurate representation of the study results and they must describe the role of the study sponsor(s), if any, in: (i) the study design; (ii) the collection, analysis and interpretation of data; (iii) the writing of the report; and (iv) the decision to submit the paper for publication. If the authors' work was independent of the funders, the authors should state this.

Manuscript Submission

Submissions to *Pediatric Drugs* are considered on the understanding that the manuscript has been submitted exclusively to *Pediatric Drugs*, the data presented have not been published elsewhere and that no additional submission will be made elsewhere unless the paper is rejected. Please inform editorial staff in your covering letter if your paper has previously been submitted to another journal and rejected; if this is the case you are required to provide the editorial/referee comments along with an explanation of how these comments have been addressed at the time of submission to *Pediatric Drugs*.

Manuscripts must be prepared and submitted in the manner described in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (see <http://www.icmje.org/>).

To submit a manuscript to the journal you will need to go to the AdisOnline site (<http://adisonline.com>) and follow the links and instructions to our online submission system (Adis Editorial Manager; www.editorialmanager.com/adis). Step-by-step instructions are available on the website. If you are unable to submit through the Editorial Manager site, e-mail us at journals@adis.co.nz or peddrugs@adis.co.nz, and include the journal name and "Article Submission" in the subject line.

Manuscript Format and Style

Pediatric Drugs publishes several categories of review article, each with its own specific focus/format (see Appendix B for types of reviews and their scope), plus teaching cases, original research (see Appendix C for recommended guidelines) and letters to the editor. Authors should specify in their covering letter the category they prefer for their submission.

In general, manuscripts should be prepared and paginated in the following manner:

- A. **Title page:** include title, authors (please also provide forename[s]) and institutions for each author where the work was done (indicating the city), and a condensed running title of not more than 50 characters including spaces.
 - B. **Acknowledgments:** See Appendix A, point 4.
 - C. **Name and address for correspondence:** Mailing address plus telephone and fax number. An e-mail address should also be supplied, but will not be published without your permission.
 - D. **Table of contents**
 - E. **Figure captions**
 - F. **Abstract:** The abstract should succinctly highlight, in an informative manner, the specific important points addressed in the main body of the text; it should not just describe the general areas covered in the manuscript. The aim is for the abstract to stand alone as a synopsis of the article to accommodate those readers who do not have access to the full article. The journal style is to not cite references in the abstract so as to provide a discrete synopsis of the article. The length can be up to 400-500 words. Authors of original research articles should submit a structured abstract as outlined in Appendix C.
 - G. **Text pages:** Text pages must have numbered pages. All review articles must include an introductory section that provides background on the topic and the aim should be clearly stated. If applicable, review articles should include details of the literature search parameters used to locate the material included in the review. The author should specify the databases searched, other sources of articles/data used, search terms and date limits, as well as inclusion/exclusion criteria if relevant. Review articles should finish with a conclusion section putting the area into perspective and pointing the way for future research.
 - H. **Footnotes**
 - I. **Reference list** (in Vancouver style)
 - J. **Tables** (begin each table on a new page)
 - K. **Figures** (place each figure in a separate file)
 - L. **Supplementary digital content** (place each item in a separate file)
- Please put sections A-J into a single file.

Abbreviations and Symbols

Use SI symbols and recognized abbreviations for units of measurement. The first time an abbreviation appears in the abstract and the text it should be preceded by the full name for which it stands, followed by the abbreviation in parentheses. Generally, abbreviations should be avoided as much as possible, and used only when the full term would make the text unduly cumbersome.

Drug Names

Generic names (International Nonproprietary Names [INN] or United States Adopted Names [USAN]) must be used. In review papers, brand names or tradenames can be used in selected instances, e.g. when use of the generic name would be impractical or ambiguous. In original research a therapeutic intervention should be named by both its generic name and trade name (along with the manufacturer and location) in the methods section in order to precisely identify the product investigated.

Tables and Figures

Tables and figures help to convey information to the reader. Please make every effort to include such items in your article. Tables can be used, for example, to summarise important points, to compare agents or treatment regimens, or to list information that would otherwise impede the flow of the text. Figures may be schematic diagrams, graphical representations of data, photographs or treatment algorithms. Large numbers of tables and figures and lengthy tables can be problematic – these can, however, be published as supplemental digital content.

Tables

Tables should be comprehensible without reference to the text, and data given in tables should in general not be duplicated in the text or figures. Any necessary descriptions should appear in the table heading, and abbreviations and footnotes should be placed immediately below the table. Each table should be cited in the text. Please prepare tables in 'table format', rather than using 'tab' or 'indent' commands. Do not format tables using word spaces. Number tables with Roman numerals (I, II, etc.) and provide a heading for each. Please put each table on a separate page. This is an example of the standard style for tables.

Table I. Table heading

Heading	Heading ^a	Straddle heading		Reference
		subhead	subhead	
Subheading				
Parameter				
Parameter				
Subheading				
Parameter				
Parameter				
Parameter				

^a Footnote.

Abbreviation = XXXX; **abbreviation** = XXXX.

Figures

Captions should make the figure understandable independent of the text, and each figure should be cited in the text. Symbols, abbreviations and spelling should be consistent with the text. Lettering and symbols on figures should be clear and legible, preferably in Helvetica or Arial typeface.

Computer-Generated Figures

Figures should be prepared, where possible, using a computer drawing program. The saved file should be in PC format (not Macintosh), with a preview image included. Each figure (including components of a multi-part figure) should be saved as a separate file. Preferred typefaces for lettering and axis labels are Helvetica or Arial: any other fonts should be embedded in the file. The finish type size is 7pt for text and labels.

Line Drawings and Charts

Excel, Adobe Illustrator or CorelDraw files are preferred. If tints are used, we recommend using the range 20% to 80% and keeping a minimum 20% step between tints.

Photographs and Colour Artwork

Clinical photographs should be of high quality and taken against a plain background. If the patient is identifiable in a photograph, written permission must be obtained (see Appendix G). Photographs should be supplied as high-resolution files at a minimum 300 dpi resolution (.TIF or .EPS files). Halftone figures should be saved or exported as .TIF files. Halftone figures without line artwork should be supplied at a minimum 300 dpi resolution; those incorporating line artwork or text (including screen grabs) should be supplied at a minimum 1200 dpi resolution. Each colour halftone should be saved or exported in 32-bit CMYK. These should be supplied as a single 4-color image (not as separated CMYK subfiles), and the CMYK colour profile is preferred over RGB or other palettes. If the file is compressed, please indicate the type of compression method used.

Supplemental Digital Content

Authors may submit additional material that enhances their paper to be considered for online-only posting as supplemental digital content (SDC). SDC may include standard media such as text documents, graphs, tables, figures, graphics, illustrations, audio, animations and video. SDC material is not edited by Adis staff and will be presented digitally as submitted.

Reference Style

References are required to support all significant statements. They are also used to indicate the origin of material (quotations, tables, figures), and as a source for research and further reading.

References need to be given in a form where the reader can quickly and easily identify the correct reference and locate the material in a library or on a database. Please cite primary sources of information, as opposed to books or reviews, where possible. This is particularly important when quoting actual values, such as pharmacokinetic or efficacy parameters.

Our referencing system is based on the 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals' (the 'Vancouver' style), with some minor modifications.

Citations in Text

Number references consecutively in the order in which they are first mentioned in the text. Identify references in text, tables and captions by superscript arabic numerals in square brackets. For example,

Stress can be fatal.^[4,5]

Smith and Maple^[12] found that stress can be fatal.

Green et al.,^[14] among others,^[15-19] have disagreed with this assertion.

Note: These examples are chosen to illustrate particular points that may arise occasionally. In general, it is not necessary to mention the authors' names in the text in the Vancouver system (including in tables). The only reason to do so is if you specifically wish to draw the reader's attention to the authors – for example, in relation to a controversial issue where there are groups of authors whose views are well known to be polarized.

References cited only in tables or in captions to figures should be numbered as if they appear in the text at the first mention of the particular table or figure.

Include among the references papers accepted but not yet published; give the journal and add 'In press' in the reference list (see example 72). Try to avoid using abstracts as references. 'Unpublished observations' (i.e. your own unpublished work) and 'personal communications' (i.e. the unpublished work of others) may not be used as references, although they may be inserted (in parentheses) in the text. If you cite a 'personal communication' you should provide written evidence that the person(s) quoted has given permission for the use of the material. Information from manuscripts submitted but not yet accepted should be cited in the text as 'unpublished observations' (in parentheses).

Reference List

List references in numerical order.

Titles of journals should be abbreviated according to the style used on MEDLINE. Please consult the *Journals Database* on the PubMed website: <http://www.ncbi.nlm.nih.gov/journals?itool=sidebar>

State or province abbreviations should accompany city names (for conference locations or place of publication). The country may also be included where the location could be unclear to readers.

Only the first three authors' names are given, then 'et al.' for additional authors. Spellings in references should appear as in the original publication; accents in the original should be followed. If the month of publication is available that should also be included. Authors should verify their reference citations against the original documents. Please use the style illustrated in the following examples.

Examples of correct forms of references are provided in Appendix H.

Appendix A

Checklist for Submission

To submit a paper please go to the AdisOnline web page (<http://adisonline.com>) and follow the links.

Your manuscript/submission should include the following:

- Title page, including a word count for text only, exclusive of title, abstract, references, tables, and figure legends.
- Designation of a corresponding author and provide a complete address, telephone and fax numbers, and e-mail address.
- An abstract that conforms to the required abstract format.
- An acknowledgments section. This section must include details of the following: (i) any funding provided for conduct of the study and/or preparation of the paper; (ii) the role of the funding organisation or sponsor in any of the following should be specified: design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript; (iii) relevant conflicts of interest for all authors; and (iv) all persons who made substantial contributions to the work, but who do not meet the criteria for authorship.
- Completed 'Author Declaration Form' document for all named authors (Appendix D).
- Written permission from each individual identified as a source for personal communication or unpublished data.
- Written permission from authors and the original copyright owner to reproduce or adapt previously published text, figures, and tables in print, online, and licensed versions of the Journal (including all languages). Provide a copy of the original source (see Appendix F for a sample request letter).
- Informed consent forms for identifiable patient descriptions, photographs, and pedigrees (Appendix G).
- If your paper has previously been submitted to another journal and rejected please provide the editorial/referee comments along with an explanation of how these comments have been addressed.

Also:

- Check all references for accuracy and completeness. Put references in Vancouver format in numerical order, making sure each is cited in sequence in the text (see Appendix H).
- Include a title for each table and figure – a brief, succinct phrase, preferably no longer than 10 to 15 words – and explanatory legend as needed.

Copyright transfer

A completed 'Assignment of Copyright Form' (Appendix E) will be required on acceptance for publication – please make sure that the title of the paper is on the form along with the name of the corresponding author.

For papers being published via the Adis Open route our Open Access Licence Agreement will need to be completed on acceptance and this form can be requested from the journal office.

Appendix B

Article types published in *Pediatric Drugs*

All review articles should be readable and authoritative, of international scope, and appropriately referenced.

Review Article (word count up to 6000)

A review article should:

- Provide an authoritative, comprehensive and critical review of the literature.
- Provide a balanced, rather than personal, view of the literature.
- Emphasize and highlight the practical implications and educational message(s).
- Be fully referenced, with all agents of relevance to the topic discussed in order to provide full coverage of the area.

Current Opinion (word count 1500 to 3000)

A current opinion article should:

- Place an area in perspective given that it is of current international interest and a consensus has not yet been reached; therefore, the arguments presented may be controversial, but at the same time must be balanced and rational.
- Emphasize and highlight the practical implications and educational message(s).
- Personal opinion, clearly identified as such, can be included.

Leading Article (word count up to 3000)

A leading article should:

- Provide a short, balanced overview of the current state of development of the area.
- Emphasize and highlight the practical implications and educational message(s).

Therapy in Practice (word count up to 4000)

A therapy in practice article should:

- Provide a succinct, clinically orientated guide to the optimum management of the disease/disorder/situation.
- Not necessarily be heavily referenced, although important points and definitive statements should be supported by appropriate literature citations. There is room for some personal opinion, if it is clearly identified as such; however, the internationally accepted consensus on appropriate management guidelines should be the aim.
- Highlight practical, clinically relevant considerations and recommendations, rather than those of theoretical or academic interest.
- Include management 'flow charts' or treatment protocols where appropriate.

Original Research Article (word count up to 6000)

A full length report of an original study or clinical investigation, which should:

- Clearly state the objective and study perspective.
- Use appropriate methodology and outcomes measures.
- Clearly and accurately report results, with sensitivity and statistical analyses performed as appropriate.
- Provide a discussion that reviews the findings in light of other studies, and discusses the study limitations and generalizability of the findings.
- Provide conclusions that follow logically from the results of the study.

(See Appendix C for full guidelines).

Short Communication (word count up to 3000)

A short communication is a short report describing a preliminary research report of a clinical study, or new insight into diagnosis, treatment or clinical management. The body of the manuscript should have the same elements as a full Original Research paper, but should be written in an abbreviated form and as concisely as possible.

Teaching Cases (word count up to 2500)

A teaching case is a report of a new or unusual event in one or more patients that expands the knowledge about common disease states or provides significant information about drug efficacy, adverse reactions, or interactions. Clinical and laboratory data and concurrent medications or diseases should be documented. In cases where adverse drug effects are described, authors are referred to the Guidelines for Submitting Adverse Event Reports for Publication (Kelly et al. *Drugs Safety* 2007; 30(S): 367-373). Case reports should include a short abstract.

Letter to the Editor (word count up to 1000)

A brief correspondence item commenting on an article published recently in the journal; a response to the comments would normally be sought from the authors of the original article and published in the same issue, where possible.

Appendix C

Guidelines for Use in the Preparation of Original Research

Pediatric Drugs will consider studies with a strong link to clinical practice, such as clinical trials (particularly well-designed, randomised studies), clinical pharmacodynamic and pharmacokinetic studies, meta-analyses, outcomes research, and pharmacoeconomic studies.

Pediatric Drugs requests that the reporting of studies follows current best practice and authors are advised to adhere to the appropriate health research reporting guideline for the type of research being submitted. The journal recommends that authors refer to the EQUATOR Network (www.equator-network.org) for up-to-date information on all health research reporting guidelines.

Randomised Controlled Trials

Randomised controlled trials should follow the reporting guidelines specified in the CONSORT Statement (<http://www.consort-statement.org>). The appropriate extension to the CONSORT Statement should be referred to where relevant. Authors must provide (i) a copy of the ethics approval (or an explanation as to why ethics approval was not received) and, (ii) a completed CONSORT flowchart/checklist. Additionally, the clinical trial registration number should be included at the end of the abstract and should be quoted the first time the trial name is quoted in the paper.

Meta-Analyses

Meta-analyses of randomised controlled trials should follow the reporting guidelines of PRISMA. Authors must provide a completed PRISMA flowchart and checklist www.prisma-statement.org.

Meta-analysis of observational studies should follow the reporting guidelines of MOOSE. Authors must provide a completed MOOSE checklist www.equator-network.org/resource-centre/.

Observational Studies

Observational studies (cohort, case-control, and cross-sectional studies) should follow the reporting guidelines of STROBE. Authors must provide the relevant completed STROBE checklist (www.strobe-statement.org).

Structured Abstracts

Manuscripts reporting the results of clinical trials should include an abstract using the following headings.

- Background (stating importance of the study question)
- Objective (stating the precise objective)
- Study design (basic design, years of the study and the years of follow-up)
- Setting (e.g. general community, primary care, ambulatory or hospital care, etc.)
- Patients or other participants (clinical disorder, major eligibility criteria, number of patients and how they were selected, details on matching of comparison groups if appropriate)
- Intervention (essential features of any intervention, including method of delivery and duration of administration. The intervention should be named by its generic and trade name)
- Main outcome measure (indicate the primary study outcome measurement[s] as planned before data collection began. State clearly if the hypothesis being tested was formulated during or after data collection)
- Results (main outcomes of the study should be provided and quantified, including confidence intervals or p-values)
- Conclusion (provide only conclusions of the study directly supported by the results, along with any implications for clinical practice, avoiding speculation and overgeneralisation).

Manuscripts reporting the results of meta-analyses should include an abstract using the following headings:

- Background (a sentence or two explaining the importance of the review question)
- Objective (state the precise primary objective of the review. Indicate whether the review emphasises factors such as cause, diagnosis, prognosis, therapy, or prevention and include information about the specific population, intervention, exposure, and tests or outcomes that are being reviewed)
- Data sources (succinctly summarise data sources, including years searched)
- Study selection (describe inclusion and exclusion criteria used to select studies for detailed review from among studies identified as relevant to the topic. The method used to apply these criteria should be specified. State the proportion of initially identified studies that met selection criteria)
- Data extraction (describe guidelines used for abstracting data and assessing data quality and validity. The method by which the guidelines were applied should be stated)
- Data synthesis (state the main results of the review, whether qualitative or quantitative, and outline the methods used to obtain these results. Numerical results should be accompanied by confidence intervals, if applicable, and exact levels of statistical significance. Major identified sources of variation between studies should be stated, including differences in treatment protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates)
- Conclusions (the conclusions and their applications [clinical or otherwise] should be clearly stated, limiting interpretation to the domain of the review)

Health Economics Papers

Authors of economic evaluation papers are advised to follow the checklists of *PharmacoEconomics* (see <http://adisonline.com/pharmacoeconomics/documents/PEC-econ-eval-list.pdf> for general and <http://adisonline.com/pharmacoeconomics/documents/PEC-modellingchecklist.pdf> for modelling studies).

Appendix D

AUTHOR DECLARATION FORM

At submission, **EVERY AUTHOR** listed in the manuscript must **READ** and **COMPLETE** the following statements on:
(A) Authorship Responsibility, (B) Authorship Criteria, (C) Authorship Contribution, (D) Funding Disclosures,
(E) Contributor Disclosures/Acknowledgments, and (F) Conflicts of Interest Disclosures.

It is important that you return this form as early as possible in the publication process. **EVERY AUTHOR MUST COMPLETE AN INDIVIDUAL COPY OF THE FORM, AND EVERY SECTION OF THE FORM MUST BE COMPLETED.** We will **NOT** consider your manuscript for publication until every author has completed the form and returned it to us.

Your name (please print): _____ E-mail: _____

Journal name: _____ Corresponding author: _____

Manuscript title: _____

A. AUTHORSHIP RESPONSIBILITY

- I certify that **ALL** of the following statements are correct (**PLEASE CHECK THE BOX**).
- The manuscript represents valid work; neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere (except as described in the manuscript submission); and copies of any closely related manuscripts are enclosed in the manuscript submission; **AND**
 - For manuscripts with more than one author, I agree to allow the corresponding author to serve as the primary correspondent with the editorial office and to review and sign off on the final proofs prior to publication; or, if I am the only author, I will be the corresponding author and agree to serve in the roles described above.
 - For manuscripts that are a report of a study, I confirm that this work is an accurate representation of the trial results.

B. AUTHORSHIP CRITERIA

To fulfil all of the criteria for authorship, every author of the manuscript must have made substantial contributions to **ALL** of the following aspects of the work:

- Conception and planning of the work that led to the manuscript or acquisition, analysis and interpretation of the data, or both; **AND**
 - Drafting and/or critical revision of the manuscript for important intellectual content; **AND**
 - Approval of the final submitted version of the manuscript.
- I certify that I fulfill **ALL** of the above criteria for authorship (**PLEASE CHECK THE BOX**).

C. AUTHORSHIP CONTRIBUTION

I certify that I have participated sufficiently in the work to take public responsibility for (**PLEASE CHECK 1 OF THE 2 BOXES BELOW**):

- Part of the content of the manuscript; **OR**
 The entire content of the manuscript.

D. FUNDING DISCLOSURES

PLEASE CHECK 1 OF THE 2 BOXES BELOW:

- I certify that no funding has been received for the conduct of this study and/or preparation of this manuscript; **OR**
 I certify that all financial and material support for the conduct of this study and/or preparation of this manuscript is clearly described in the Acknowledgments section of the manuscript.

Some funding organizations require that authors of manuscripts reporting research deposit those manuscripts with an approved public repository.

- Please check here if you have received such funding.

E. CONTRIBUTOR DISCLOSURES (complete if applicable)

All persons who have made substantial contributions to the work reported in the manuscript (e.g. data collection, data analysis, or writing or editing assistance) but who do not fulfill the authorship criteria **MUST** be named with their specific contributions in the Acknowledgments section of the manuscript. Groups of persons who have contributed may be listed under a heading such as 'Clinical investigators' and their function described. Because readers may infer their endorsement of the manuscript, all persons named in the Acknowledgments section **MUST** give the authors their written permission to be named in the manuscript.

- I certify that all persons who have made substantial contributions to this manuscript but who do not fulfill the authorship criteria are listed with their specific contributions in the Acknowledgments section in the manuscript, and that all persons named in the Acknowledgments section have given me written permission to be named in the manuscript.

F. CONFLICT OF INTEREST DISCLOSURES

A conflict of interest exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain or personal rivalry). A conflict of interest may arise for authors when they have a financial interest that may influence – probably without their knowing – their interpretation of their results or those of others. We believe that to make the best decision on how to deal with a manuscript we should know about any such conflict of interest that the authors may have. We are not aiming to eradicate conflicts of interests – they are almost inevitable. We will not reject manuscripts simply because the authors have a conflict of interest, but we will publish a declaration in the manuscript as to whether or not the authors have conflicts of interests.

All authors **MUST** complete the following checklist:

Category of potential conflict of interest	If you have had any of the listed relationships with an entity that has a financial interest in the subject matter discussed in this manuscript, please check the appropriate "Yes" box below and provide details. If you do not have a listed relationship, please check the appropriate "No" box. When completing this section, please take into account the last 36 months through to the foreseeable future.		
	No (√)	Yes (√)	Details
Employment			
Grant received/grants pending			
Consulting fees or honorarium			
Support for travel to meetings for the study, manuscript preparation or other purposes			
Fees for participation in review activities such as data monitoring boards, etc			
Payment for writing or reviewing the manuscript			
Provision of writing assistance, medicines, equipment or administrative support			
Payment for lectures including service on speakers bureaus			
Stock/stock options			
Expert testimony			
Patents (planned, pending or issued)			
Royalties			
Other (err on the side of full disclosure)			

Every author **MUST** complete option 1 or option 2 as appropriate below. If you answered "Yes" to any of the questions relating to financial conflicts of interests in the table above (or if you wish to disclose a non-financial conflict of interest), you **MUST** write a suitable statement in the box below. This statement will be published in the Acknowledgments section of the manuscript.

I have no conflicts of interest to declare; **OR**

Please insert the following statement regarding conflicts of interest and financial support for conduct of this study and/or preparation of this manuscript in the Acknowledgments section of the manuscript:

Declaration: I certify that I have fully read and fully understood this form, and that the information that I have presented here is accurate and complete to the best of my knowledge.

Your name (please print): _____

Signature (please **HAND-WRITE**): _____

Date: _____

The completed form should be sent by fax to (New Zealand) +64-9-477 0781 or scanned and sent as an email attachment.

Appendix E

Adis Data Information BV *Pediatric Drugs*

Assignment of Copyright Form

The corresponding author must read and sign either the **Copyright Assignment** or the declaration of **Government Employment** exemption below and return this page to the publisher prior to publication. Your signature indicates that you have read and accepted (on behalf of all co-authors in the case of a multi-authored article) the terms and conditions specified on pages 2 and 3 of this agreement.

Corresponding Author Name (please print): _____

Manuscript Title (“article”): _____

WARRANTY AND INDEMNITY

The corresponding author warrants to the publisher Adis Data Information BV (“Adis”) that:

1. The corresponding author has the right to transfer copyright in the article and has not previously assigned, pledged, granted licences in relation to the article or otherwise encumbered the same.
2. The article has been submitted exclusively to the Journal, the data presented have not been published elsewhere and that no additional submission will be made elsewhere unless the article is rejected outright by the Journal or notification of withdrawal has been provided in writing to the Journal by the corresponding author.
3. The reproduction, publication and distribution of the article and any other dealing by Adis with the article in accordance with this agreement will not infringe any existing copyright or any other rights of any third party.
4. The corresponding author has obtained from copyright owners of any excerpts from copyrighted works that are included in the article all releases and permissions necessary to permit publication of the article and those releases and permissions are in full force and effect.
5. In the case of a multi-authored article, the corresponding author has obtained written authorisation to enter into this agreement from all the co-authors and warrants that all co-authors have read and agreed to the terms of this agreement.
6. The corresponding author is not aware of any circumstances that may invalidate or prejudice this copyright transfer to Adis.
7. The corresponding author will indemnify and keep indemnified Adis against all claims and expenses (including legal costs and expenses) arising from breach of the warranties in this agreement.

COPYRIGHT TRANSFER

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Date

GOVERNMENT EMPLOYMENT

The article is authored by US Government employees and there is no copyright to transfer

Corresponding author’s signature

Date

The article is authored by UK, Canadian or Australian Government employees and Crown Copyright is claimed

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Date

ASSIGNMENT OF COPYRIGHT

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Appendix H

Reference Styles

Articles in Journals

Standard journal article

1. You CH, Lee KY, Chey RY, et al. Electrogastrographic study of patients with unexplained nausea, bloating and vomiting. *Gastroenterology* 1980 Aug; 79 (2): 311-4
2. Higgins G. Concern over outbreak of disease from new hantavirus. *Inpharma* 1994 Jan 29; (922): 3

Optionally, if a journal carries continuous pagination throughout a volume, or if the month/date and issue number are not readily available, this information may be omitted.

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Organization as author

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No author given

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Article in a foreign language (though please use English titles wherever possible)

8. Massone L, Borghi S, Pestarino A, et al. Localisations palmaires purpuriques de la dermatite herpétiforme. *Ann Dermatol Venereol* 1987; 114: 1545-7

If an article in a foreign language contains a translated title or abstract, this should be used in the reference.

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Issue with supplement/part

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Online article with only one page number

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Article only has first page listed on PubMed

(please provide full page range when possible or clarify with the author that full pagination is given if cannot confirm via PubMed)

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Type of article indicated as needed

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In general, because the format of legal citations varies widely (both between and within countries), the format of the original source should be followed. However the standard is that 'The Blue Book' should be used for US articles and 'Big OSCOLA' (the Oxford Standard for the Citation of Legal Authorities; Available at URL: <http://www.law.ox.ac.uk/oscola>) for UK/European articles.

Case

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