

Immunohematology

Instructions for Authors

I. GENERAL INSTRUCTIONS

Before submitting a manuscript, consult current issues of *Immunohematology* for style. Number the pages consecutively, beginning with the title page. Authors should review the journal Ethical Policies in the Supplementary Information at <https://www.exeley.com/journal/immunohematology> before submitting a manuscript.

II. SCIENTIFIC ARTICLE, REVIEW, OR CASE REPORT WITH LITERATURE REVIEW

A. Each component of the manuscript must start on a new page in the following order:

1. Title page
2. Abstract
3. Text
4. Acknowledgments
5. References
6. Author information
7. Tables
8. Figures

B. Preparation of manuscript

1. Title page
 - a. Full title of manuscript with only first letter of first word capitalized (bold title)
 - b. Initials and last name of each author (no degrees; ALL CAPS), e.g., M.T. JONES, J.H. BROWN, AND S.R. SMITH
 - c. Running title of ≤40 characters, including spaces
 - d. Three to ten key words
2. Abstract
 - a. One paragraph, no longer than 300 words
 - b. Purpose, methods, findings, and conclusion of study
3. Key words
 - a. List under abstract
4. Text (serial pages): Most manuscripts can usually, but not necessarily, be divided into sections (as described below). Survey results and review papers may need individualized sections
 - a. Introduction — Purpose and rationale for study, including pertinent background references
 - b. Case Report (if indicated by study) — Clinical and/or hematologic data and background serology/molecular
 - c. Materials and Methods — Selection and number of subjects, samples, items, etc., studied and description of appropriate controls, procedures, methods, equipment, reagents, etc. Equipment and reagents should be identified in parentheses by model or lot and manufacturer's name, city, and state. Do not use patients' names or hospital numbers.
 - d. Results — Presentation of concise and sequential results, referring to pertinent tables and/or figures, if applicable
 - e. Discussion — Implication and limitations of the study, links to other studies; if appropriate, link conclusions to purpose of study as stated in introduction

5. Acknowledgments: Acknowledge those who have made substantial contributions to the study, including secretarial assistance; list any grants.
6. References
 - a. In text, use superscript, Arabic numbers.
 - b. Number references consecutively in the order they occur in the text.
7. Tables
 - a. Head each with a brief title; capitalize the first letter of first word (e.g., Table 1. Results of . . .) and use no punctuation at the end of the title.
 - b. Use short headings for each column needed and capitalize first letter of first word. Omit vertical lines.
 - c. Place explanation in footnotes (sequence: *, †, ‡, §, ¶, **, ††).
8. Figures
 - a. Figures can be submitted either by e-mail or as photographs (5" × 7" glossy).
 - b. Place caption for a figure on a separate page (e.g., Fig. 1 Results of . . .), ending with a period. If figure is submitted as a glossy, place first author's name and figure number on back of each glossy submitted.
 - c. When plotting points on a figure, use the following symbols if possible:
○ ● △ ▲ □ ■.
9. Author information
 - a. List first name, middle initial, last name, highest degree, position held, institution and department, and complete address (including ZIP code) for all authors. List country when applicable. Provide e-mail addresses of all authors.

III. EDUCATIONAL FORUM

A. All submitted manuscripts should be approximately 2000 to 2500 words with pertinent references. Submissions may include:

1. An immunohematologic case that illustrates a sound investigative approach with clinical correlation, reflecting appropriate collaboration to sharpen problem-solving skills
2. Annotated conference proceedings

B. Preparation of manuscript

1. Title page
 - a. Capitalize first word of title.
 - b. Initials and last name of each author (no degrees; ALL CAPS)
2. Text
 - a. Case should be written as progressive disclosure and may include the following headings, as appropriate:
 - i. Clinical Case Presentation: Clinical information and differential diagnosis
 - ii. Immunohematologic Evaluation and Results: Serology and molecular testing
 - iii. Interpretation: Include interpretation of laboratory results, correlating with clinical findings

Immunohematology

Instructions for Authors (continued)

- iv. Recommended Therapy: Include both transfusion and nontransfusion-based therapies
- v. Discussion: Brief review of literature with unique features of this case
- vi. Reference: Limited to those directly pertinent
- vii. Author information (see II.B.9.)
- viii. Tables (see II.B.7.)

IV. NEW BLOOD GROUP ALLELE REPORTS

A. For describing an allele that has not been described in a peer-reviewed publication and for which an allele name or provisional allele name has been assigned by the ISBT Working Party on Blood Group Allele Terminology (<https://www.isbtweb.org/working-parties/red-cell-immunogenetics-and-blood-group-terminology/>)

B. Preparation

1. Title: Allele Name (Allele Detail)
ex. *RHCE*01.01 (RHCE*ce48C)*
2. Author Names (initials and last names of each [no degrees, ALL CAPS])

C. Text

1. Case Report
 - i. Clinical and immunohematologic data
 - ii. Race/ethnicity and country of origin of proband, if known
2. Materials and Methods
Description of appropriate controls, procedures, methods, equipment, reagents, etc. Equipment and reagents should be identified in parentheses by model or lot and manufacturer's name, city, and state. Do not use patient names or hospital numbers.

3. Results – Complete the Table Below:

Phenotype	Allele Name	Nucleotide(s)	Exon(s)	Amino Acid(s)	Allele Detail	References
e weak	<i>RHCE*01.01</i>	48G>C	1	Trp16Cys	<i>RHCE*ce48C</i>	1

Column 1: Describe the immunohematologic phenotype (ex. weak or negative for an antigen).

Column 2: List the allele or provisional allele name.

Column 3: List the nucleotide number and the change, using the reference sequence (see ISBT Blood Group Allele Terminology Pages for reference sequence ID).

Column 4: List the exons where changes in nucleotide sequence were detected.

Column 5: List the amino acids that are predicted to be changed, using the three-letter amino acid code.

Column 6: List the non-consensus nucleotides after the gene name and asterisk.

Column 7: If this allele was described in a meeting abstract, assign a reference number and list in the References section.

4. Additional Information

- i. Indicate whether the variant is listed in the dbSNP database (<http://www.ncbi.nlm.nih.gov/snp/>); if so, provide rs number and any population frequency information, if available.
- ii. Indicate whether the authors performed any population screening and, if so, what the allele and genotype frequencies were.
- iii. Indicate whether the authors developed a genotyping assay to screen for this variant and, if so, describe in detail here.
- iv. Indicate whether this variant was found associated with other variants already reported (ex. *RHCE*ce48C,1025T* is often linked to *RHD*DIVa-2*).

D. Acknowledgments

E. References

F. Author Information

List first name, middle initial, last name, highest degree, position held, institution and department, and complete address (including ZIP code) for all authors. List country when applicable.

V. LETTER TO THE EDITOR

A. Preparation

1. Heading (To the Editor)
2. Title (first word capitalized)
3. Text (written in letter [paragraph] format)
4. Author(s) (type flush right; for first author: name, degree, institution, address [including city, state, ZIP code, and country]; for other authors: name, degree, institution, city and state)
5. References (limited to ten)
6. Table or figure (limited to one)

Send all manuscripts by e-mail to immuno@redcross.org