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BCR-ABL mutations, *HER2* gene,

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[Example 3] Heparin-induced thrombocytopenia/thrombosis (HITT)

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(Example) Choi I-S, Choi AJ, Jang JS, Park G, Jeong SH, Kim C-M, et al.

Distribution of *adeG*, *adeB*, *adeE*, *adeY*, *abeM*, and *adeJ* efflux pump genes in clinical isolates of *Acinetobacter* species from Korea. *Lab Med Online* 2019;9:201-9.

(Example) Castro-Castro MJ, Candás-Estébanez B, Esteban-Salán M, Calmarza P, Arrobas-Velilla T, Romero-Román C, et al. Removing lipemia in serum/plasma samples: a multicenter study. *Ann Lab Med* 2018;38:518-23.

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(Example) Rifai N, Horvath AR, et al. eds. Tietz textbook of clinical chemistry and molecular diagnostics. 6th ed. St. Louis, MO: Elsevier, 2018:266-326.

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(Example) Weindel M and Bluth MH. Establishing a molecular diagnostic laboratory. In: McPherson RA and Pincus MR, eds. Henry's clinical diagnosis and management by laboratory methods. 23rd ed. St. Louis, MO: Elsevier, 2017:1360-76.

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Author, website address, uniform resource locator (URL), and the date of recent update.

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(Example) World Health Organization. WHO recommendations on the use of rapid testing for influenza diagnosis. https://www.who.int/influenza/resources/documents/rapid_testing/en/ (Updated on Jul 2005).

(Example) Epitepe Diagnostics, Inc.. Quantitative fecal calprotectin ELISA kit <http://www.epitopediagnostics.com/kt849> (Last accessed on May 2019).

(4) Government/Organization publications

The full name of organization, title, report number, the place of publication, publisher, published year.

(Example) Clinical and Laboratory Standards Institute. Interpretive criteria for identification of bacteria and fungi by targeted DNA sequencing. 2nd ed. CLSI guideline MM18. Wayne, PA: Clinical and Laboratory Standards Institute, 2018.

(Example) Clinical and Laboratory Standards Institute. Performance standards for antimicrobial susceptibility testing. 28th ed. CLSI supplement M100. Wayne PA: Clinical and Laboratory Standards Institute, 2018.

(Example) Korea Occupational Safety and Health Agency. Technical guidance for laboratory safety and health. KOSHA GUIDE G-82-2018. Ulsan: Korea Occupational Safety and Health Agency, 2018.

(Example) U.S. Department of Health and Human Services Food and Drug Administrations. Bioanalytical method validation; Guidance for industry. Docket no. FDA-2013-D-1020. Silver Spring, MD: Center for Drug Evaluation and Research, Food and Drug Administrations, 2013.

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[Example of Table]

Table 2. Distribution of serum FLC and kappa/lambda ratio in patients with renal dysfunction

Groups	Kappa FLC (mg/L)	Lambda FLC (mg/L)	Kappa/lambda ratio
Total (N=92)	42.2 (15.9–277.0)*	30.8 (12.8–202.0)*	1.41 (0.66–2.90)*
G2 (mild kidney dysfunction) (N=25)	24.0 (15.9–108.0)*	18.0 (12.8–164.0)*	1.32 (0.66–1.93)*
G3 (moderate kidney dysfunction) (N=44)	42.4 (22.3–94.2)*	30.2 (14.1–73.3)*	1.40 (0.73–2.90)*
G4 (severe kidney dysfunction) (N=14)	84.7 (36.5–165.9)*	51.3 (30.9–77.0)*	1.77 (0.91–2.46)*
G5 (kidney failure) (N=9)	119.7 (63.3–277.0)*	58.5 (39.9–202.0)*	1.86 (1.21–2.55)*
Reference interval (Katzmann et al. [10])	3.3–19.4 [†]	5.7–26.3 [†]	0.59 (0.26–1.65)*
Renal reference interval (Hutchison et al. [9])	43.8 (3.0–251.0)*	38.0 (1.0–251.0)*	1.1 (0.37–3.1)*

*Data are medians (min-max); [†]Data are central 95% intervals. Abbreviation: FLC, free light chain.

SUBMISSION, PEER-REVIEW, EDITING, AND PUBLICATION OF MANUSCRIPTS

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