

Laboratory Medicine Online (Lab Med Online) is the official journal of the Korean Society for Laboratory Medicine, the Korean Society for Genetic Diagnostics, the Korean Society for Laboratory Hematology, the Korean Society of Diagnostic Immunology, and the Korean Society of Clinical Chemistry published quarterly (at the first day of January, April, July, and October) on-line.

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1. The manuscripts should be written in Korean or English. The journal publishes Original Articles, Case Reports, Brief communications, Letters, Review articles, Photo Essays, Guidelines, and Perspectives. The other form could be submitted under the approval of the editorial board. Review requested by the editorial board, Editorials, Corrections, as well as Correspondence. Case reports which had been reported more than four times in Korea or worldwide will be rejected. Brief Communications are intended for the presentation of brief observations that do not warrant full-length papers, but have sufficient originality and utility to be considered for publication. The information must be presented in sufficient detail so that readers can understand and appreciate the material presented. Brief communications undergo the same review process as full-length papers and are not published sooner than the full-length papers. Guidelines should be approved for publication only if the publication is requested by an Laboratory Medicine Online-associated academic society or a related research group. The name of the society or research group should be included in the author list. Original Articles and Case Reports are classified according to the following 8 specific areas, and the author should state the appropriate area of interest in their manuscripts. However, the executive editor of each field may request to the author to change the area of interest and resubmit the manuscript, if necessary.

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  - 6) **Results:** The results should be presented logically using text, tables, and figures. \*4)-6) can be combined in Case Reports.
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  - 13) Page numbers are given in the order above.
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breviate the name of the genus if 2 or more genera starting with the same letter are being referred to. Scientific names should always be italicized.

[Example 1] To be italicized: *Escherichia coli*, *Papovaviridae*, *Hepadnavirus*, and Simplex

[Example 2] Not be italicized: streptococci, coagulase negative staphylococci, Epstein-Barr virus, hepatitis B virus, and herpes simplex virus

- 4) The names of the genes, and not the proteins should be italicized:

*BCR-ABL* mutations, *HER2* gene,

BCR-ABL kinase domain, HER2-positive.

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

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[Example 4] Coulter STKS (Coulter Electronics Inc., Hialeah, FL., USA), vancomycin (Sigma Chemical Company, St. Louis, MO, USA)

- 8) should be uppercase and italicized to indicate statistical significance.

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List all the authors if the number of authors is less than 7, and list the first 6 authors followed by et al. if the number of authors is 7 or more. If the manuscript has only 2 authors, use "and" and not a comma between their names. Journal names are to be abbreviated in accordance with the style of Index Medicus (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). In the case of a supplementary volume of a journal, record it in parentheses such as 15(S).

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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.

(Example) Cho SY and Hur M. Hepcidin and neutrophil gelatinase-associated lipocalin as a biomarker for acute kidney injury linked iron metabolism. *Ann Lab Med* 2020;40:97-8.

###### (2) Books

While referring to books, mention the name of the authors, editor(s), name of the book, edition, place of publication, publisher, published year, and page number. List it up to 2 authors.

(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.

In the case of a book chapter, indicate the name of author(s) of the chapter, title of the chapter, 'In:', editor(s), name of the book, edition, place of publication, publisher, published year, and page number. List it up to 2 authors.

(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.

If the update date is not clear, the references should include the date on which the author accessed the URL.

(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/](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.

###### (5) Legal sources

The title of the Act, legislated or amended Act no., legislated or amended date, URL.

(Example) Act on the management of narcotic drugs. Act no. 15939, Feb 2, 2016. <http://www.law.go.kr/lsInfoP.do?lsiSeq=205683#0000>.

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- 7) All nonstandard abbreviations should be explained below. Define them as indicated in the following examples.  
[Example]Abbreviations: NT, not tested and SAA, severe aplastic anemia
- 8) If a figure is a microphotograph, the staining methods and the magnification should be indicated.
- 9) If a figure comprises 2 or more pictures, each should be explained either separately as “(A), explanation and (B), explanation” or together in parentheses.

[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 <sup>†</sup>	5.7–26.3 <sup>†</sup>	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); <sup>†</sup>Data are central 95% intervals. Abbreviation: FLC, free light chain.

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