

北京大学学报（医学版）投稿指南

《北京大学学报(医学版)》由教育部主管、北京大学主办,是国内外公开发行的综合性医学学术期刊。本刊以医药卫生科技人员为主要读者对象,报道基础医学、临床医学、预防医学、药学等领域的最新科研成果、新技术、诊疗经验,旨在促进医学信息交流和医学科学发展,提高全民健康水平。

本刊辟有述评、专家笔谈、论著、技术方法、科研快报、重要进展简报、获奖工作综述(指近期获部委以上奖项的科研工作综述)、临床病理(病例)讨论、疑难/罕见病例分析、学科交叉、综述(特邀)、短篇论著、病例报告、讲座等栏目,欢迎国内外作者踊跃投稿。

本刊实行严格的专家审稿制度,依据学术质量取舍稿件。对于经审稿、定稿认定的有重要创新的研究成果,本刊将以最快的速度刊出。来稿若有重大意义或为国际首报者请予说明并提供相关依据。

1 对来稿的要求及投稿注意事项

1.1 对来稿的要求 来稿应具有先进性、科学性、实用性,论点明确、资料可靠、数字准确、文字精炼、图表简明。文章报告以人为研究对象的试验时,要提交本单位伦理委员会批准函复印件,同时取得受试者的知情同意,并在文章中加以说明。文章评审通过后,所有作者需和编辑部签署著作权专有许可使用授权书。

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2 撰稿要求

2.1 文题 文题应恰当、简明地反映文章的主题,一般不宜超过 20 个汉字,尽量不用外文缩略语,避免用“……的研究”、“……的观察”等非特定词。英文题名应与中文题名含义一致。

2.2 作者 作者应限于参加研究工作并能解答该文章有关问题及对文稿内容负责者。集体署名的文章必须明确责任作者,并给出其电子邮件地址。作者中如有外籍或港澳台人士,应附其本人同意的书面材料。署名作者的人数和顺序由作者自定,在编排过程中原则上不应再变动,任何署名的改变要有全部作者签名同意的书面材料。作者单位包括工作单位全称及科室名称,另加城市名称及邮政编码,并请提供通信(责任)作者姓名及其地址、电话号码和电子邮件地址。不同单位的作者在姓名右上角标示角标 1, 2……并在其工作单位前相应标出 1, 2……。在有英文摘要的文章中需在英文题目下提供与作者中文信息相对应的所有英文信息。

2.3 摘要 中文摘要不少于 500 字,英文摘要不少于 350 个实词。论著、技术方法和科研快报应附中、英文摘要,摘要采用第三人称撰写,采用结构式摘要的形式,即包括目的、方法、结果(应该写出主要数据)和结论四部分,每部分冠以相应的标题。疑难/罕见病例分析栏目应附中、英文摘要,英文摘要放在中文摘要后;综述、病例报告只需附英文摘要,放在正文后;这些栏目的摘要不用分成目的、方法、结果和结论四个部分。

2.4 关键词 每篇文章需有 3~5 个关键词, 请尽量选用美国国立医学图书馆编辑的最新版 *Medical Subject Headings* (MeSH) 中的词。各词之间用分号隔开。

2.5 研究设计 对调查设计应写明是前瞻性、回顾性还是横断面调查研究; 对实验设计应说明具体的设计类型(如自身配对设计、成组设计、交叉设计等); 对新药临床试验设计应写明属于第几期临床试验, 采用了何种盲法措施, 受试对象的纳入和剔除标准等, 并应说明质量控制的方法。

2.6 统计学处理 应提供所用统计分析方法的具体名称(如成组设计资料的 t 检验、两因素析因设计资料的方差分析等)及统计量的具体值和 P 值(如 $t=3.45$, $P<0.01$); 当涉及到对总体参数的推断时, 还应给出 95% 置信区间。对于定量资料, 一般应采用“均数±标准差”方式表达, 并根据所采用的设计类型、资料所具备的条件和分析目的, 选用合适的统计分析方法。散点图上描述有明显曲线变化趋势的资料则要避免用直线回归方程。不宜用相关分析说明两种检测方法之间吻合程度的高低。对于多因素、多指标资料, 在单因素分析的基础上, 尽可能运用多因素统计分析方法, 以便对因素之间的交互作用和多指标之间的内在联系作出较为合理的解释。使用相对数时, 分母不宜小于 30。要注意区分百分率与百分比的涵义。统计学符号按 GB 3358—82《统计学名词及符号》的有关规定书写, 一律用斜体。

2.7 医学名词 以由全国自然科学技术名词审定委员会审定公布、科学出版社出版的《医学名词》和相关学科的名词为准, 或者登录全国科学技术名词审定委员会官方网站查询, 暂未公布者仍以人民卫生出版社编著的《英汉医学词汇》为准。药物名称以《中华人民共和国药典》最新版本或卫生部药典委员会编写的《中国药品通用名称》(北京: 化学工业出版社, 1997) 为准, 不用商品名。

2.8 量和单位 执行 GB 3100~3102—93《量和单位》系列标准及有关国际规定, 规范使用量和单位的名称与符号。量符号以斜体拉丁或希腊字母表示(除 pH 用正体外), 例如 m (质量), t (时间), λ (波长) 等。单位符号一律以正体字母表示, 例如 g (克), m (米) 等。在图表中表示数值的量和单位时应采用“量/单位”的标准化形式, 例如, “t/h” (时间单位“小时”), “p/kPa” (压力单位“千帕”) 等。

2.9 数字 执行 GB/T 15835—2011《出版物上数字用法》。

2.10 图表 分别按其在正文中出现的先后次序连续编码。每幅图(表)应有简明的中、英文对照的题目。说明性资料以英文书写并置于图(表)下方。要合理安排并用英文书写表格的纵、横标目, 并将数据的含义表达清楚; 表内同一指标数据保留的小数位数应该相同, 一般比可准确测量的精度多一位。图不宜过大, 最大宽度半栏图不超过 7.5 cm, 通栏图不超过 17.0 cm, 高与宽的比例应掌握在 5:7 左右。照片图要求有良好的清晰度和对比度。大体标本照片在图内应有尺度标记。病理照片要求注明染色方法和放大倍数。若刊用人像, 应征得本人的书面同意, 或遮盖其能被辨认出系何人的部分。引用已发表的图, 须注明出处, 并附版权所有人同意使用该图的书面材料。

2.11 缩略语 必须使用缩略语时, 于首次出现处先写其中文全称, 然后用括号注出中文缩略语或英文全称及其缩略语, 后两者间用“,” 分开(如该缩略语已共知, 也可不注其英文全称)。

2.12 致谢 对参加部分工作的合作者、接受委托进行某项工作的辅助人员, 以及给予指导、提供资助者, 可用简短的文字表示感谢。致谢内容加括号置于正文之后, 参考文献之前。

2.13 参考文献 执行 GB/T 7714—2015《信息与文献 参考文献著录规则》。作者引用他人已发表的文、图、表或数据等, 需要在引用时列出参考文献以注明出处。本刊采用顺序编码制著录参考文献, 在正文引出处加方括号标注在句尾右上角, 或标注在引文作者的右上角。在表格或插图说明中引用的文献, 亦应按照该表格或插图在正文中出现的顺序来编码。论著的参考文献仅限作者亲自阅读过的主要文献, 近 5 年的文献应占 50% 以上。内部资料、个人通讯、待发表及未公开发表的文章一般不作为参考文献引用; 文摘、综述等二、三次文献尽量不引用。参考文献中的作者, 1~3 名全部列出, 3 名以上只列前 3 名, 后加“等”或“et al”。西文人名一律“姓”全拼在前, “名”缩写在后, 用汉语拼音书写的中国著者人名同西文。西文文章题目中, 首词和专有名词的首字母大写, 其余一律小写。外文期刊的名称缩写以美国国立医学图书馆编辑的 *List of Journals Indexed in Index Medicus* 所列为准, 或者登录 PubMed 在线查询。作者应仔细核对

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[1] 安金刚, 张益, 张智勇, 等. 计算机辅助制作个性化钛网治疗眼眶骨折继发眼球内陷 [J]. 北京大学学报(医学版), 2008, 40(1): 88 - 91.

[2] Fukunaga M, Suzuki K, Saegusa N, et al. Composite hemangioendothelioma: report of 5 cases including one with associated Maffucci syndrome [J]. Am J Surg Pathol, 2007, 31(10): 1567 - 1572.

[3] 姜保国, 王洪, 张旭, 等. 外科学 [M]. 3 版. 北京: 北京大学医学出版社, 2008: 70.

[4] Sambrook J, Russell DW. Molecular Cloning: A Laboratory Manual [M]. 3rd ed. New York: Cold Spring Harbor Laboratory, 2001: 50.

[5] 萧钰. 出版业信息化迈入快车道 [EB/OL]. (2001-12-19) [2002-04-15].
<http://www.creader.com/news/20011219/200112190019.html>.

Journal of Peking University (Health Sciences)

Author Guidelines

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The journal publishes a variety of article types, including Editorial, Expert Notes, Research Article, Technology & Method, Express Research Report, Short Report of Significant Development, Summary of Award-Winning Work (referring to the summary from works recently receiving awards from above Ministry and Commission levels), Clinical Pathology (Case) Discussion, Challenging/Rare Case Analysis, Interdisciplinary, Review (invited only), Short Communication, Case Report and Lecture, *etc.* We welcome submissions from all enthusiastic domestic and foreign authors.

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All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work, be able to answer manuscript-related questions and take public responsibility for the content. Manuscript with multiple authors must clarify corresponding author(s) and provide corresponding author(s)' email address. If listed author were from a foreign country, Hongkong (China), Macau (China) and Taiwan (China), a hard copy of consent form from this author must be attached. Authors decide how many people are listed and the sequence, which the journal does not allow any changes after submission unless exceptional circumstances are noted. A satisfactory explanation for any proposed changes in authorship will be required. We will also require a consent form with signatures from all authors.

All authors should be involved in drafting the article or revising it critically for important intellectual content, and must have read and approved the final version of the manuscript. Any other contributors should not be listed as authors, but rather be acknowledged appropriately in the Acknowledgments section. The corresponding author is responsible for ensuring that all authors have made bona fide, substantive contributions to the research and have seen and approved the manuscript in final form prior to submission.

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Abstract in Chinese should contain at least 500 Chinese characters and abstract in English should contain no least than 350 words. Original Articles, Technology & Method, Express Research Report and Challenging/Rare Case Analysis types of manuscript must have an abstract in both Chinese and English, written in third-person point of view. Structured abstract is required, including Objects, Methods, Results (with major data) and Conclusions. Each section should have corresponding subtitle. English abstract should be placed after Chinese abstract. Review and Case Report only need an unstructured English abstract located after the main manuscript.

2.4 Keywords

Each manuscript should contain 3–5 relevant keywords, listed in newly updated Medical Subject Heading (MeSH) edited by American National Library of Medicine. Each keyword should be separated by a semicolon.

2.5 Research Design

The type of study, such as prospective, retrospective or cross-sectional, must be clearly stated in the manuscript. Study design, such as self-match, group or crossover, must be mentioned. Phase of clinical trial is required to be stated for new drug clinical studies. In addition to blinding method and eligibility and exclusion criteria for experimental participant selection, quality control procedures should also be clarified.

2.6 Statistics

When data are summarized in the Results section, author should specify the statistical methods used to analyze them (e.g., *t*-test, two-factor variance analysis), the specific statistic value and *P* value. (e.g., $t = 3.45$, $P < 0.01$). 95% confidential intervals should be specified when population parameter estimation is involved. Generally for quantitative data, statistical data should be expressed in the format of “mean \pm standard deviation”, and appropriate statistical methods should be applied according to the study design, features of data and the purpose of the analysis. The linear regression equation should be avoided to analyze data on the scatter plot with obvious trend. Correlation analysis should not be used to illustrate the degree of agreement between the two study methods. For multi-factor and multi-index data, based on single-factor analysis, multi-factor statistical analysis methods should be used as much as possible to make a more reasonable explanation for the interaction between factors and the internal relations between multiple indicators. When using relative numbers, the denominator should not be less than 30. Pay attention to distinguish the difference between percent and percentage. Statistical symbols should be used according to the standards of GB3358-82 “Statistics Terms and Symbols” and presented as italics.

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The standards set by National Natural Science and Technology Term Evaluation Committee, “Medical Terms” published by the Science Press and subject-related terms shall apply. For those terms which have not yet announced, author should refer to the “English-Chinese Medical Vocabulary” edited by People's Medical Publishing House. The name of the drug is based on the latest version of the “Pharmacopoeia of the People's Republic of China” or the “General Names of Chinese Drugs” (Beijing: Chemical Industry Press, 1997) written by the Pharmacopoeia Committee of the Ministry of Health, and no commercial names are allowed.

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The use of names and symbols for quantity and unit should be standardized according to series of standards of GB 3100—3102-93 "Quantity and Unit" and relevant international regulations. The quantity symbols is expressed in italic Latin or Greek letters (with the exception of pH, which should be in regular format), *e.g.*, *m* (Mass), *t* (time), λ (wavelength). The unit symbols are always expressed in regular letters, such as g (gram), m (meter), *etc.*. In figures and tables, the standard form of presenting quantity and unit is "quantity/unit", for example, *t*/h (time unit: hour), "*p*/kPa" (pressure unit: kPa), *etc.*

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GB/T 15835—2011 "Regulations on the Use of Numbers in Publications" should apply.

2.10 Figure and Table

Figure and Table should be numbered according to the order in which they appear in the main manuscript. Each figure (table) should have a concise title in both Chinese and English. Legends should be written in English and placed below the figure (table). Arrange and write the vertical and horizontal headings of the table in English reasonably, and clearly express the meaning of the data. The number of decimal numbers for the same index data in the table should be the same, generally one more than the accuracy that can be measured. The figure should not be too large, the maximum width of the half-column graph should not exceed 7.5 cm, the cross-column graph should not exceed 17.0 cm, and the ratio of height to width should be around 5:7. Photographs require good resolution and contrast. The gross specimen photos should include scales. Pathological photos require staining method and magnification information. If patient's picture is used, authors should get permission from the patient or cover the part in the picture where the identity could be distinguished. To cite a published figure, the source must be indicated, and the permission letter from the copyright owner must be provided.

2.11 Abbreviations

When an abbreviation has to be used, write its name in full Chinese at the first appearance, and then use parentheses to indicate the Chinese abbreviation or English full name and its abbreviations, and separate the latter two with a comma (if the abbreviation is commonly used one, it is not necessary to list its full English name).

2.12 Acknowledgments

To the collaborators who participated in part of the work, the support staff who accepted the commission to carry out a certain task, as well as those who gave guidance and provided funding, a short paragraph can be used to express gratitude. The content of acknowledgements should be placed in parentheses after the main text and before the references.

2.13 References

Standards from GB/T 7714—2015 "Regulations for the references after the manuscript" shall apply. Authors need to list references and indicate the source if articles, figures tables or data are cited in the manuscript. Identify references in text, tables, and legends by Arabic numerals in superscript with square bracket after the sentence or after author's name of the citation. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. References for research articles are only limited to the ones that the authors have read in person, and reference published in the past 5 years should account for more than 50%. Internal communication, personal communication and paper in preparation or unpublished articles could not be used as references. Secondary or tertiary references from abstract and reviews should be avoided. For up to three authors, list them all. For more than 3 authors, list first three authors followed by ", *et al.*". In all Western names, the whole surname is placed first, and the abbreviation of first name follows. The names of Chinese author in Chinese Pinyin should be treated the same as in Western names. In the title of a Western-language article, the first letter of the first word and proper noun is capitalized, and the rest are all lowercase. The abbreviations of foreign journals are based on the List of Journals Indexed in Index Medicus edited by the American National Library of Medicine. Authors should carefully check the cited references to ensure the accuracy of each content. Arrange the references at the end of the text in the order of citation (marked with Arabic numerals).

Here are some examples:

- [1] Zhu HH, Huang XJ. Oral arsenic and retinoic acid for non-high-risk acute promyelocytic leukemia [J]. *N Engl J Med*, 2014, 371(23): 2239-2241.
- [2] Sambrook J, Russell DW. *Molecular cloning: a laboratory manual* [M]. 3rd ed. New York: Cold Spring Harbor Laboratory, 2001: 40.
- [3] Babu BV, Nagar AK, Deep K, et al. *Proceedings of the Second International Conference on Soft Computing for Problem Solving, December 28-30, 2012*[C]. New Delhi: Springer, 2014.
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