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STATEMENT OF PURPOSE

Heart*Rhythm* Case Reports provides rapid online electronic publication of the most important current case reports, illustrations, and educational vignettes in the field of cardiac arrhythmias and electrophysiology. The Journal publishes case reports and series devoted to the diagnosis and treatment of heart rhythm disorders, as well as the electrophysiology of the heart and blood vessels, including ion channels and biophysics, pharmacology, genetics, modeling, cellular and in vivo electrophysiology, outcomes, health systems and health delivery research. All articles are peer-reviewed. All articles are peer-reviewed. The Journal is published online only with open access and available on PubMed Central.

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MANUSCRIPT and FIGURE PREPARATION (See manuscript format and categories for further details)

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Arrange the contents in the following order:

1. Title page (Include degrees for all authors and corresponding author contact information, and ALL [CONFLICTS OF INTEREST](#)). Fellows of the Heart Rhythm Society (FHRS) should be identified by including FHRS after the degree.
2. List of abbreviations used in the manuscript (Use ONLY those that are commonly accepted.)
3. Text (Double-spaced, single columned with a minimum of 1-inch margins on all four edges.)
4. References (the first 12 authors should be listed; if there are more than 12, please only list the first 3 authors followed by et al. See style guidelines below.)
5. Tables
6. Figure legends
7. Figures

MANUSCRIPT FORMAT

Title Page:

Include a brief and descriptive title of the article (which should indicate key features of the article so that literature searches will identify the article), a short title of fewer than 50 characters, authors' full names, academic degrees, hospital and academic affiliations, acknowledgment of ALL sources of financial support, potential conflicts of interests for ALL authors, and the name, address, phone and fax numbers, and email of the individual responsible for

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Glossary of abbreviations used in the manuscript: Avoid ALL abbreviations other than standard units of measurement and common abbreviations, such as RV, LV, etc.

Text:

Begin the text with an *Introduction* section. Explain abbreviations at first mention, followed by the abbreviation in parentheses, and limit use only to a few commonly accepted words. References, tables, and figures should be cited in numerical order. Avoid jargon, clichés, and laboratory slang. References to pacemakers, defibrillators, and leads must adhere to code structures and usage conventions set forth by NASPE/BPEG code. Place acknowledgments at the end of the text, before references.

The manuscript must not exceed 2500 words including references, tables, and figure legends.

Authors whose native language is not English are STRONGLY advised to seek appropriate grammatical assistance. Poorly written manuscripts are at a disadvantage.

References: Number references in the order in which they are cited in the text. Include references to unpublished material or personal communications in the text in parentheses. Abbreviate titles of periodicals according to the style of *Index Medicus*, National Library of Medicine. List the first 12 authors in each reference. If more than 12, list 3 and et al. following exactly the format and punctuation shown below.

Journal Article Examples

Veltmann C, Papavassiliu T, Konrad T, Doesch C, Kuschyk J, Streitner F, Haghi D, Michaely HJ, Schoenberg SO, Borggreffe M, Wolpert C, Schimpf R. Insights into the location of type I ECG in patients with Brugada syndrome: correlation of ECG and cardiovascular magnetic resonance imaging. *Heart Rhythm* 2012;9:414-421.

Calkins H, Kuck KH, Cappato R, et al. 2012 HRS/EHRA/ECAS expert consensus statement on catheter and surgical ablation of atrial fibrillation: Recommendations for patient selection, procedural techniques, patient management and follow-up, definitions, endpoints, and research trial design. *Heart Rhythm* 2012;9:632-696.

Chapter in Book with Different Author and Editor-Example

Malik M: Electrocardiographic and autonomic testing of cardiac risk. In Zipes DP, Jalife J, eds: *Cardiac Electrophysiology: From Cell to Bedside*. Fifth Edition. Philadelphia: WB Saunders, 2009, pp. 871-879.

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Tables must be self-explanatory and supplement, not duplicate, the text. Number brief titles in Arabic numerals according to the order of mention in the text. Each table should be typed on a separate page and designed for economy of space and readability. Notes designated in the tables and all abbreviations should be defined in a footnote. Abbreviations should be

identified in alphabetical order. Footnotes should be used in the following order: *, †, ‡, §, ¶, #.

Figure Legends/Figures: (See detailed figure requirements under manuscript and figure preparation).

Policies/Letter of Submission:

Manuscripts submitted must be original, with no portion under simultaneous consideration for publication elsewhere or previously published, except for an abstract of fewer than 400 words. Include only authors *who have made an important contribution to the study* and are thoroughly familiar with the primary data. All authors are responsible for the contents and must have read and approved the manuscript and conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals published in *Annals of Internal Medicine* 1997;126:36-47. Studies involving humans must conform to the guiding principles of the Declaration of Helsinki, and human subjects must have given informed consent of a study that has been approved by the Institutional Committee on Human Research at the authors' institution. Clinical studies must include the registration identification. (See following paragraph for further detail). Any financial or other relations must be disclosed. *Letters of submission must include affirmation of the above.*

Note that registering drug and biologics trials that are phase II - IV controlled investigations of a product subject to FDA regulation, and device trials including controlled trials of health outcomes of devices subject to FDA regulation, has become mandatory for trials started later than 12/26/07, or 21 days after the first patient is enrolled. Exceptions are for trials ongoing as of 9/27/07 that do NOT involve serious or life threatening conditions; they may be submitted by 9/27/08. For example, all cardiology studies will be considered "serious conditions." Trials involving serious conditions and initiated before 9/27/07 but completed prior to 12/26/07 are NOT subject to

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REGISTRATION IDENTIFICATION ON FIRST PAGE.

Manuscript Categories:

Case Reports Submissions are limited to 6 authors and 2500 words, including text, references (<15), figure legends, and ≤3 figures. All case reports will be considered. Selection priority will be based upon the reporting of a novel finding or a first of its kind report, a rare presentation of a common condition, a common condition with a rare presentation, a case that demonstrates a series of core educational concepts of electrophysiology.

Clinical Problem Solving (Solicited and Unsolicited)

Submissions are limited to 4 authors and 2500 words, including text, references (<15), figure legends, and up to 3 figures. These manuscripts should include a step-by-step process of clinical decision making. The patient should be presented in stepwise stages allowing commentary as additional information or understanding is obtained.

Images

Submissions to "Electrophysiology Images and Movies" are limited to 2 journal pages and no more than 2 illustration panels and 4 authors. Figure legends are permitted but should be concise. Up to 5 reference citations are permitted. Images that have educational value for teaching section of the journal will also require that the author submit a pertinent question regarding the educational image and then provide an answer.

Authors can also include a single electronic movie (e.g. QuickTime or MPEG1 formats) file or computer animation (e.g. as Power Point file) that expands or

enhances the message of the printed images. Animations or movies must provide novel or especially useful means of conveying known principles (e.g. Animations or movies that effectively teach/portray an electrophysiological mechanism or process). If an electronic movie or animation is submitted, the authors must also provide 1 or 2 frames of images (which may appear in print) that convey the essence of the movie's content.

Letters to the Editor

Letters should be double-spaced, not exceeding 400 words, including references. Letters will be reviewed and are subject to editing. They should not contain original data or figures. Commentary regarding prior cases or clinical problem-solving manuscripts is encouraged, particularly if it further enhances education.

Allied Professional Section

A separate section of the journal will be dedicated towards Allied Professionals. Allied professionals are encouraged to submit Case Reports, Images, or Clinical Problem Solving manuscripts under the same conditions as described but to this section. Novelty is not required. The case report, image, or clinical problem should illustrate differential diagnosis and key educational points that are particularly relevant for allied professionals.

Photographs of Patients

Photograms of patients can be used if they are not identifiable or if they are accompanied by a written permission for their use in the journal and in the online environment.