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Contributions. Four typed copies of the manuscript and four copies of the illustrations should be sent prepaid to the Chairman of the Editorial Board of Annals of Surgery.

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Summary of Requirements

Type manuscript double spaced, including title page, abstract, text, acknowledgments, references, tables, and legends.

Each manuscript component should begin on a new page, in this sequence:

Title page
Abstract and key words
Text
Acknowledgments
References
Tables: each table, complete with title and footnotes, on a separate page
Legends for illustrations

Illustrations must be good quality, unmounted glossy prints usually 12.7 by 17.3 cm (5 by 7 in.) but no larger than 20.3 by 25.4 cm (8 by 10 in.).

Submit the required number of copies of manuscript and figures (see journal's instructions) in heavy-paper envelope. Submitted manuscript should be accompanied by covering letter, as described under "Submission of Manuscripts," and permissions to reproduce previously published materials or to use illustrations that may identify subjects.

Follow journal's instructions for transfer of copyright.

Authors should keep copies of everything submitted.

Preparation of Manuscript

Type manuscript on white bond paper, 20.3 by 26.7 cm or 21.6 by 27.9 cm (8 by 10½ in. or 8½ by 11 in.) or ISO A4 (212 by 297 mm) with margins of at least 2.5 cm (1 in.). Use double spacing throughout, including title page, abstract, text, acknowledgments, references, tables, and legends for illustrations. Begin each of the following sections on separate pages: title page, abstract and key words, text, acknowledgments, references, individual tables, and legends. Number pages consecutively, beginning with the title page. Type the page number in the upper right-hand corner of each page.

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Title Page

The title page should contain [1] the title of the article, which should be concise but informative; [2] a short running head or footnote of no more than 40 characters (count letters and spaces) placed at the foot of the title page and identified: [3] first name, middle initial, and last name of each author, with highest academic degree(s); [4] name of department(s) and institution(s) to which the work should be attributed; [5] disclaimers, if any; [6] name and address of author responsible for correspondence about the manuscript; [7] name and address of author to whom requests for reprints should be addressed, or statement that reprints will not be available from the author; [8] the source(s) of support in the form of grants, equipment, drugs, or all of these.

Abstract and Key Words

The second page should carry an abstract of not more than 150 words. The abstract should state the purposes of the study or investigation, basic procedures (study subjects or experimental animals and observational and analytic methods), main findings (give specific data and their statistical significance, if possible), and the principal conclusions. Emphasize new and important aspects of the study or observations. Use only approved abbreviations (see list of Commonly Used Approved Abbreviations elsewhere in this document).

Key (indexing) terms: Below the abstract, provide and identify as such, three to 10 key words or short phrases that will assist indexers in cross-indexing your article and that may be published with the abstract. Use terms from the Medical Subject Headings list from Index Medicus whenever possible.

Text

The text of observational and experimental articles is usually—but not necessarily—divided into sections with the headings Introduction, Methods, Results, and Discussion. Long articles may need subheadings within some sections to clarify their content, especially the Results and Discussion sections. Other types of articles such as case reports, reviews, and editorials are likely to need other formats, and authors should consult individual journals for further guidance.

Introduction: Clearly state the purpose of the article. Summarize the rationale for the study or observation. Give only
strictly pertinent references, and do not review the subject extensively. 

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Include numbers of observations and the statistical significance of the findings when appropriate. Detailed statistical analyses, mathematical derivations, and the like may sometimes be suitably presented in the form of one or more appendixes.

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Discussion: Emphasize the new and important aspects of the study and conclusions that follow from them. Do not repeat in detail data given in the Results section. Include in the Discussion the implications of the findings and their limitations and relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgments

Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name because readers may infer their endorsement of the data and conclusions.

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Number references consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals (in parenthesis). References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of the particular table or illustration.

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The references must be verified by the author(s) against the original documents. Examples of correct forms of references are given below.

Journal

1. Standard Journal Article (List all authors when six or less; when seven or more, list only first three and add et al.)

2. Corporate Author


Books and Other Monographs

3. Personal Author(s)

4. Corporate Author

5. Editor, Compiler, Chairman as Author

6. Chapter in Book

7. Agency Publication

Other Articles

8. Newspaper Article

9. Magazine Article
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Omit internal horizontal and vertical rules. Cite each table in the text in consecutive order. If you use data from another published or unpublished source, obtain permission and acknowledge fully.

Having too many tables in relation to the length of the text may produce difficulties in the layout of pages. Examine issues of the journal to which you plan to submit your manuscript to estimate how many tables to use per 1000 words of text.

The editor on accepting a manuscript may recommend that additional tables containing important backup data too extensive to be published may be deposited with the National Auxiliary Publications Service or made available by the author(s). In that event, an appropriate statement will be added to the text. Submit such tables for consideration with the manuscript.

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Abbreviations

In most countries the International System of Units (SI) is standard or is becoming so. Report measurements in the units in which they were made. Journals may use these units, convert them to another system, or use both.

Commonly Used Approved Abbreviations

<table>
<thead>
<tr>
<th>Term</th>
<th>Abbreviation or Symbol</th>
</tr>
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<tbody>
<tr>
<td>ampere</td>
<td>A</td>
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<tr>
<td>angstrom</td>
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<td>barn</td>
<td>b</td>
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<td>candela</td>
<td>cd</td>
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<tr>
<td>coulomb</td>
<td>C</td>
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<tr>
<td>counts per minute</td>
<td>cpm</td>
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<tr>
<td>counts per second</td>
<td>cps</td>
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<tr>
<td>curie</td>
<td>Ci</td>
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<tr>
<td>degree Celsius</td>
<td>°C</td>
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<tr>
<td>disintegration per minute</td>
<td>dpm</td>
</tr>
<tr>
<td>disintegration per second</td>
<td>dps</td>
</tr>
<tr>
<td>electron Volt</td>
<td>eV</td>
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<tr>
<td>equivalent</td>
<td>Eq</td>
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<td>farad</td>
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<td>gauss</td>
<td>G</td>
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<td>gram</td>
<td>g</td>
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<tr>
<td>hertz</td>
<td>Hz</td>
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<tr>
<td>hour</td>
<td>h</td>
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<tr>
<td>international unit</td>
<td>IU</td>
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<td>joule</td>
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<td>kilo-</td>
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<td>kilogram</td>
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<td>liter, litre</td>
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<tr>
<td>meter, metre</td>
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<td>minute</td>
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<td>molar</td>
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<td>mole</td>
<td>mol</td>
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<tr>
<td>Newton</td>
<td>N</td>
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<tr>
<td>normal (concentration)</td>
<td>N</td>
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<tr>
<td>ohm</td>
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<td>osmol</td>
<td>osmol</td>
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<tr>
<td>Pascal</td>
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<td>revolutions per minute</td>
<td>rpm</td>
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<tr>
<td>second</td>
<td>s</td>
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<tr>
<td>square centimeter</td>
<td>cm²</td>
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<tr>
<td>volt</td>
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<td>watt</td>
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<tr>
<td>week</td>
<td>wk</td>
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<tr>
<td>year</td>
<td>yr</td>
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</tbody>
</table>

Combining Prefixes

tera-                                      | T                      |
giga-                                     | G                      |
|mega-                                      | M                      |
|kilo-                                      | k                      |
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Cadaver Donor Renal Transplantation by Centers of the Southeastern Organ Procurement Foundation

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This report summarizes the results after two years of a continuing prospective study of cadaver donor renal transplantation being conducted by the Southeastern Organ Procurement Foundation (SEOPF). Data are presented on 942 first grafts. Blood transfusions were found to be a major (if not the major) determinant of allograft survival. HLA-A and -B matching was of significant value and the effect of compatibility became more significant as time passed. ALS provided for better long-term survival of more compatible grafts and better short-term survival of more incompatible grafts, but it was not a "safer" immunosuppressant. Autogenous nephrectomy appeared to aid in the survival of more incompatible allografts, but not more compatible allografts. Kidneys obtained and implanted locally and kidneys obtained at one center and implanted at another had the same incidence of acute tubular necrosis (ATN) as well as the same patient and graft survival. Preservation time did not relate to ATN, patient survival, or graft survival (within the limits of the study); however, ATN did adversely affect graft survival. The final systolic pressure of the perfusion pump was the only perfusion characteristic which predicted ATN. Race, sex, pregnancy, and duration of dialysis did not correlate with graft survival if the effects of transfusions and compatibility were controlled.

THE SOUTHEASTERN ORGAN Procurement Foundation (SEOPF) was organized in 1969 for the purpose of sharing cadaver organs between institutions, thus promoting more efficient use of available organs. Since its inception, continuing efforts have been made to standardize techniques of organ procurement, organ preservation, compatibility testing, and transplantation.6,7 The SEOPF now includes 39 transplantation centers in 17 states and serves a patient population of approximately 76,000,000 people. All component centers are subject to periodic peer review. Tissue typing consistency is tested by frequent exchanges of cells for typing among component laboratories. Triannual meetings are devoted to various workshops and information sharing.

On June 1, 1977 a prospective study was initiated, designed to allow a multifactorial analysis of cadaver