JOURNAL OF NUCLEAR CARDIOLOGY
INSTRUCTIONS FOR AUTHORS

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GENERAL POLICY

The *Journal of Nuclear Cardiology* is an international, peer-reviewed journal, that publishes the highest quality scientific research on all aspects of clinical and experimental nuclear cardiology and related fields. It is an official journal of the American Society of Nuclear Cardiology (ASNC). It publishes articles related to original research findings, experimental investigations, state-of-the-art reviews, case reports, controversies and viewpoints. Articles are accepted for publication with the stipulation that they are submitted solely to the *Journal of Nuclear Cardiology*, and they are subject to peer review and editorial revision. The *Journal* will not consider for publication papers that have been published in other journals, even if in another language; papers that are being considered by another journal; or papers that are in press. If a paper by the same author(s) contains any data previously published, in press, or under consideration by another journal, a copy of that manuscript should be submitted to the Editor-in-Chief to determine the extent of overlap or duplication. Permission to reproduce material from the *Journal* must be obtained from the publisher. Authors will be consulted, when possible, regarding publication of their material.

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Authorship Criteria and Responsibilities

The *Journal* adheres to the ICMJE's criteria for authorship. Named authors must meet all the following requirements:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Any individual who has contributed to the study or manuscript but fails to meet all these requirements should instead be listed in the Acknowledgements section, alongside details of their contribution.

Disclosures and acknowledgements **(requirement for all manuscripts)**

The *Journal* requires all authors to disclose, on the title page of their manuscript, all potential conflicts of interest, and all funding sources that supported their work, as well as all institutional or corporate affiliations. The disclosure will be held in strict confidence during the review process and will not influence any editorial decisions. All declared disclosures, such as relations with industry, will be published with accepted manuscripts.

Prior to the References, authors should include two items headed **'Disclosures'** and **'Sources of Funding'**, where potential conflicts of interest and funding sources are listed, respectively. The disclosure statement should mention each author separately by name even if none of the authors have anything to declare.

In addition, upon acceptance, each author will be asked to complete the ICMJE (International Committee of Medical Journal Editors) conflict of interest disclosure form. Once all the authors have completed and returned the forms to the Editorial Office, the accepted manuscript will be forwarded to the publisher for processing. The ICMJE conflict of interest form can also automatically generate a disclosure statement for authors to copy and paste into their manuscript.

Acknowledgments: All persons acknowledged in the manuscript must have seen and approved mention of their names in the article, as readers may infer their endorsement of data and conclusions; as such, acknowledged individuals must provide written (email) acknowledgment of their agreement to be included before acceptance. Emails from persons acknowledged can be forwarded to the editorial office or sent directly from the person. Please ensure the manuscript number is included in all correspondence.

Novel/novelty as defined by JNC

The terms novel/novelty are frequently used by authors, reviewers, and editors to highlight the merits of a manuscript, and hence to recommend acceptance or rejection. The editors of JNC have adapted and contextualized the dictionary meanings of "novel" and "novelty," as well as brainstormed the usages within the field, in order to arrive at an agreed-upon definition. The main purpose for doing this is to ensure consistency in our review and editorial processes, so that the usage of the terms in our letters to authors can be clearly and fully understood. We believe that it is offensive and unproductive to label a work as "lacking novelty" without clear guidelines as to what "novelty" entails.

The editors define novel/novelty as:

1. Research that addresses a question that has not been categorically answered by previous work
2. Research that is an original work, that does not replicate previously performed studies
3. Research that provides an answer to a previously unanswered question, provides the solution to an unsolved problem, or otherwise improves existing methods
4. Research that rejects what is believed to be already established
5. Research that complements/confirms emerging, yet not completely established concepts

6. Research that reveals an established concept to be based on incomplete or erroneous data
7. Research that provides/rejects proof of an existing application. Almost all large clinical trials fall in this category.

Furthermore:
We believe that the JNC "New Knowledge Gained" section is a good testimony of novelty. If there is *true* new knowledge gained by the work, then there is innovation. That is why JNC requires all authors of original articles to include this section.

ARTICLE TYPES

	Original Article	Research letter	Editorial	State of the Art review	How to use nuclear cardiology	Translational molecular imaging	Breakthrough technologies	Great debates	Image challenge	Best practices	Perspectives	Health policy	Editor's Page	Letter to the Editor
Max. Words	4,500	1,500	1,500	7,000	2,500	3,500	4,500	2,500	300	2,500	1,500	2,500	1,500	300
Structured abstract (250 words)	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Unstructured abstract (150 words)	No	No	No	Yes	No	Yes	Yes	No	No	No	No	No	No	No
Condensed abstract (100 words)	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Graphical abstract	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Max. Tables	5	1	1	6	5	5	4	2	1	4	3	3	1	1
Maximum Figures	5	1	1	10	5	10	6	2	4	5	2	2	2	1
Maximum References	50	5	15	150	30	50	30	50	5	30	5	15	5	5

MANUSCRIPT PREPARATION GUIDELINES

The following are additional manuscript preparation guidelines for the submissions to the *Journal*. Please note that these guidelines are provided as an aid and authors that adhere to the Minimum Submission Requirements provided below will have their manuscript considered for review.

Organize manuscripts in this order:

- Cover letter
- Rebuttal letter (required for revisions or appeals only)
- Manuscript file:

1. Title Page
2. Abstract
3. Introduction
4. Methods
5. Results
6. Discussion
7. Acknowledgments
8. Sources of Funding
9. Disclosures
10. References
11. Tables
12. Figures with Figure Legends
13. Supplemental material

Number all pages—including tables and Figures with legends. Abbreviations must be defined at first mention.

It is recommended for manuscripts to be typed, double-spaced using a 12-point font, including references, figure legends, and tables. Leave 1-inch margins on all sides.

Original article (4,500 words or less)

Title Page. The title page should include authors' names and academic degrees[1]; departmental and institutional affiliations of each author; a disclosure of potential conflicts of interest (mentioning each author separately by name) and sources of financial assistance, if any. Listed authors should include only those individuals who meet all of ICMJE's criteria for authorship. Designate one author as the correspondent, and provide address, business and home telephone numbers, fax number and e-mail address.

Abstract. Full-length papers for the Original Articles section or special sections of the *Journal* should include a summation of 250 words or less, to appear after the title page. Abstracts for papers to appear in the Original Articles section must be written in structured form with paragraphs labeled Background, Methods and Results, and Conclusions. Authors are encouraged to use the general outline described by the Ad Hoc Working Group for Critical Appraisal of the Medical Literature (Ann Intern Med 1987;106:598-604).

Graphical abstract, A graphical abstract is required for Original research articles, Research letters, State of the Art Review, Technical breakthrough, Translational molecular imaging, and Best practice series.

The Graphical Abstract should provide a visual summary of the main messages (take-home messages) of the manuscript.

[1] Use only MD, PhD (or both) or similar degree (MBChB) or highest achieved degree (e.g. BS) and also include FASNC or MASNC if a Fellow or Master of ASNC respectively. If you have included the highest degree title achieved, you do not need to include any previously achieved qualification titles.

- Size: 11.00 cm x 18.0 cm (height x width)
- Orientation: landscape
- Minimum resolution: 300 dpi
- Font: Times New Roman
- Font size: text should be 10-12 points, but no smaller than 8 points
- A figure legend should be included for the graphic element, which should define any abbreviations. This should be given in the 'Legends' section of the manuscript.

Abbreviations. Complex terms used frequently in the manuscript may be abbreviated. Abbreviated terms should be spelled out at first mention, followed by the abbreviation in parentheses. Authors are required to list up to 10 abbreviations after the abstract. A list of the suggested abbreviations is available on page 8 at the end of this document.

Methods. The methods section should provide sufficient detail for the experiments to be reproduced and should provide sufficient information for the reader to understand the basic methods of the study. Additional methods and information may be included as Supplemental Material as needed.

- **Human studies**: all manuscripts involving human subjects must indicate that the study was approved by an institutional review board (IRB) along with the name of the IRB, and that the participants gave written informed consent (or that no informed consent was required). Describe the characteristics of human subjects or patients and indicate that the procedures followed were in accordance with institutional guidelines.

- **Experimental animals**: all manuscripts involving experimental animals must indicate that the study was approved by an institutional animal care and use committee (IACUC). The manuscript must include the species, strain, number used, and pertinent descriptive characteristics. All studies involving animals should be conducted in accordance with the National Institutes of Health (NIH) Guide for the Care and Use of Laboratory Animals, or the equivalent. When describing surgical procedures, identify the preanesthetic and anesthetic agents used and the amounts, concentrations, routes, and frequency of administration of each. Paralytic agents are not considered acceptable substitutes for anesthetics. For other invasive procedures on animals, report the analgesic or tranquilizing drug used. If none were used, provide justification for exclusion.

  In experiments involving genetically engineered mice, inbred strain background effects have become an important concern. Detailed descriptions of the source and strain background are critical to the interpretation of data from genetically manipulated mice. The description of the mice must include the number of backcrosses and the source of the mice. Stock numbers should be supplied for commercial suppliers. Imprecise descriptions such as "mice are on a C57BL/6 background" are not acceptable.

- **Independent data access and analysis:** A specific comment in the manuscript is required attesting that at least one author had full access to all the data in the study and takes responsibility for its integrity and the data analysis. The Editors reserve the right to ask for additional information from the corresponding author regarding measures that were taken to minimize bias and verify the integrity of the primary data and any analyses performed.

STARD Guidelines. Authors of diagnostic accuracy papers must also provide a STARD 2015 checklist, completed as fully as possible, when uploading their manuscript via the journal's submission system. The STARD 2015 checklist is available for download at: STARD 2015 checklist. For further information, please visit: http://www.equator-network.org/ reporting-guidelines/stard/.

New Knowledge Gain and Clinical implications: Add a few lines at the end of the Discussion section on "New Knowledge Gained and Clinical Implications". Please note that this is different from "Conclusions."

Laboratory Values. Laboratory values should be described in both the International System of Units (SI units) and in metric mass units. The SI units should be stated first and the metric units in parentheses immediately thereafter. Conversion tables are available (see JAMA 1986;225:2329-39 or Ann Intern Med 1987;106:114-29).

Devices. The first mention of a device should use the following format: Device Name (Manufacturer, Location). Following this, device name only can be used.

Disclosures and Funding. A disclosure statement must be included in the manuscript text before the References section. For full instructions, please see the "Disclosures and acknowledgement" section above.

References. Number references according to order of appearance in the text, following the format set forth in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (Ann Intern Med 1997;126:36- 47), with journal abbreviations according to *Cumulated Index Medicus*. If the reference is to an abstract, letter or editorial, place the appropriate term in brackets after the title. Please do not use abstracts that are more than 2 years old.

EXAMPLES OF REFERENCES (if more than six authors, list first six and add "et al"):

For journal articles:
Oleske J, Minnefor A, Cooper R Jr, Smith PB, Oswald BR, Atkinson J, et al. Immune deficiency syndrome in children. JAMA 1983;249:2345-9.

For books:
Bradley EL. Medical and surgical management. Philadelphia: WB Saunders; 1982. p. 72-95.

For chapters in books:
Bohl I, Wallenfang T, Bothe H, Smith PB, Oswald BR, Atkinson J, et al. The effect of glucocorticoids in the combined treatment of experimental brain abscess in cats. In: Scheifer W, Klinger M, Brock M, editors. Brain abscess and meningitis: subarachnoid hemorrhage-timing problems. Berlin: Springer Verlag; 1981. p. 125-33.

Tables:

- All tables are to be numbered using Arabic numerals
- Tables should always be cited in text in consecutive numerical order
- For each table, please supply a table heading
- The table title should explain clearly and concisely the components of the table
- Identify any previously published material by giving the original source in the form of a reference at the end of the table caption
- Footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data) and included beneath the table body
- Please place tables and figures at the end of the manuscript file. Please submit high resolution images as separate files as well

Artwork:

Electronic Figure Submission

- Supply all figures electronically
- Indicate what graphics program was used to create the artwork
- For vector graphics, the preferred format is EPS; for halftones, please use TIFF format. MS Office files are also acceptable
- Vector graphics containing fonts must have the fonts embedded in the files
- Save and name your figure files with "Fig" and the figure number (e.g., Fig1.eps)
- Please place tables and figures at the end of the manuscript file. Please submit high resolution images as separate files as well

Line Art

- Definition: Black and white graphic with no shading
- Do not use faint lines and/or lettering and check that all lines and lettering within the figures are legible at final size
- All lines should be at least 0.1 mm (0.3 pt) wide
- Scanned line drawings and line drawings in bitmap format should have a minimum resolution of 1200 dpi

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- Definition: Photographs, drawing, or paintings with fine shading, etc.
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- Definition: a combination of halftone and line art (e.g., halftones containing line drawing, extensive lettering, color diagrams, etc.)
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- Color art is free of charge for online publication
- If black and white will be shown in the print version, make sure that the main information will still be visible. Many colors are not distinguishable from one another when converted to black and white. A simple way to check this is to make a xerographic copy to see if the necessary distinctions between the different colors are still apparent.
- If the figures will be printed in black and white, do not refer to color in the captions
- Color artwork should be submitted as RGP (8 bits per channel)

Figure Lettering

- To add lettering, it is best to use Helvetica or Arial (san serif fonts)
- Keep lettering consistently sized throughout your final-sized artwork, usually about 2-3mm (8-12 pt)
- Variance of type size within an illustration should be minimal, e.g., do not use 8-pt type on an axis and 20-pt type for the axis label
- Avoid effects such as shading, outline letters, etc.
- Do not include titles or captions into your illustrations

Figure Numbering

- All figures are to be numbered using Arabic numerals
- Figure parts should be denoted by lowercase letters (a, b, c, etc.)
- Figures should always be cited in text in consecutive numerical order
- If an appendix appears in your manuscript and it contains one or more figures, continue the consecutive numbering of the main text. Do not number the appendix figures, "A1, A2, A3, etc." Figures in online appendices (Electronic Supplementary Material) should, however, be numbered separately.

Figure Captions

- Each figure should have a concise caption describing accurately what the figure depicts. Include the captions in the text file of the manuscript, not in the figure file.
- Figure captions begin with the term Fig. in bold type, followed by the figure number, also in bold type
- No punctuation is to be included after the number, nor is any punctuation to be placed at the end of the caption

- Identify all elements found in the figure in the figure caption; and use boxes, circles, etc., as coordinate points in graphs
- Identify previously published material by giving the original source in the form of a reference citation at the end of the figure caption

Figure Placement and Size

- When preparing your figures, size figures to fit in the column width
- For most journals the figures should be 39 mm, 84 mm, 129 mm, or 174 mm wide and not higher than 234 mm

Accessibility (in order to give people of all abilities and disabilities access to the content of your figures, please make sure of the following)

- All figures have descriptive captions (blind users could then use a text-to-speech software or a text-to-Braille hardware)
- Patterns are used instead or in addition to colors for conveying information (color-blind users would then be able to distinguish the visual elements)
- All figure lettering has a contrast ratio of at least 4.5:1

Electronic Supplementary Material:

Submission

- Supply all supplementary material in standard file formats
- Please include in each file the following information: article title, journal name, author names; affiliation and e-mail address of the corresponding author
- To accommodate user downloads, please keep in mind that larger-sized files may require very long download times and that some users may experience other problems during downloading

Audio, Video, and Animations

- Resolution: 16:9 or 4:3
- Maximum file size: 25 GB
- Minimum video duration: 1 sec
- Supported file formats: avi, wmv, mp4, mov, m2p, mp2, mpg, mpeg, flv, mxf, mts, m4v, 3gp

Text and Presentations

- Submit your material in PDF format; .doc or .ppt files are not suitable for long-term viability
- A collection of figures may also be combined in a PDF file

Spreadsheets

- Spreadsheets should be converted to PDF if no interaction with the data is intended
- If the readers should be encouraged to make their own calculations, spreadsheets should be submitted as .xls files (MS Excel)

Specialized Formats

- Specialized formats such as .pdb (chemical), .wrl (VRML), .nb (Mathematica notebook), and .tex can also be supplied

Collecting Multiple Files

- It is possible to collect multiple files in a .zip or .gz file

Numbering

- If supplying any supplementary material, the text must make specific mention of the material as a citation, similar to that of figures and tables
- Refer to the supplementary files as "Online Resource", e.g., "... as shown in the animation (Online Resource 3)", "... additional data are given in Online Resource 4"
- Name the files consecutively, e.g. "ESM_3.mpg", "ESM_4.pdf"

Captions

- For each supplementary material, please supply a concise caption describing the content of the file

Processing of supplementary files

- Electronic supplementary material will be published as received from the author without any conversion, editing, or reformatting

Accessibility

To give people of all abilities and disabilities access to the content of your supplementary files, please make sure that

- The manuscript must contain a descriptive caption for each supplementary material
- Video files do not contain anything that flashes more than three times per second (so that users prone to seizures caused by such effects are not put at risk)

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Research letter

You may submit original investigations of a focused nature as a research letter.

Length. 1,500 words or less

Table/Figure. Research letters can contain at most 1 table, and at 1 figure

References. No more than 5 references should be included.

Supplemental material. Not permitted

Specifications and placement of the following items remain the same as stated in the 'Original Articles' section: Abbreviations, New Knowledge Gained, Laboratory Values, and Disclosure and Funding statements

State-of-the-art review

State-of-the-art reviews are authoritative, comprehensive clinical and translational reviews of topics of high relevance to the nuclear cardiology and imaging communities. The reviews will summarize and critically assess research in the field and outline gaps in evidence as well as needs for future research. These reviews are typically invited by the editors. However, unsolicited contributions will also be considered.

How to use nuclear cardiology

Focused and practical reviews that feature common technical and clinical challenges in nuclear cardiology imaging. This may include how to use advances in technology (e.g., image quantification), instrumentation, protocols, or advancements in artificial intelligence.

Translational molecular imaging

Focused reviews that feature topics in molecular imaging of relevance to the understanding of cardiovascular pathophysiology or applications on the verge of clinical translation.

Breakthrough technologies

Focused reviews that feature technical innovations in nuclear cardiology including advancements in image processing, instrumentation, radiopharmaceuticals, and applications of artificial intelligence.

Great debates

This series will feature discussions of controversial topics in nuclear cardiology including technical and clinical challenges. One statement is proposed on a controversial topic. Authors write in favor or against the statement.

Image challenge

JNC will consider original, high-quality images showing novel findings relevant to the clinical practice of nuclear cardiology. Text should consist of a title page, text of 300 words or less, including an introduction, a brief case summary and no more than 5 references.

Best practices

This series will feature focused, patient-centered discussions regarding contemporary practice of nuclear cardiology. Topics will feature discussions of methods, interventions, techniques, interpretation and reporting of nuclear cardiology studies based on high-quality evidence to help improve clinical practice, patient and health outcomes.

Perspectives

Short opinion pieces authored by leading experts around the world, fellows in training, and members of the nuclear cardiology team including technologists, physicists, radiochemists/radiopharmacists addressing a wide range of topics affecting the clinical practice of nuclear cardiology. Perspectives will challenge prevailing views or discuss a controversial issue to stimulate discussion.

Health policy

This series will feature health policy discussions that impact the clinical practice of nuclear cardiology. This includes perspectives on high quality research articles, health economics within and outside the USA, implementation science, challenges and opportunities with clear policy implications that are relevant for the field of cardiovascular imaging and nuclear cardiology.

Editorials

The editors invite all Editorial Comments published in the Journal.

Editorial Correspondence (Letters to the Editor)

Letters pertaining to articles published in the *Journal* or to related topics should include no more than 300 words and five references. Letters may be submitted about original investigation articles only and should not include material that has not been peer-reviewed.

News Items

Announcements of scheduled meetings, symposia, or postgraduate courses of national interest may be sent for consideration to the Editor at least 5 months in advance of the meeting date. News items of general interest to the nuclear cardiologists will also be considered.

MANUSCRIPT SUBMISSION

The *Journal of Nuclear Cardiology* receives all manuscript submissions electronically. To submit a manuscript, please follow the instructions below:

Getting Started

1. Launch your web browser and go to the *Journal of Nuclear Cardiology's* Manuscript Central homepage (http://mc.manuscriptcentral.com/jnc).
2. Log-in or click the "Create Account" option if you are a first-time user of Manuscript Central.
3. If you are creating a new account:
    - After clicking on "Create Account" enter your name and e-mail information and click "Next". Your e-mail information is very important.
    - Enter your institution and address information as prompted then click "Next."
    - Enter a user ID and password of your choice (we recommend using your e-mail address as your user ID) and then select your areas of interest. Click "Finish" when done.
    - Users must select a minimum of 3 (and maximum of 6) Areas of Interest from a pre-defined list of keywords.
4. Log-in and select "Author Center."

Submitting Your Manuscript

5. After you have logged in, click the "Submit a Manuscript" link in the menu bar.
6. Enter data and answer questions as prompted; users must select a minimum of 3 (and maximum of 6) relevant Keywords/Attributes for their submission from a pre-defined list.
7. Click on the "Next" button on each screen to save your work and advance to the next screen.
8. You will be prompted to upload your files:
    - Click on the "Browse" button and locate the file on your computer. (Mac Users: Please be sure to include the ".doc" extension in your file name before uploading)
    - Select the description of the file in the drop down next to the Browse button.
    - When you have selected all files you wish to upload, click the "Upload" button.
9. Review your submission (in both PDF and HTML formats) before sending to the Editors. Click the "Submit" button when you are done reviewing.

You may stop working on a submission at any phase and save it to submit later. After submission, you will receive a confirmation via e-mail. You can also log-on to Manuscript Central any time to check the status of your manuscript. The Editors will inform you via e-mail once a decision has been made.

Presenting your work in a well-structured manuscript and in well-written English gives it its best chance for editors and reviewers to understand it and evaluate it fairly. Many researchers find that getting some independent support helps them present their results in the best possible light. The experts at Springer Nature Author Services can help you with manuscript preparation—including **English language editing, developmental comments, manuscript formatting, figure preparation, translation**, and more. Get started and save 15%.

SUGGESTED STANDARD ABBREVIATIONS AND RULES

GENERAL

(1) 3VD – three vessel disease
(2) 2VD – two vessel disease
(3) 1VD – one vessel disease
(4) ACS – acute coronary syndrome
(5) CABG – coronary artery bypass grafting
(6) CAD – coronary artery disease
(7) ECG – electrocardiogram
(8) ECG EKG – electrocardiogram/graphy/graph
(9) FEV – forced expiratory volume
(10) HDL – high density lipoprotein
(11) HF – heart failure
(12) IVUS – intravascular ultrasound
(13) keV – kilo electron volt(s)
(14) LAD – left anterior descending coronary artery
(15) LBBB – left bundle branch block
(16) LCx – left circumflex coronary artery
(17) LDL – low density lipoprotein
(18) LM – left main coronary artery
(19) MET – metabolic equivalent of task
(20) MI – myocardial infarction
(21) MPHR – maximally predicted heart rate
(22) NSTEMI – non-ST elevation myocardial infarction
(23) PA – postero-anterior
(24) PCI – percutaneous coronary intervention
(25) PDA – posterior descending artery
(26) PTCA – percutaneous transluminal coronary angioplasty
(27) PVC – premature ventricular contraction
(28) RA – right atrium
(29) RCA – right coronary artery
(30) R – R interval Use hyphen RR interval
(31) ST segment – no hyphen
(32) STEMI – ST elevation myocardial infarction
(33) SVG – saphenous vein graft
(34) TG – triglycerides
(35) tPA – thrombolytic therapy

IMAGING-SPECIFIC

(1) BMIPP – beta-methyl-p-iodophenylpentadecanoic acid
(2) ED – end diastolic
(3) EDV – end diastolic volume
(4) EF – ejection fraction
(5) ES – end systolic
(6) ESV – end-systolic volume
(7) FDG – fluorodeoxyglucose
(8) DTPA – diethylamine triamine pentacetic acid
(9) keV – kilo electron volt(s)
(10) LAO – left anterior oblique
(11) LHR – lung-to-heart ratio
(12) LV – left ventricular
(13) MBq – megabecquerel
(14) mCi – millicurie
(15) MIBG – Iodine-123-metaiodobenzylguanidine
(16) MIBI – sestamibi
(17) MPI – myocardial perfusion imaging
(18) MUGA – multigated acquisition study
(19) PET – positron emission tomography
(20) QP/QS – pulmonary blood flow/system blood flow
(21) RBC – red blood cell
(22) RNA – radionuclide angiocardiography
(23) ROI – region of interest
(24) RV – right ventricular
(25) SDS – summed difference score
(26) SPECT – single photon emission computerized tomography
(27) SRS – summed rest score
(28) SSS – summed stress score
(29) SV – stroke volume
(30) Tc-99m – technetium-99m
(31) TID – transient ischemic dilation
(32) Tl-201 – thallium-201
(33) V/Q – ventilation perfusion

RULES

(1) Abbreviate mCi, MBq, R, mR, etc.
(2) Beats per minute BPM 55 beats per minute
(3) Beta blockers No hyphen beta-blocker
(4) Body mass index BMI
(5) Body mass index of kg/m2 body mass index of 29
(6) kg/m2
(7) Doses of radiopharmaceuticals should have 2 units of measure – mCi and MBq (conversion factor: 1 mCi = 37 MBq)
(8) Ejection fraction should be in percents rather than decimals
(9) Gated should always be ECG-gated or non ECGgated
(10) Leads should be in roman numerals with subscript numbers
(11) Long terms (i.e., ECG, PTCA, CABG, and PET) should be written out on first use within an item with the abbreviation in parentheses
(12) Mark units for all labs (creatinine, etc.)
(13) mrem – millirem
(14) Radiopharmaceutical names should be written out (e.g., Carbon-11 palmitate, Nitrogen-13 ammonia, Rubidium-82 chloride, Fluorine-18 fluorodeoxyglucose)
(15) Use generic names only
(16) Use myocardial perfusion SPECT imaging instead of study
(17) Use stress/rest (not stress-rest)
(18) X-ray – (with capital X)
(19) Use US measurement with European in parentheses

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