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Guidelines for Authors: Preparation of Abstracts

Title
The title should be in bold, sentence case with no full stop at the end, e.g:
Results from experiments in this field

Authors
Author names should be in regular font, as first name and surname with no full stop. Underline the name of the corresponding author. Author names should be separated by a comma. Where authors are from a number of different institutions, the appropriate institution number from the affiliation list should be given as a superscript number immediately after each author's name, e.g.:

John Smith[1], Susan Jones[2], Bill Fisher[3]

If the authors are presenting an abstract on behalf of a study group, this information should not be included in the author list, but should appear in an Acknowledgements section.

Affiliations
Affiliations should include department, institute, town and country. Where there are multiple affiliations, each should be listed as a separate paragraph. Each institute should appear in the order used against the author names (see above paragraph) and show the appropriate superscript number, e.g.:

[1]Department, University, Town, State, Country, Zipcode, USA

[2] University, Town, State, Postcode, UK

[2] Company, Town, State, Canada, Postcode

Main text
- Should not be more than 400 words.
- Please use single line spacing
- Type the text unjustified, without hyphenating words at line breaks
- Use hard returns only to end headings and paragraphs, not to rearrange lines
- Use the BioMed Central reference format (see below)
- Greek and other special characters may be included. If you are unable to reproduce a particular special character, please type out the name of the symbol in full.
- SI Units should be used throughout (litre and molar are permitted, however)
- Web links (URLs) should be provided in full, including both the title of the site and the URL, in the following format:

    Mouse Tumor Biology Database
    [http://tumor.informatics.jax.org/cancer_links.html]
- Abbreviations should be used as sparingly as possible. They should be defined when first used

Structured abstracts
In structured abstracts, paragraph headings should be typed in **bold** with no colon at the end. Do *not* use the heading 'Abstract'. Each heading should be in a separate paragraph, e.g.:

Background
Followed by regular text, on a new line and in the same format as shown above for main text.
Materials and methods
Results
Conclusions

Tables
Tables should be numbered (e.g. Table 1) and titled and should be included in the document where they are to appear. Tables should be cited/called out in the text.

Tables should be formatted using the "Table function" in a word processing program to ensure that columns of data are kept aligned when the file is sent electronically. Columns and rows of data should be made visibly distinct by ensuring the borders of each cell display as black lines.

Figures
Figures and illustrations should be numbered (e.g. Figure 1) and titled, with a legend if necessary. Figures should be cited/called out in the text. Images should be supplied at 300 dpi minimum.

Figures must be supplied electronically in the body of the text – each figure must be inserted as a single, composite unit. Don't include figures with embedded hyperlinks.

Acknowledgements
Brief acknowledgements may be included and should be placed after **Conclusions** and before the **References**. If the abstract is being presented on behalf of a study group, this information should be noted here rather than in the author list.

References
All references should be cited/called out consecutively in the text, using numbers in square brackets. Only papers that have been published, or are in press, or are available through public e-print/preprint servers should be included in the reference list.

Journal abbreviations should follow MEDLINE standards. For each reference, name all authors unless there are more than ten, in which case name the first ten followed by et al. Page numbers for journal articles should be given in full (e.g. 5672-5679, not 5672-9).

References should be laid out at the end of the abstract in BioMed Central style (see below) and preceded by the relevant reference number. An example of a reference for a journal article follows. The full reference style guide can be found at the journal's website.

1. Chomczynski P, Sacchi N: **Single-step method of RNA isolation by acid guanidinium thiocyanate-phenol-chloroform extraction**. *Anal Biochem* 1987, **162:**156-159.

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Guidelines for Authors: Preparation of Abstracts – Sample Abstract

The formation of a Ca^{2+}-dependent complex of C-reactive protein and very low density lipoprotein causes the biphasic transmittance waveform
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Clinical background
The "biphasic transmittance waveform" (BTW) refers to a time-dependent decrease in light transmittance that often occurs prior to clotting when performing the activated partial thromboplastin time (aPTT) assay with plasmas of critically ill patients on the MDA$^®$ coagulation analyzer [1]. Early observations showed an association of the BTW with disseminated intravascular coagulation (DIC) and clinical outcome (see Table 1). The magnitude of the BTW was assessed against in-patient mortality. A total of 346 patients were found to have a BTW on admission to the ITU with a mortality rate of 44%, as compared with 26% for those with normal waveforms. A stepwise increase in the likelihood of mortality was directly correlated with the degree of drop in light transmittance observed on admission (see Figure 1). The mortality fraction was 0.3 in those with normal waveforms versus 0.6 when the light transmittance decreased by 30%.
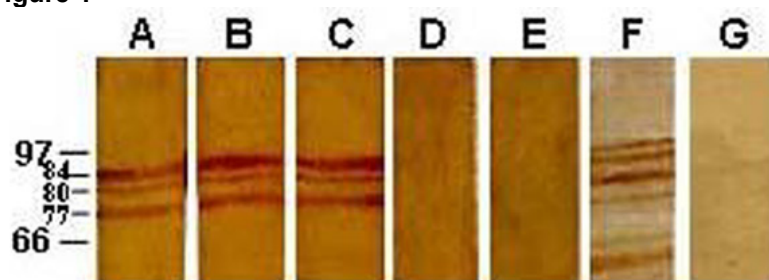
Table 1

				p*
Education (years)	$\leq$9	10-12	$\geq$13	
CRP (mg/l) crude	1.20	1.07	0.98	0.0001
adjusted§	1.14	1.13	1.10	0.56
Occupation (status)	a	b	c	
	1.15	1.17	1.08	0.12
Household income (DM)	$\leq$2000	2-3000	$\geq$3000	
	1.20	1.09	1.10	0.02

*p for difference between upper and bottom category.
§ adjusted for age, sex, smoking status, BMI, physical activity, and HDL-cholesterol.

Figure 1

Immunoblot of monoclonal antibodies against IROMPs of *A. baumannii* ATCC 19606 Immunoblot of Monoclonal antibodies with OMP of *A. baumannii* grown in CDM-Fe medium.
Molecular weight markers were marked in kDa. Lane **A**. 2G$_9$ABIR; **B**. 3D$_5$ABIR **C**. 1D$_{11}$ABIR **D**. 5D$_6$ABIR **E**. 1F$_7$ABIR **F**. +ve control **G.** -ve control

Conclusion
Detection and analysis of an atypical biphasic aPTT clot waveform is a strong and early predictor of clinical outcome in patients admitted to the ITU. The formation of lipoprotein-complexed C-reactive protein (LC-CRP) is the biochemical basis of the biphasic waveform seen in these patients.

Reference
1. Downey C, Kazmi R, Toh CH: **Early identification and prognostic implications in disseminated intravascular coagulation through transmittance waveform analysis.** *Thromb Haemost* 1998, **80**:65-69.