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Guidelines for Manuscript Preparation and Submission: Evidence-Based Medicine

Core tip: *Evidence-Based Medicine* articles are submitted by any author and describe an approach of practicing medicine with the goal of evaluating and improving patient care. These articles require the judicious integration of the best research evidence with patient values to help guide decisions in medical care and aim to help physicians in making proper diagnoses, devising the best testing strategies, choosing the best treatments and/or methods of disease prevention, and developing guidelines for large groups of patients with the same disease.

For the initial submission, authors can conveniently make their first upload of their manuscript without restrictions on writing style, file format, or need for accompanying relevant documents. However, it is recommended that the content be written as a high-quality academic article before submitting, according to the following checklist.

1 FIRST SECTION OF MANUSCRIPT WRITING [YES or NO]

- 1.1 Title []
- 1.2 Authorship []
- 1.3 Institution []
- 1.4 ORCID number []
- 1.5 Supportive foundations []
- 1.6 PRISMA 2009 Checklist []
- 1.7 Corresponding author []



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1 FIRST SECTION OF MANUSCRIPT WRITING

All contributions should be written in English; the authors may use either UK or US English language, but the chosen English language usage must be consistent throughout the document. All articles should be prepared with Word-processing software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins. Required information for each of the manuscript sections is as follows:

1.1 Title. The title should be no more than 18 words. It should summarize the core content of the manuscript, so that the reader may readily understand the key concepts and important findings presented within. This type of succinct and impactful statement will serve to catch readers' attention and stimulate their interest in reading the abstract and/or downloading the full paper. It is also strongly recommended that the title include one or two of the key words associated with the manuscript's topical content, to facilitate the paper being readily found by electronic searches of public databases, such as by Google or in PubMed. Finally, words such as 'exploration', 'research', 'analysis', 'observation', and 'investigation' are to be avoided. The title should not start with 'A', 'An', or 'The' and will not include any Arabic numbers or abbreviations.

1.2 Authorship. Authorship credit should be given in accordance with the standard proposed by the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/>). Specifically, authorship is merited by (1) substantial contributions to conception and design of the study, acquisition of data, or analysis and interpretation of data; (2) drafting the article or making critical revisions related to important intellectual content of the manuscript; and (3) provision of final approval of the version of the article to be published. Authors should meet conditions 1, 2 and 3.

We consider requests for co-first/co-corresponding authors on a limited basis, making the final decision to allow/deny according to the detailed reasons provided by the



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authors for justification on a case-by-case basis, with allowance permitting no more than 2 co-first/co-corresponding authors. For the *policy of allowing co-first authors and co-corresponding authors* who made equal contribution to a manuscript, please visit: <https://www.wjgnet.com/bpg/GerInfo/310>.

Author names (unabbreviated) should be given as first name, middle name initial (with no period) and family (sur) name, and typed in bold with the first letter capitalized; a hyphen should be included between the syllables of Chinese names. For example, **Jason Lamontagne, Laura F Steel, Paul V Harper Jr, Bo Yuan, and Wei-Hong Tang**.

1.3 Institution. Author names should be written out first (as first name, middle name initial (with no period) and family (sur)name; with a hyphen included between the syllables of Chinese names) and typed in bold, followed by a comma and the complete name of the affiliated institution, city, province/state, postcode and country typed in non-bold. For example:

Xu-Chen Zhang, Li-Xin Mei, Department of Pathology, Chengde Medical College, Chengde 067000, Hebei Province, China

In the case that multiple authors represent a single institution, the authors will be listed together for that institution. For example:

Giuseppe Losurdo, Domenico Piscitelli, Antonio Giangaspero, Mariabeatrice Principi, Francesca Buffelli, Floriana Giorgio, Lucia Montenegro, Claudia Sorrentino, Annacinzia Amoruso, Enzo Ierardi, Alfredo Di Leo, Gastroenterology Section, Department of Emergency and Organ Transplantation, University of Bari, Bari 70124, Italy

In the case that one author represents multiple institutions, the institutions will be listed separately. For example:

Jun Wen, Department of Liver Surgery and Liver Transplantation Center, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China



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Jun Wen, Department of General Surgery, The Third People's Hospital of Chengdu, Chengdu 610031, Sichuan Province, China

1.4 ORCID number. ORCID provides a persistent digital identifier that distinguishes each researcher from every other researcher globally and, through integration in key research workflows such as manuscript and grant submissions, supports automated linkages between an individual researcher and their own professional activities, thereby ensuring that their work is recognized accurately in a distinctive manner. Please visit the ORCID website at <https://orcid.org/> for more information. The corresponding author must provide his/her personal ORCID registration number.

1.5 Supportive foundations. The approved grant application form(s) will be released online, together with the manuscript in order for readers to obtain more information about the study and to increase the likelihood of subsequent citation. Our purpose of publishing the approved grant application form(s) is to promote transparent academic communication, accelerate scientific progress in the related field, and improve effective and productive sharing of research ideas.

Supportive foundation acknowledgment: The complete name(s) of supportive foundation(s) and identification number(s) of grants or other financial support will be provided on the title page of all submitted manuscripts using the following format:

Supported by the National Natural Science Foundation of China, No. 30224801.

1.6 PRISMA 2009 Checklist. In order to improve the quality of Evidence-Based Medicine manuscripts, authors should download and complete the 'PRISMA 2009



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Checklist' to ensure that the manuscript meets the requirements of the PRISMA 2009 Statement. Authors must state in the Footnotes section of the manuscript that the guidelines of the PRISMA 2009 Statement have been adopted (see below).

Sample wording: The authors have read the PRISMA 2009 Checklist, and the manuscript was prepared and revised according to the PRISMA 2009 Checklist.

1.7 Corresponding author. The corresponding author's contact information will be provided in the following format: written out first name, middle name initial (with no period) and family (sur)name (with a hyphen included between the syllables of Chinese names), and followed by the relevant honorifics (such as PhD, MD, Chief of Surgery, Assistant Professor, *etc*), all typed in bold and ending with a comma. This will be followed immediately by the corresponding author's professional affiliation (non-bold text), written out as complete name of institution, present address, city, province/state and postcode, and country and ending with a period. Immediately following the ending period and a single space will be the corresponding author's E-mail address; this E-mail address must be issued by his/her institution. All the letters in the E-mail address should be typed in lowercase. For example:

Andrzej S Tarnawski, MD, PhD, DSc (Med), Professor, Chief, Department of Gastroenterology, VA Long Beach Health Care System, University of California, Irvine, 5901 E Seventh St, Long Beach, CA 90822, United States. astarnaw@uci.edu

1.8 Abstract. An informative, structured abstract of no more than 350 words should accompany each manuscript. Abbreviations should be avoided, but if used should be spelled out at first mention. The 5 sections of the structured abstract are: Background,



Aim, Methods, Results, and Conclusion. Each section should adhere to the word count thresholds (indicated in parentheses) and the content guidelines below:

BACKGROUND (no more than 100 words)

This section should clearly describe the rationale for the study. It should end with a statement of the specific study hypothesis.

AIM (no more than 20 words)

The purpose of the study should be stated clearly, with no or minimal background information, following the format of: "To investigate/study/determine..."

METHODS (no more than 80 words)

This section should describe the materials and methods used for all of the data presented in the proceeding Results section of the abstract. This information should include the following details, as applicable: basic study design (*e.g.*, randomized controlled trial, cross sectional study, cohort study, case series, *etc*); setting, please specify study location (*e.g.*, primary or tertiary care setting, hospital, general community, *etc*); number of participants and how they were selected; intervention, the method of administration and the duration; and major statistical methods used.

RESULTS (no more than 120 words)

This section should describe the key findings of the study, including absolute values and risk differences. *P* values should be presented where appropriate, and not for data that did not reach the threshold of statistical significance. You must provide relevant data to illustrate how the statistical values were obtained (*e.g.*, 6.92 ± 3.86 vs 3.61 ± 1.67 , $P <$



0.001).

CONCLUSION (no more than 30 words)

This section should succinctly and cogently present the findings and implications that are within the scope of the data you have presented in the preceding Results section of the abstract. You should state only conclusions that are directly supported by the evidence presented and the implications of the findings presented. This section should be written in the present tense.

1.9 Key words. The 'Key words' list will provide 5-10 keywords that reflect the main content of the study. Please do not use abbreviations for the keywords (*e.g.* Ulcerative colitis, not UC). The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon. For example:

Key words: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic steatohepatitis; Animal models; Insulin resistance; Oxidative stress

1.10 Core tip. Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study.

2 SECOND SECTION OF MANUSCRIPT WRITING

2.1 Main text. The main text will contain 7 sections, including Introduction, Materials and Methods, Results, Discussion, Conclusion, Acknowledgements, and References.



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2.2 Biostatistics. Any manuscript describing a study (basic research and clinical research) that used biostatistics must include a statement in the Materials and Methods section affirming that the statistical review of the study was performed by a biomedical statistician. Statistical review is performed before the submission or after peer-review. The author(s) will invite an expert in Biomedical Statistics to evaluate the statistical method(s) used in the study, including but not limited to the *t*-test (group or paired comparisons), chi-square test, ridit, probit, logit and regression (linear, curvilinear, or stepwise) modeling, correlation, analysis of variance, and analysis of covariance. The review by the biomedical statistician is conducted with respect to the following points: (1) Statistical methods are adequately and appropriately described when they are used to verify the results; (2) Statistical techniques are suitable or correct, and compliant with the following Baishideng Publishing Group (*Baishideng*) directives; (3) Only homogeneous data can be averaged. Standard deviation (SD) is preferred to standard error (SE). The number of observations and subjects (*n*) is given. Losses in observations, such as drop-outs from the study, are reported; (4) Values, such as ED50, LD50, and IC50, have the 95% confidence limits calculated and have been compared by weighted probit modeling (using the functions described by Bliss and Finney); and (5) The word “significantly” is replaced by its synonyms (if it indicates extent) or the *P* value (if it indicates statistical significance). Statistical data should be expressed as mean \pm SD or mean \pm SE. Common statistical expressions are identified as: *t*-test as *t*; *F*-test as *F*; chi-square test as χ^2 ; relative coefficient as *r*; degree of freedom as *df*; number of samples as *n*; and probability as *P*.

Sample wording: The statistical methods of this study were reviewed by [name(s) of individual(s)] from [name(s) of organization(s)]...



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Note: If a biostatistics editor is employed by the authors, the person's name (first name and family (sur)name), qualifications, and contact information must be submitted to the editorial office in the form of a letter of confirmation of service. If the biostatistics editing was performed by a commercial service provider, the company's name and contact information, including URL and E-mail or phone number, must be submitted to the editorial office in the form of a letter of confirmation of service. The letters of confirmation of service must include the corresponding author's name (first name and family (sur)name) and contact information (E-mail and phone number), and the manuscript title.

2.3 Units. Use SI units. For example: body mass, m (B) = 78 kg; blood pressure, p (B) = 16.2/12.3 kPa; incubation time, t (incubation) = 96 h; blood glucose concentration, c (glucose) = 6.4 ± 2.1 mmol/L; blood CEA mass concentration, p (CEA) = 8.6-24.5 g/L; CO₂ volume fraction, 50 mL/L CO₂, not 5% CO₂; likewise, for 40 g/L formaldehyde, not 10% formalin; and mass fraction, 8 ng/g, *etc.* Arabic numerals such as 23,243,641 (*i.e.* 23 million, 243 thousand, and 641) should be written as 23243641, with no commas or spaces. The format for how to accurately write common units and quantities can be found at: <https://www.wjgnet.com/bpg/gerinfo/189>.

2.4 Illustrations. Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, *etc.*). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure, so that the reader can understand without having to refer back to any other portion of the manuscript.

It is necessary to keep all elements compiled in a line-art image. Scale bars (with the



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length of the bar defined in the legend text rather than on the bar itself) or magnification factors (with textual definition in the legend) can be used. Figure file names should identify the figure and panel. Avoid layering type directly over shaded or textured areas in the figure. Uniform presentation should be used for figures showing the same or similar contents; for example, “**Figure 1 Pathological changes of atrophic gastritis after treatment.** A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

2.5 Tables. Tables must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, etc). A brief, one-line title must be provided for each table. Detailed legends should not be included under tables, instead having the information presented in the main text where applicable; the information should complement, but not duplicate the text. Use one horizontal line under the title, a second under the column headings, and a third below the last row of the Table (being above any footnotes). Vertical lines and italics should be omitted.

Please note that tables embedded as Excel files within the manuscript are NOT acceptable. Tables made in Excel that are 2 pages or less should be transformed into a customized Word program table, using the ‘Insert Table’ function. Tables will be located at the very end of your article document, following the figures. Any tables submitted that are longer/larger than 2 pages will be published as online-only supplementary material.

Tables must be primarily cell-based and fully editable. Do not use the following to organize data or structure the table: (1) Returns (“Enter” key); (2) Tabs; (3) Spaces; (4) Colored text; (5) Cell shading; and (6) Cells within cells. The Software should be Word (preferred; embedded at the end of the manuscript file) or Excel (allowed for longer tables presented as Supplementary Materials). *Baishideng* does not allow for graphics, boxes or embedded tables to appear in the main body of the manuscript.



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2.6 Notes in illustrations and tables. Data with statistical significance in a figure or table should be denoted using superscripted alphabetical lettering, such as ^a*P* < 0.05 and ^b*P* < 0.01. If there are other series of *P* values, the alphabetical subscripted denotation format is continued, such as ^c*P* < 0.05 *vs* control, ^d*P* < 0.01 *vs* control, ^e*P* < 0.05 *vs* group A, and ^f*P* < 0.01 *vs* group B. Data that are not statistically significant should not be denoted, *i.e.* *P* > 0.05 is not an allowed denotation.

Other notes in tables or under illustrations should be expressed as F¹, F², F³, or sometimes as other superscripted symbols (Arabic numerals); for example, “F: Venn diagram. ¹Here, we excluded patients that preintervention was inconsistent with original treatment in our hospital.” In a multi-curve illustration, each curve should be labeled with ●, ○, ■, □, ▲, △, *etc.* in a specified sequence.

2.7 Abbreviations. Standard abbreviations should be defined in the abstract and in the main body of the manuscript upon first mention in the text. In general, terms should not be abbreviated unless they are used two times or more and the abbreviation is helpful to the reader. Permissible abbreviations are listed in *Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors* (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

2.8 Italics. Quantities: *t*, time or temperature; *c*, concentration; *A*, area; *l*, length; *m*, mass; *V*, volume. Genotypes: *gyrA*, *arg 1*, *c myc*, *c fos*, *etc.* Restriction enzymes: *EcoRI*, *HindI*, *BamHI*, *Kbo I*, *Kpn I*, *etc.* Biological nomenclature: *H. pylori*, *E. coli*, *etc.* Latin terms: *i.e.*, *e.g.*, *via*, *etc.*

2.9 Acknowledgements. Brief acknowledgements of persons who have made genuine



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contributions to the manuscript and who endorse the data and conclusions should be included. Authors are responsible for obtaining written permission to use any copyrighted text and/or illustrations.

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This section includes Coding system, PMID and DOI, Style for journal references, Style for book references, and Format for references (Examples). Specific requirements are as follows:

(1) Coding system

The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces. For example, "Crohn's disease (CD) is associated with increased intestinal



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permeability^[1,2]." If references are cited directly in the text, they should be included with the direct citation content within the text; for example, "From references^[19,22-24], we know that...". Before submitting your manuscript, please ensure that the order of citations in the text is the same as in the references section, and also ensure the spelling accuracy of the authors' names. Do not list the same citation twice (*i.e.* with two different numbers).

(2) PMID and DOI

Please provide the PMID number, which is the serial number that roots the abstract for that publication into the PubMed index, and the CrossRef DOI® (Digital Object Identifier) name, which is a unique string created to identify a piece of scholarly content in the online environment for each reference in the References section. The PMID number can be found at <http://www.ncbi.nlm.nih.gov/pubmed> and the DOI name at <http://www.crossref.org/SimpleTextQuery/>. The numbers will be used in the electronic (E)-version of the manuscript.

(3) Style for journal references

For authors' names, the name of the first author should be typed in bold letters; the family (sur)name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Lian-Sheng Ma and Bo-Rong Pan will be written as Ma LS and Pan BR. The title of the cited article will be written in sentence case. The journal title will be written in its abbreviated form (as shown in PubMed) in italics and followed by the article publication information (not italicized), including the publication date, volume number (in bold numbers), and start page through end page (separated by a hyphen, with no space). The PMID and DOI will follow this information and be written as "[PMID: 11819634 DOI: 10.3748/wjg.13.5396]".

(4) Style for book references

For the authors' names, the name of the first author should be typed in bold letters. The family (sur)name of all authors should be typed with the initial letter capitalized, followed by their abbreviated first and middle initials. The book title will follow the



authors' names and not be italicized. The publication information will follow, written as punctuated here: publication number, publication place: publication press, year: start page-end page.

Baishideng uses the reference style outlined by the International Committee of Medical Journal Editors (ICMJE), also referred to as the "Vancouver" style. Example formats are listed below. Additional examples are in the [ICMJE sample references](#).

Journal name abbreviations should be those found in the [National Center for Biotechnology Information databases](#).

PRINT JOURNALS

English-language journal articles (list all authors and include the PMID and DOI, where applicable):

1 **Ma L**, Chua MS, Andrisani O, So S. Epigenetics in hepatocellular carcinoma: An update and future therapy perspectives. *World J Gastroenterol* 2014; 20: 333-345 [PMID: 24574704 PMCID: PMC3923010 DOI: 10.3748/wjg.v20.i2.333]

Chinese-language journal articles (list all authors and include the PMID and DOI, where applicable):

2 **Zhang ZM**, Deng H, Zhang C, Yu HW, Liu Z, Liu LM, Wan BJ, Zhu MW. Strategies for diagnosis and treatment of benign and malignant colorectal obstruction. *Shijie Huaren Xiaohua Zazhi* 2017; 25: 2597-2604 [DOI: 10.11569/wcjd.v25.i29.2597]

In press articles:

3 **Sipos F**, Constantinovits M, Valcz G, Tulassay Z, Múzes G. Association of hepatocyte-derived growth factor receptor/caudal type homeobox 2 co-expression with mucosal regeneration in active ulcerative colitis. *World J Gastroenterol* 2015; In press



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Organization as author:

4 **Diabetes Prevention Program Research Group.** Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002; **40**: 679-686 [PMID: 12411462]

Both individual authors and an organization as author:

5 **Vallancien G, Emberton M, Harving N, van Moorselaar RJ, Alf-One Study Group.** Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol* 2003; **169**: 2257-2261 [PMID: 12771764]

No author given:

6 21st century heart solution may have a sting in the tail. *BMJ* 2002; **325**: 184 [PMID: 12142303]

Volume with supplement:

7 **Geraud G, Spierings EL, Keywood C.** Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002; **42** Suppl 2: S93-99 [PMID: 12028325]

Issue with no volume:

8 **Banit DM, Kaufer H, Hartford JM.** Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop Relat Res* 2002; **(401)**: 230-238 [PMID: 12151900]

No volume or issue:

9 Outreach: Bringing HIV-positive individuals into care. *HRSA Careaction* 2002; 1-6 [PMID: 12154804]



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BOOKS

Individual author(s):

10 Sherlock S, Dooley J. Diseases of the liver and biliary system. 9th ed. Oxford: Blackwell Sci Pub, 1993: 258-296

Chapter in a book (list all authors):

11 Lam SK. Academic investigator's perspectives of medical treatment for peptic ulcer. In: Swabb EA, Azabo S. Ulcer disease: investigation and basis for therapy. New York: Marcel Dekker, 1991: 431-450

Author(s) and editor(s):

12 Breedlove GK, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wiczorek RR, editor. White Plains (NY): March of Dimes Education Services, 2001: 20-34

CONFERENCE-RELATED ARTICLES

Conference proceedings:

13 Harnden P, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ cell tumours Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer, 2002: 30-56

Conference papers:

14 Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer, 2002: 182-191

ELECTRONIC JOURNALS



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Electronic journals (list all authors):

15 Huynen MMTE, Martens P, Hilderlink HBM. The health impacts of globalisation: a conceptual framework. *Global Health*. 2005; 1: 14. Available from: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-1-14> doi.org/10.1186/1744-8603-1-14 [PMID: 21501219 DOI: 10.1186/1744-8603-1-14]

PATENTS

Patents (list all authors):

16 Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1

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17 Cannon R. Riloncept to improve artery function in patients with atherosclerosis. [accessed 2015 Apr 25]. In: ClinicalTrials.gov [Internet]. Bethesda (MD): U.S. National Library of Medicine. Available from: <http://clinicaltrials.gov/show/NCT00417417> ClinicalTrials.gov Identifier: NCT00417417

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18 Krick T, Shub DA, Verstraete N, Ferreiro DU, Alonso LG, Shub M, et al. Amino acid metabolism conflicts with protein diversity; 1991. Preprint. Available from: arXiv:1403.3301v1. Cited 17 March 2014.

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19 Fountain H. For Already Vulnerable Penguins, Study Finds Climate Change Is Another Danger. *The New York Times*. 29 Jan 2014. Available from:



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20 Allen L. Announcing PLOS Blogs. 2010 Sep 1 [cited 17 March 2014]. In: PLOS Blogs [Internet]. San Francisco: PLOS 2006 - . [about 2 screens]. Available from: <http://blogs.plos.org/plos/2010/09/announcing-plos-blogs/>.

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22 Roberts SB. QPX Genome Browser Feature Tracks; 2013 [cited 2013 Oct 5]. Database: figshare [Internet]. Available from: http://figshare.com/articles/QPX_Genome_Browser_Feature_Tracks/701214

MULTIMEDIA (videos, movies, or TV shows)

23 Hitchcock A, producer and director. Rear Window [Film]; 1954. Los Angeles: MGM.

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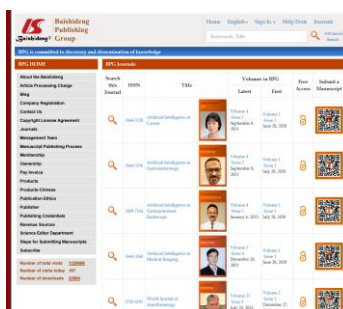


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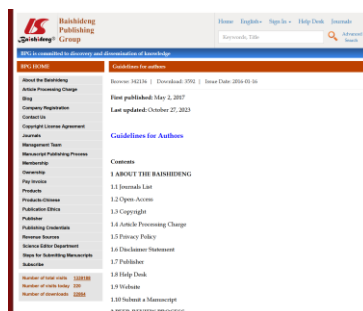


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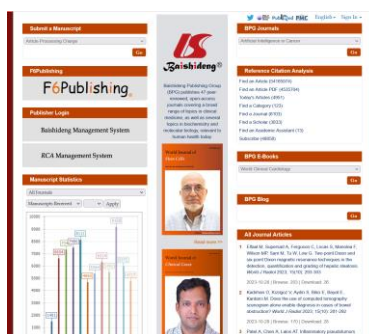
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