DESCRIPTION

Due to the COVID-19 situation, we fully understand most labs are fully or partially shut down so please let us know if you need additional support and contact your Editor to ask for an extension of your revision if you need one.

Clinical Biochemistry publishes articles relating to clinical chemistry, molecular biology and genetics, therapeutic drug monitoring and toxicology, laboratory immunology and laboratory medicine in general, with the focus on analytical and clinical investigation of laboratory tests in humans used for diagnosis, prognosis, treatment and therapy, and monitoring of disease.

Manuscripts are categorized as Analytical or Clinical Investigations and may be offered as Full Papers, Short Communications, or Letters. Opinion pieces and Special Reports are welcome, but contributors are encouraged to contact the Editor-in-Chief to avoid conflict with other forthcoming publications.

AUDIENCE

Clinical chemists, laboratory directors, physicians, as well as other laboratory professionals including, hematologists, geneticists, microbiologists, pathologists, biochemists, toxicologists, immunologists, analytical chemists, and molecular biologists.

IMPACT FACTOR

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INTRODUCTION
Clinical Biochemistry publishes articles relating to clinical chemistry, molecular biology and genetics, therapeutic drug monitoring and toxicology, laboratory immunology and laboratory medicine in general, with the focus on analytical and clinical investigation of laboratory tests in humans used for diagnosis, prognosis, treatment and therapy, and monitoring of disease.

Manuscripts are categorized as Analytical or Clinical Investigations and may be offered as Full Papers, Short Communications, or Letters. Opinion pieces and Special Reports are welcome, but contributors are encouraged to contact the Editor-in-Chief to avoid conflict with other forthcoming publications.

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• Original Research Communications (designated as one of two categories: Analytical or Clinical Investigation) may be offered as Full Papers or as Short Communications.

Full papers require an abstract, should be limited to 4000 words, 40 references and 6 tables and/or figures. Short Communications require an abstract, should be limited to 1500 words, 15 references, and 2 tables and/or figures.

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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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Full length articles should not exceed 4000 words (maximum 40 references), and up to 6 tables and/or figures with short communications comprising up to 1500 words of text, maximum 15 references, and two illustrative items (Tables and/or Figures). Letters will be classified as Case Reports (provide novel insight into disease mechanisms or diagnostic applications), Laboratory Notes (technical evaluation or important insight into analytical methodology), or Letters to the Editor (focused on a specific article that has appeared in Clinical Biochemistry within 4 weeks of print issue date of article). For all 3 types of letters listed above, the text should not exceed 500 words, with no abstract, a maximum of 1 table or figure and up to 5 references. Review Articles and Special Reports may exceed the word and reference limit for Full length articles as per the comprehensive nature of these articles. However, both of these articles (Reviews and Special Reports) will still require an abstract (unstructured, 250 word maximum). Editorial and Opinion pieces will not require an abstract and will be limited to 2000 words and up to 20 references.

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