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AUTHOR INFORMATION PACK

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DESCRIPTION

One of the premier online only peer-reviewed clinical journals in general and internal medicine, *Mayo Clinic Proceedings* is among the most widely read and highly cited scientific publications for physicians. While the *Proceedings* is sponsored by [Mayo Clinic](#), it welcomes [submissions](#) from authors worldwide, publishing articles that focus on clinical medicine and support the professional and educational needs of its readers.

Continuously published since 1926, the *Mayo Clinic Proceedings*' content includes Nobel-prize-winning research. The *Proceedings* has an impact factor of 7.616, ranking it #18 out of 169 journals in the Medicine, General and Internal category.

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One of the premier peer-reviewed clinical journals in general medicine, *Mayo Clinic Proceedings* is among the most widely read and highly cited scientific publications for physicians. While the *Proceedings* is sponsored by Mayo Clinic (Mayo Foundation for Medical Education and Research), it welcomes submissions from authors worldwide, publishing articles that focus on clinical medicine and support the professional and educational needs of its readers.

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Journals (Print)

1. Rainier S, Thomas D, Tokarz D, et al. Myofibrillogenesis regulator 1 gene mutations cause paroxysmal dystonic choreoathetosis. *Arch Neurol*. 2004;61(7):1025-1029.

Journals (Online)

2. Duchin JS. Can preparedness for biologic terrorism save us from pertussis? *Arch Pediatr Adolesc Med*. 2004;158(2):106-107. Available at <http://archpedi.ama-assn.org/cgi/content/full/158/2/106>. Accessed June 1, 2004.

Journals (Published Online Ahead of Print) 3. Cannon CP, Braunwald E, McCabe CH, et al; Pravastatin or atorvastatin evaluation and infection therapy-thrombolysis in myocardial infarction 22 Investigators. intensive vs moderate lipid lowering with statins after acute coronary syndromes [published online ahead of print March 8, 2004]. *N Engl J Med*. 2004;350(15):1495-1504. <https://doi.org/10.1056/NEJMoa040583>.

Chapter

4. Bithell TC. Hereditary coagulation disorders. In: Lee GR, Bithell TC, Foerster J, Athens JW, Lukens JN, eds. *Wintrobe's Clinical Hematology*. Vol 2. 9th ed. Philadelphia, PA: Lea & Febiger; 1993:1422-1472.

Book

5. Guyton AC. *Textbook of Medical Physiology*. 8th ed. Philadelphia, PA: WB Saunders Co; 1991:255-262.

Web

6. International Society for Infectious Diseases. ProMED-mail website. www.promedmail.org. Accessed April 29, 2004.

Dataset references

7. Oguro, M, Imahiro, S, Saito, S, Nakashizuka, T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <https://doi.org/10.17632/xwj98nb39r.1>.

Preprint server

8. Babichev SA, Ries J, Lvovsky AI. Quantum scissors: teleportation of single-mode optical states by means of a nonlocal single photon. Preprint at <http://arXiv.org/quant-ph/0208066> (2002).

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a new understanding of the pathophysiology of a common disease
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