THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY: IN PRACTICE

DESCRIPTION

JACI: In Practice covers the spectrum of conditions treated by allergist-immunologists in their practices. The emphasis of the journal is on information that is practical for clinicians—material that can be used in everyday practice or will help in acquiring new knowledge or skills that can be directly applied to patients. A major goal of JACI: In Practice is to provide our readers with a high level of evidence to support their clinical decisions in diagnosis and management.

Content
All JACI: In Practice content is peer-reviewed. The journal welcomes original research articles that fit into the above scope. For each original article, a highlight box indicates what is already known about this subject, what this study adds, and how the new information impacts current management guidelines. Shorter original research and instructive case reports are presented as Clinical Communications. "Images in Allergy" submissions that consist of clinical pictures (e.g., X-rays, CT scans, biopsies, allergens, endoscopic visualizations of the airway, eruptions, etc.) and impart important clinical information are also included. In addition, JACI: In Practice features various types of review articles that will primarily be invited by the editors. Many of these will offer CME. The original and review articles are supplemented by Editorials, AAAAI Practice Papers, and a regular Ask the Expert column.

IMPACT FACTOR

2018: 7.550 © Clarivate Analytics Journal Citation Reports 2019

EDITORIAL BOARD

Editor-in-Chief
Michael Schatz, MD, MS, San Diego, California, USA

Deputy Editor
Robert S. Zeiger, MD, PhD, San Diego, California, USA
Scott H. Sicherer, MD, New York, New York, USA

Associate Editor
David A. Khan, MD, Dallas, Texas, USA
Managing Editor
Dawn Angel, Denver, Colorado, USA

Editorial Board
Rob C. Aalberse, PhD, Amsterdam, Netherlands
Peter D. Arkwright, Manchester, United Kingdom
Luisa Karla Arruda, MD, PhD, FAAAAI, Ribeirão Preto, Brazil
Mark Ballow, MD, FAAAAI, Sarasota, Florida, USA
Peter J. Barnes, MA, DM, DSc, London, United Kingdom,
Bruce G. Bender, PhD, FAAAAI, Denver, Colorado, USA
Kimberly Gold Blumenthal, Boston, Massachusetts, USA
Jean Bousquet, MD, PhD, Montpellier, France
William W. Busse, MD, FAAAAI, Madison, Wisconsin, USA
Thomas B. Casale, MD, FAAAAI, Tampa, Florida, USA
Mariana C. Castells, MD, PhD, Boston, Massachusetts, USA
Mario Castro, MD, MPH, St. Louis, Missouri, USA
John R. Cohn, MD, FAAAAI, Philadelphia, Pennsylvania, USA
Linda S. Cox, MD, FAAAAI, Fort Lauderdale, Florida, USA
Charlotte Cunningham-Rundles, MD, PhD, FAAAAI, New York, New York, USA
Carla G. Davis, Houston, Texas, USA
Pascal Demoly, MD, PhD, Montpellier, France
Sten Dreborg, MD, PhD, FAAAAI, Uppsala, Sweden
Anne M. Fitzpatrick, PhD, Atlanta, Georgia, USA
Anne L. Fuhlbrigg, Aurora, Colorado, USA
Peter J. Gergen, MD, MPH, Bethesda, Maryland, USA
James E. Gern, MD, FAAAAI, Madison, Wisconsin, USA
Peter Gibson, MD, PhD, Newcastle, Australia
David B. K. Golden, MD, FAAAAI, Baltimore, Maryland, USA
Paul Greenberger, MD, FAAAAI, Chicago, Illinois, USA
Robert Hamilton, PhD, DABMLI, Baltimore, Maryland, USA
Günther F. L. Hofbauer, MD, Zürich, Switzerland
Mary Beth Hogan, MD, FAAAAI, Las Vegas, Nevada, USA
David P. Huston, MD, FAAAAI, Houston, Texas, USA
Elliot Israel, MD, FAAAAI, Boston, Massachusetts, USA
Corinne Keet, MD, MS, PhD, Baltimore, Maryland, USA
Kevin J. Kelly, MD, FAAAAI, Chapel Hill, North Carolina, USA
John Kelso, MD, FAAAAI, San Diego, California, USA
Jennifer Koplin, Parkville, Australia
Gideon Lack, MD, London, United Kingdom
Catherine Lemiere, Montreal, Canada
James J. Li, MD, PhD, FAAAAI, Rochester, Minnesota, USA
Richard F. Lockey, MD, FAAAAI, Tampa, Florida, USA
Eric M. Macy, San Diego, California, USA
Elizabeth C. Matsui, Austin, Texas, USA
David Mauger, PhD, Hershey, Pennsylvania, USA
Robert M. Naclerio, MD, FAAAAI, Chicago, Illinois, USA
Elizabeth J. Phillips, Nashville, Tennessee, USA
Wanda Phipatanakul, MD, MS, FAAAAI, Boston, Massachusetts, USA
Thomas A. E. Platts-Mills, MD, PhD, FAAAAI, Charlottesville, Virginia, USA
Matthew A. Rank, MD, FAAAAI, Scottsdale, Arizona, USA
Vito Sabato, MD, Edgem, Belgium
Hugh A. Sampson, MD, FAAAAI, New York, New York, USA
Brian C. Schroer, MD, Cleveland, Ohio, USA
Roland Solensky, MD, FAAAAI, Corvallis, Oregon, USA
Winnie Tong, Sydney, Australia
Erika von Mutius, MD, MSc, Munich, Germany
Julie Wang, MD, FAAAAI, New York, New York, USA
Robert A. Wood, MD, FAAAAI, Baltimore, Maryland, USA
Ann Chen Wu, MD, MPH, Boston, Massachusetts, USA
John B. Ziegler, MD, MBBS, FAAAAI, Sydney, Australia
GUIDE FOR AUTHORS

**Your Paper Your Way**

We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article.

**To find out more, please visit the Preparation section below.**

**INTRODUCTION**

The Journal of Allergy and Clinical Immunology: In Practice covers the spectrum of conditions treated by allergist-immunologists in their practice: food allergy (including eosinophilic gastrointestinal disorders), respiratory disorders (including asthma, allergic and nonallergic rhinitis/rhinoconjunctivitis, nasal polyps, chronic sinusitis, chronic obstructive pulmonary disease [COPD], allergic bronchopulmonary aspergillosis [ABPA], and hypersensitivity pneumonitis), drug allergy, insect sting allergy, anaphylaxis, dermatologic disorders (including atopic dermatitis, contact dermatitis, urticaria, angioedema, and hereditary angioedema [HAE]), immunodeficiency, and mast cell disorders. It also covers symptoms and signs for which patients are referred to the allergist-immunologist, such as cough, pruritis, rash, dyspnea, and eosinophilia. The emphasis of the Journal is on **practical information for clinicians** that they can use in everyday practice or that will help them acquire new knowledge or skills they can directly apply to their practice. Mechanistic or translational studies without immediate or near future clinical relevance and animal studies are discouraged.

*Please Note: When selecting a title for your paper, please consider the following guidelines:*

- Keep the title succinct: Limit it to 12 words or fewer. Communicate a single subject or idea in the title.
- Construct the title around the article's key words. Include the specific symptom, condition, intervention, mechanism, or function of the paper's central focus. Mention any defining population, age or gender that distinguishes the work.
- Use terms that are specific rather than general (e.g., "penicillin" rather than "betalactam antibiotic") and include terms that clarify (e.g., "fractional exhaled nitric oxide" rather than "airway inflammation"). Avoid using strong words (such as "robust," "innovative," "significant," "vigorou" and "aggressive"), as they may suggest exaggerated or unwarranted claims.
- Use wit carefully and appropriately; be informative first and clever second. Although a universally understood pun can work well to attract interest, ensure that it will not confuse or mislead the reader.

The titles of papers accepted for publication in The Journal of Allergy and Clinical Immunology: In Practice may be revised for improved clarity and appeal to the readership. Such revision will have final approval by the authors.

**Article types**

The Journal will consider publication of several types of manuscripts:

**A. Original articles.** These articles should describe fully, but as concisely as feasible, the results of original clinical research. Original Articles should not exceed 3,500 words, not including the abstract, figure legends, and references. Each figure legend should be held to 60 words or less. Each Original Article may be accompanied by a total of no more than 8 graphic presentations (tables and/or figures).

Original Articles should include: 1. Title page. The first page of the manuscript should be a title page, containing the following items: A brief, clear title. The list of authors, including their full names, highest academic degrees, and institutional affiliations. Please note:

(A) To be listed as an author, an individual must meet the requirements approved by the International Committee of Medical Journal Editors (ICMJE). In order to be included in the list of authors, an individual must have done all of the following: (1) made substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafted the article or reviewed it critically for important intellectual content; and (3) given final approval of the version to be published.

(B) The Journal of Allergy and Clinical Immunology: In Practice (JACI: In Practice) does not allow "ghostwriting," or uncredited authorship. All writers of a manuscript should be clearly identified.

The name, address, telephone number, and email address of the author who should be contacted regarding the manuscript following its publication. Note: A different author may be designated as the Corresponding Author in the submission system for the duration of the submission and review processes. Email addresses should be provided for all authors. A declaration of all sources of funding
for the research reported in the manuscript. Note regarding National Institutes of Health-sponsored research: JACI: In Practices publisher, Elsevier, facilitates author posting in connection with the posting request of the NIH (referred to as the NIH "Public Access Policy"; see http://publicaccess.nih.gov/). For more information about PubMed Central, please visit http://www.ncbi.nlm.nih.gov/pmc/about/faq/. Word count for the Abstract and word count for the text.

2. Abstract. The abstract should be no longer than 250 words. It should summarize the results and conclusions concisely. Tabular data should not be included and acronyms/abbreviations should be avoided or spelled out fully. Abstracts should be structured as follows:

**Background:** What is the major problem that prompted the study?

**Objective:** What is the purpose of the study?

**Methods:** How was the study done?

**Results:** What are the most important findings?

**Conclusion:** What is the most important conclusion drawn?

3. Highlights box. Each Original Article will be accompanied by a highlights box that provides answers (no longer than 35 words) to the following questions: What is already known about this topic? What does this article add to our knowledge? How does this study impact current management guidelines?

4. Key words. A list of up to 10 key words should follow the Highlights Box.

5. Abbreviations. Provide a list of any abbreviations/acronyms and their definitions following the key words. Only standard abbreviations are to be used. If you are uncertain whether an abbreviation is considered standard, consult Scientific Style and Format by the Council of Science Editors or the AMA's Manual of Style. A laboratory or chemical term or the name of a disease process that will be abbreviated must be spelled out at first mention, with the acronym or abbreviation following in parentheses. This policy should be followed for both the abstract and manuscript separately.

6. Text. The manuscript should be written in clear and concise English. The text should be organized into the following sections: Introduction, Methods, Results, and Discussion. Each section should begin on a new page. The generic terms for all drugs and chemicals should be used. In studies involving human subjects, a statement describing approval by the appropriate Institutional Review Board is required.

7. Acknowledgments. General acknowledgments for consultations, statistical analyses, and the like should be listed at the end of the text, including full names of the individuals involved. However, as noted above, acknowledgment of funding should be listed on the title page.

8. References. It is the Editors' expectation that authors will perform a comprehensive search of the literature to gather the most current articles relative to the subject matter. Guidelines for formatting references can be found below.

**B. Clinical Communications.** Clinical Communications are brief reports of clinical or laboratory observations or case series. Single case reports will only be considered if they demonstrate a novel, impactful insight, rather than simply an educational point. Clinical Communications are limited in scope, and without sufficient depth of investigation to qualify as Original Articles. Like Original Articles, these manuscripts are subject to peer review. A Clinical Communication must:

1. Be brief. A Clinical Communication should not exceed 1,000 words, not including the figure legend(s) and references. The figure legend(s) should be held to 60 words or less. Please note: Clinical Communication manuscripts that are determined to exceed these limits will be returned to the authors for shortening prior to review.
2. Have a short, relevant title.
3. Have a complete title page (see above section A1).
4. Provide 1-2 sentences (maximum 40 words) that summarize the clinical implications and importance of the report to be used in a Clinical Implications box published at the beginning of the article.
5. Begin with the salutation "To the Editor:"
6. Have no more than 9 references.
7. List the references as complete bibliographic citations following the end of the letter body.
8. Be limited to a total of 2 figures and/or tables. (Additional figures or tables may be placed in the article's Online Repository; please see the relevant section below.)
C. Images in Allergy. Images in Allergy articles consist of clinical pictures (e.g., X-rays, CT scans, biopsies, allergens, endoscopic visualizations of the airway, eruptions, etc.) that impart important clinical information. They are accompanied by a brief description, limited to 500 words. Up to two references may be included.

D. Correspondence and Replies. Correspondence concerning articles recently published in JACI: In Practice will be considered for publication and accepted based on their pertinence, their scientific quality, and available space in the Journal. If the correspondence is considered acceptable, a response will be requested from the authors of the referenced JACI: In Practice article. Upon review and approval by the Editor, the Correspondence and relevant Reply will both be published together. Both Correspondence and Reply manuscripts must:
1. Be no longer than 500 words.
2. Have a short, relevant title, distinct from the title of the referenced article. Please note that all Replies should have the title "Reply to [First author's name]."
3. Have a complete title page (see above section A1).
4. List the references as complete bibliographic citations at the end of the letter with the Journal article being discussed as the first reference. The total number of references should be no more than seven. Replies should include as two of the first references the Correspondence to which they are responding and the published article that initially started this conversation.
5. Have no more than one graphic presentation (table or figure).
6. Begin with the salutation "To the Editor:" and close with the author's name(s), academic degree(s), institution(s), and location(s).

E. Review articles. Review articles published in the Journal are invited by the Editors. Proposals for review articles may be emailed to the Editorial Office (InPractice@aaaai.org), but current space constraints do not usually allow for the acceptance of unsolicited review manuscripts. Specific guidelines for review articles will be provided to authors when needed.

F. Rostrum articles. Opinion articles about subjects of particular interest and/or debate may be accepted for peer review after preliminary review by the Editor. Proposals for rostrum articles may be emailed to the Editorial Office (InPractice@aaaai.org); they will be evaluated based on level of interest, novelty, and the current needs of the Journal. Specific guidelines for Rostrum articles will be provided to authors upon request.

G. Practice Options From Beyond Our Pages. This feature is focused on identifying, critiquing, and placing into context research studies that have the potential to change our clinical practices. Published studies beyond the pages of the Journal of Allergy and Clinical Immunology: In Practice and the Journal of Allergy and Clinical Immunology that have a high likelihood of changing practice should be the focus of submissions in this series. Articles to consider are meta-analyses, randomized double-blind placebo-controlled trials, effectiveness studies, new diagnostic breakthroughs, etc.

Who should submit: Allergy-Immunology Fellows-In-Training partnered with faculty members. Authors do not require an invitation to submit. Submission does not guarantee publication. Suggestions for revisions may be made before the contribution is considered acceptable.

Practice Options From Beyond Our Pages should have the following characteristics:
1. Be 1,000 words or less.
2. The title should be a succinct description of the major topic and the potential practice change.
3. The manuscript text should be arranged in the following format:
   a. Reference: The study that is being reviewed.
   b. Background: The authors should clearly state the current clinical practice and/or guideline and how this study has the potential to change the current practice.
   c. Methods: Summary of the methods used in the study that is being reviewed.
   d. Results: Summary of the main results. (Possibly include a small table. Please note that permissions would need to be obtained for any tables reproduced from the original study).
   e. Critical appraisal: The authors should discuss any major limitations of the study and how they influence the potential to translate the findings into practice. Comparisons with previous studies that addressed similar practice questions should be considered and appropriately cited in a reference list at the end of the manuscript.
(f) **Recommendation**: The authors should briefly state the recommended practice change.

**H. Practice Pearls.** This is a feature that promotes sharing of clinical wisdom among practicing allergist-immunologists. A Practice Pearl is something that helps an allergist-immunologist practice more safely, effectively, timely, efficiently, equitably, or in a more patient-centered, way. A Practice Pearl is generally not a case report of a very unique situation and is not based on a formal study, but is rather a solution to a practical challenge that is developed by the submitter and can be applied by allergist-immunologists to help many patients.

Submissions should be structured into two sections: (1) Practice Challenge and (2) Practice Solution. Submissions should be no longer than 300 words and inclusion of up to two illustrations (figures or tables) and two references are optional. Audio and video online supplements are encouraged. Submissions will be peer-reviewed prior to acceptance.

**Submission**
Submission to this journal online (through https://www.editorialmanager.com/inpractice/default.aspx) and you will be guided stepwise through the creation and uploading of your files. The system automatically converts source files to a single PDF file of the article, which is used in the peer-review process. Please note that even though manuscript source files are converted to PDF files at submission for the review process, these source files are needed for further processing after acceptance. All correspondence, including notification of the Editor's decision and requests for revision, takes place by e-mail removing the need for a paper trail. For instructions regarding how to use the submissions site, please visit https://service.elsevier.com/app/answers/detail/a_id/116.

Submit your article

**BEFORE YOU BEGIN**

**Ethics in publishing**
Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

**Studies in humans and animals**
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

**Conflict of Interest**
All authors must disclose all financial relationships for themselves and their immediate family/significant others. The Journal requires all authors to acknowledge, on the title page of the manuscript, all funding sources that supported their work and any commercial associations that might pose a conflict of interest. These include consultant arrangements, speakers’ bureau participation, stock or other equity ownership, patent licensing arrangements, support such as financial or materials grants for research, employment, or expert witness testimony. Further information can be found at https://www.elsevier.com/conflictsofinterest and at http://service.elsevier.com/app/answers/detail/a_id/286/supporthub/publishing.

The Corresponding Author is responsible for obtaining each author’s statement and all authors should see and approve the complete disclosure before submission to the Journal.
Permission to reuse previously published material/informed consent releases
If applicable, authors of manuscripts submitted to JACI: In Practice must provide the Editorial Office with proof of permission to reuse any previously published material that has appeared in another publication. Because articles appear in both the print and online versions of the journal, wording in the permissions form/release should specify "permission to publish in all forms and media." Written permission to reuse the specified material can be uploaded with the manuscript submission or forwarded to the Editorial Office by email (InPractice@aaaai.org) or fax (319-467-7583). Acceptance of a manuscript is conditional upon receipt of permission. Additionally, in the case of photographs of identifiable persons, it is required that the author obtain written consent from said person. Confirmation of this consent will be requested at the time of submission.

Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Reporting clinical trials
Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. **NOTE: TRIALS MUST REGISTER AT OR BEFORE THE ONSET OF PATIENT ENROLLMENT.** The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. For any questions, please contact the Editorial Office at inpractice@aaaai.org.
Special instructions regarding statistical analyses and reporting

1. METHODS: Reporting on Statistical Methods. The Consolidated Standards of Reporting Trials (CONSORT) statement is a set of guidelines for reporting on the methods and results of randomized and nonrandomized medical research studies.

The first CONSORT statement provides a checklist of items that should be included in a manuscript that reports the results of a randomized clinical trial (RCT). Items 7 through 12 of the checklist are relevant to the statistical methods section for a manuscript submitted to *JACI: In Practice* based on a RCT. Thus:

- With respect to item 12, the statistical methods and commercial software should be cited.
- Item 7 and item 12 of the checklist are relevant to the Statistical Methods section of a manuscript submitted to *JACI: In Practice* based on a nonrandomized study. Thus:

2. RESULTS.

Items 13 through 19 of the CONSORT checklist describe items that are important to the Results section for a manuscript submitted to *JACI: In Practice* based on a RCT (some of the items might not be relevant if the study is nonrandomized). Thus:

2A. Results: Descriptive Statistics at Baseline

If the distribution for a continuous variable is approximately normally distributed, then report either

- the sample mean and the sample standard deviation or
- the sample mean and the 95% confidence interval for the population mean.

If the distribution for a continuous variable is known (or suspected) to be nonnormal, then report either

- the sample median and the sample interquartile range or
- the sample median and the sample first and third quartiles.

Many blood and urine measurements are log-normally distributed—i.e., the logtransformed variable is approximately normally distributed. If the distribution for a continuous variable is known (or suspected) to be lognormal, then an alternative to sample medians and quartiles is to report either

- the sample geometric mean (calculate as the exponentiation of the sample mean of the natural logtransformed data) and the sample coefficient of variation or
- the sample geometric mean and the 95% confidence interval.

If the distribution of the variable is categorical, then report the raw numbers and the percentages for the categories. Do not use more than three digits for the percentages—i.e., 79% or 79.3% are fine, but 79.32% is not.

Statistical tests, along with reported *P* values, for comparing groups at baseline are not necessary unless there is a strong reason to include them.

2B. Results: Outcomes

- Every *P* value should be reported using two digits after the decimal point. If each of the first two digits after the decimal point is zero, then a third digit can be used. If each of the first three digits after the decimal point is zero, then simply report *P* < .001.
- If the *P* value is close to the level to be used for claiming a statistical significance or if each of the first two digits after the decimal point is zero, then a third digit can be used. For example, if the significance level is 0.05, then *P* = .046 or *P* = .054 can be reported. Nonsignificant results (e.g., where the *P* value is > 0.05) should be accompanied by *P* values; it should not simply be stated that they are nonsignificant (NS).
- *P* values alone are not sufficient to report the results of statistical tests. *JACI: In Practice*’s readers need to see the magnitude of the effects via point estimates and 95% confidence intervals for the group comparisons.

An estimate of odds ratios and relative risks (and their corresponding confidence interval estimates) should not exceed two digits beyond the decimal point.

2C. Results: Primary Outcomes, Multiple Comparisons, and Post Hoc Comparisons

- Prespecified primary outcome/analysis should be identified, as well as any prespecified secondary, subgroup, and/or sensitivity analyses. Additional analyses considered during the course of the prespecified analyses or after the study was completed should be identified as post hoc. For analyses of more than one primary outcome, corrections for multiple testing should generally be used. For secondary outcomes, address multiple testing or consider such analyses as exploratory and interpret them as hypothesis-generating. For secondary and subgroup analyses, there should be a description
of how the potential for type I error due to multiple comparisons was handled, for example, by adjustment of the significance threshold. In the absence of some approach, these analyses should generally be described and interpreted as exploratory.

2D. Results: Missing Data

• Report losses to observation, such as dropouts from a clinical trial or those lost to follow-up or unavailable in an observational study. If more than 10% of participants are excluded from analyses because of missing or incomplete data, provide a supplementary table that compares the observed characteristics between participants with complete and incomplete data. Consider multiple imputation methods to impute missing data and include an assessment of whether data were missing at random.

Adherence to other key guidelines

*JACI: In Practice* endorses the following guidelines and encourages authors to make every attempt to conform to their recommendations:

**Allergen Nomenclature** The systematic allergen nomenclature of the World Health Organization/International Union of Immunological Societies (WHO/IUIS) Allergen Nomenclature Sub-committee should be used for manuscripts that include the description or use of allergenic proteins. For manuscripts describing new allergen(s), the systematic name of the allergen must be approved by the WHO/IUIS Allergen Nomenclature Sub-Committee prior to manuscript publication. To avoid the risk of delay of publication, authors are encouraged to apply for a new allergen name using the posted submission form at the WHO/IUIS Allergen Nomenclature website (www.allergen.org) before manuscript submission. The systematic nomenclature consists of the first three letters of the taxonomic genus of the allergen source, followed by a space; the first letter of the species epithet, followed by a space; and an Arabic numeral usually indicating the chronological order in which the allergen was described. For example, the first allergen to be purified from the house dust mite, Dermatophagoides pteronyssinus, is named "Der p 1." Further examples of the systematic allergen nomenclature for over 500 allergens can be found at www.allergen.org. The submissions to the Allergen Nomenclature Sub-Committee will be kept confidential until publication if requested by the authors."

**STROBE statement for observational studies**

When preparing observational reports, we encourage authors to review the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) Statement, available at www.strobe-statement.org.

**PRISMA guidelines for systematic reviews and meta-analyses**

For meta-analysis of RCTs, we encourage authors to consult the recommendations of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement, available at www.prisma-statement.org.

**STARD statement for diagnostic studies**

For reports of diagnostic studies, we recommend the STARD (Standards for Reporting of Diagnostic Accuracy) Statement, available at www.stardstatement.org.

**Role of the funding source**

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Note regarding National Institutes of Health-sponsored research: *JACI: In Practice*’s publisher, Elsevier, facilitates author posting in connection with the posting request of the NIH (referred to as the NIH "Public Access Policy"; see http://publicaccess.nih.gov/). If an author indicates that the research reported in their article was sponsored by the NIH, either by checking the appropriate box on the Transfer of Copyright form or by completing the relevant field during the online submission process, Elsevier will send the accepted version of the manuscript to PubMed Central (PMC) for public access posting 12 months after final publication. Please note that the accepted version of the manuscript does not include changes that are made during the review of galley proofs. For more information about PubMed Central, please visit http://www.ncbi.nlm.nih.gov/pmc/about/faq/.
**Funding body agreements and policies**
Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the gold open access publication fee. Details of existing agreements are available online.
After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

This journal has an embargo period of 12 months.

**Language services**
Please write your text in good American English. Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop, [http://webshop.elsevier.com/languageediting/](http://webshop.elsevier.com/languageediting/), or visit our customer support site, [https://service.elsevier.com](https://service.elsevier.com), for more information.

**Referees**
You are welcome to submit the names and institutional e-mail addresses of several potential referees. For more details, visit our Support site. Note that the editor retains the sole right to decide whether or not the suggested reviewers are used.

**PREPARATION**

**Basic formatting**
The title page, abstract, key words, abbreviations, text, acknowledgments, references, and figure legends should be included in a single file (.doc or .docx format). Tables and their legends may be included at the end of the same file (after the reference list and figure legends, if applicable). Alternatively, tables and their legends can be loaded as a separate Tables file.

The generic terms for all drugs and chemicals should be used.

Figures should be uploaded each as separate Figure files, with the figure legends placed in the manuscript file, after the reference list. Tables can either be placed in the manuscript file, after the reference list and figure legends (if applicable), or uploaded as a separate Tables file. Please see the Artwork section for specific formatting information for Figures. Tables need to be created using Microsoft Words Tables function, and uploaded a .doc file(s).

All sections should be double-spaced. On each page, the page number should appear in the upper right corner. Begin numbering with the title page as page 1. Be sure to display line numbers (1, 2, 3, and so forth) in the left margin of the manuscript. The line numbering should be continuous throughout the entire manuscript, from the title page through final page (i.e., do not begin numbering from 1 again at the top of each page).

**NEW SUBMISSIONS**
Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process.
As part of the Your Paper Your Way service, you may choose to submit your manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or layout that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately.

**References**
It is the Editors’ expectation that authors will perform a comprehensive search of the literature to gather the most current articles relative to the subject matter.

References should follow "Vancouver style." See the examples below, or [http://www.nlm.nih.gov/bsd/uniform_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) for more information. Manuscripts in preparation, personal communications, and other unpublished information should not be cited in the reference list but may be mentioned in the text in parentheses. Citing abstracts as references is strongly discouraged. An abstract should only be included as a reference if the evidence it provides
is important to the manuscript and exists nowhere else in citable form. Abstracts that are included in the reference list must be bolded so that reviewers can easily identify them and evaluate their appropriateness. The references must be identified in the text by superscript Arabic numerals and numbered in consecutive order as they are mentioned in the text. The list of references, in numeric sequence, should be typed at the end of the article. In the submitted version of the manuscript, references should not appear as footnotes or endnotes, and if you have used a program such as EndNote or Reference Manager to create them, the links between the reference numbers and the citations must be removed using the following steps:

1. Using the "Select All" feature (Ctrl-A for PCs. Cmd-A for Macs), highlight the entire text of the file, including the references.
2. Use the keystroke command Ctrl-6 for PCs or Cmd-6 for Macs.
3. Save. This will remove the links (permanently) without disturbing the reference numbers or the citations. It is recommended that you save one copy of your manuscript with the EndNote links in place (for your reference) and one copy of your manuscript without the EndNote links (for submission purposes).

Please note that inclusive page numbers are required. List all authors' names when there are six or fewer; when there are seven or more, list the first six before adding "et al."

Examples of Reference Formatting

Journal article:

Book:

Chapter in a book:

Internet resource:

When selecting a title for your paper
Please consider the following guidelines:

• Keep the title succinct: Limit it to 12 words or fewer.
• Communicate a single subject or idea in the title.
• Construct the title around the article’s key words.
• Include the specific symptom, condition, intervention, mechanism, or function of the paper’s central focus.
• Mention any defining population, age, gender, or animal species that distinguishes the work.
• Use terms that are specific rather than general (e.g., "penicillin" rather than "betalactam antibiotic") and include terms that clarify (e.g., "CXCR4" rather than "chemokine receptors").
• Avoid using strong words (such as "robust," "innovative," "significant," "vigorous," and "aggressive"), as they may suggest exaggerated or unwarranted claims.
• Use wit carefully and appropriately; be informative first and clever second. Although a universally understood pun can work well to attract interest, ensure that it will not confuse or mislead the reader.
• The titles of papers accepted for publication in the Journal of Allergy and Clinical Immunology: In Practice may be revised for improved clarity and appeal to the readership. Such revision will have final approval by the authors.

Methods
Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.
**Formatting of funding sources**

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

**Units**

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

**Math formulae**

Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by \( \exp \). Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

**Footnotes**

Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article.

**Artwork**

The total number of graphic presentations (tables and/or figures) per manuscript should comply with the limits for the manuscript's Article Type; requests to include additional graphics must be approved by the Editors.

**Electronic Artwork**

**General points**

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar. Keep a consistent font size throughout each figure, and for all figures.
- Number the illustrations according to their sequence in the text.
- Images need to be easily readable with good contrast, particularly figures that have multiple parts and/or a lot of different symbols or components. Clarity and consistency should be uniform among the parts of a multi-part figure, and among all the figures in a manuscript.
- In colorizing your figure(s), we ask that you keep in mind that some of our readers are colorblind and may be unable to distinguish different colors easily. To accommodate these readers, we suggest that you consider some type of aid, such as labeling each column of a bar graph with an identifier or providing a key with differently shaped symbols to identify each set of data. It is also helpful to use colors of varying intensity so that they are distinguishable as different shades of gray when viewed by the colorblind. It is important that you submit all figures in the dimensions in which they are to be published in the journal. They must be sized to the smallest dimensions that allow legibility and clarity without undue use of space.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the printed version.
- Submit each illustration as a separate file.

A detailed guide on electronic artwork is available on our website:

https://www.elsevier.com/artworkinstructions
You are urged to visit this site; some excerpts from the detailed information are given here.

**Formats**
If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.
Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
- EPS (or PDF): Vector drawings, embed all used fonts.
- TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
- TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

**Please do not:**
- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

**Electronic artwork**

**General points**
- Make sure you use uniform lettering and sizing of your original artwork.
- Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Indicate per figure if it is a single, 1.5 or 2-column fitting image.
- For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.
- Please note that individual figure files larger than 10 MB must be provided in separate source files.

A detailed guide on electronic artwork is available.

You are urged to visit this site; some excerpts from the detailed information are given here.

**Formats**
Regardless of the application used, when your electronic artwork is finalized, please 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
- EPS (or PDF): Vector drawings. Embed the font or save the text as 'graphics'.
- TIFF (or JPG): Color or grayscale photographs (halftones): always use a minimum of 300 dpi.
- TIFF (or JPL): Bitmapped line drawings: use a minimum of 1000 dpi.
- TIFF (or JPL): Combinations bitmapped line/half-tone (color or grayscale): a minimum of 500 dpi is required.

**Please do not:**
- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); the resolution is too low.
- Supply files that are too low in resolution.
- Submit graphics that are disproportionately large for the content.

**Color Artwork**
Please make sure that artwork files are in an acceptable format (TIFF [or JPEG], EPS [or PDF] or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color on the Web (e.g., ScienceDirect and other sites) in addition to color reproduction in print. This specifically applies to Original Articles, Review Articles, Images and Allergy, and any figure that is included on the first or second page of a Clinical Communications article. For other article types or additional figures in the Clinical Communications section, these figures can be included with payment of a fee; the publisher will contact the authors following acceptance of the manuscript to discuss the relevant costs and payment details. If illustrations appear in the manuscript, they must be submitted in electronic format along with the rest of the manuscript. For further information on the preparation of electronic artwork, please see [https://www.elsevier.com/artworkinstructions](https://www.elsevier.com/artworkinstructions).
Illustration services
Elsevier's WebShop offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Figure captions
Figure legends should be listed in the manuscript file, on a separate page after the tables. They should not appear in the figure files. The figure legend will be included when sizing the figure and its length must therefore be taken into consideration. The figure title should appear at the beginning of each legend. The legends themselves should be succinct (no more than 60 words), identifying the data or subject being presented, but not explaining methods or results.

Tables
If tables appear in the manuscript, they must be included in the electronic submission. They may be placed within the manuscript file or loaded as separate files (in .doc or .docx format). Tables should supplement, not duplicate, the text; they should be on separate pages, one table per page, and should be numbered with Roman numerals in order of mention. A brief title should be provided directly above each table. Any abbreviations should be defined at the bottom of the table. When creating a table, use the wordprocessing program's table formatting feature; otherwise, use only tabs (not spaces) to align columns.

Reference style
It is the Editors' expectation that authors will perform a comprehensive search of the literature to gather the most current articles relative to the subject matter. Citing abstracts as references is strongly discouraged. An abstract should only be included as a reference if the evidence it provides is important to the manuscript and exists nowhere else in citable form. Abstracts that are included in the reference list must be bolded so that reviewers can easily identify them and evaluate their appropriateness.

References should follow "Vancouver style." See the examples below, or http://www.nlm.nih.gov/bsd/uniform_requirements.html for more information. Manuscripts in preparation, personal communications, and other unpublished information should not be cited in the reference list but may be mentioned in the text in parentheses. Citing abstracts as references is strongly discouraged. An abstract should only be included as a reference if the evidence it provides is important to the manuscript and exists nowhere else in citable form. Abstracts that are included in the reference list must be bolded so that reviewers can easily identify them and evaluate their appropriateness. The references must be identified in the text by superscript Arabic numerals and numbered in consecutive order as they are mentioned in the text. The list of references, in numeric sequence, should be typed at the end of the article. In the submitted version of the manuscript, references should not appear as footnotes or endnotes, and if you have used a program such as EndNote or Reference Manager to create them, the links between the reference numbers and the citations must be removed using the following steps:

(1) Using the "Select All" feature (Ctrl-A for PCs. Cmd-A for Macs), highlight the entire text of the file, including the references.
(2) Use the keystroke command Ctrl-6 for PCs or Cmd-6 for Macs.
(3) Save. This will remove the links (permanently) without disturbing the reference numbers or the citations. It is recommended that you save one copy of your manuscript with the EndNote links in place (for your reference) and one copy of your manuscript without the EndNote links (for submission purposes).

Please note that inclusive page numbers are required. List all authors' names when there are six or fewer; when there are seven or more, list the first six and add "et al."

Examples of Reference Formatting

Journal article:

Book:

**Chapter in a book:**

**Internet resource:**

**Journal Abbreviations Source**
Journal names should be abbreviated according to the list of title word abbreviations: http://www.issn.org/2-22661-LTWA-online.php.

**Video**
Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 150 MB in total. Any single file should not exceed 50 MB. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages.

Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

**Online Repository materials**
The Journal will consider posting ancillary materials (non-essential text, tables, figures, videos, appendices, questionnaires, etc.) in an Online Repository (OR). The OR is for peer-reviewed material that cannot be included in the print version of an article due to space considerations. In the manuscript text, materials that are housed in the OR must be referenced specifically (e.g., "see Figure E1 in the Online Repository"). Note: OR material consisting of 15 pages or less is built directly into the downloadable PDF of the published article; for material longer than 15 pages, a link is provided in the online version of the article.

On an individual basis, the Editors will determine whether ancillary material submitted in support of a manuscript is warranted. In some instances, an Editor may suggest when requesting a revision that part of the data be presented for the OR and removed from the manuscript, perhaps at the request of the reviewers.

The ancillary material must be submitted in Editorial Manager simultaneously with the rest of the manuscript. The OR material should be loaded as separate files, and should follow the end of the regular manuscript. For revisions that will include newly designated OR material, the Marked Manuscript should show where materials were removed from the original version, and include appropriate statements directing readers of the article in the print journal to the OR. The Unmarked Manuscript will reflect the latter changes.

**Guidelines for Online Repository text:**
- All text files for the OR should be formatted per directions for regular manuscript materials.
- If citations are made within the ancillary material, a list of references, separate from the manuscript’s references, must be included and labeled E1, E2, etc.
- Authors may repeat sentences or references in the OR that are included in the manuscript, if necessary for reader comprehension.

**Guidelines for Online Repository Tables and Figures:**
• Tables for the OR should be submitted as files with any of the following extensions: doc, .csv, .txt, .rtf, .xls, or .ppt. The tables must have been created in the same format that they are saved, so that they can be copyedited if needed.
• Figures for the OR do not need to conform to the print specifications for resolution, but they do need to appear clear and crisp when viewed electronically.
• Figures and Tables must be designated as Figure E1, Table E1, etc, and should be numbered separately from the illustrations in the manuscript proper.

REVISED SUBMISSIONS

As with new submissions, revisions must be submitted electronically through Editorial Manager. Ensure that the revised manuscript is prepared in accordance with the Journal's format and style for the type of article being revised. Please refer to the "User Guide for Authors" (https://service.elsevier.com/app/answers/detail/a_id/116) for additional information. Adherence to these guidelines is important to prevent a delay in processing the revised manuscript. Please note: Graphic presentations (i.e., tables, figures, and Online Repository files) are not automatically included in the revised submission. Be sure to include all files that should be considered for publication with your revised submission.

Revisions must include the following:
(1) A Responses to Comments document that includes point-by-point responses to the comments made by the Reviewers, Editor, and Editorial Office. In your Responses to Comments document, reproduce each comment verbatim and in its entirety and follow the comment with your detailed response. Each of the comments should be preceded by the word “COMMENT,” and the font style for each comment should be bold. Each of your responses should be preceded by the word "RESPONSE," and the font style for each response should be regular (not bold). In each response, indicate where relevant changes have been made in the manuscript or explain why no changes would be appropriate. If any alterations have been made to your figures or if any figures have been removed or replaced, describe the changes.
(2) A Marked Manuscript. The Marked Manuscript should be a version of your revised manuscript in which all of the ways in which it is different from the original manuscript are indicated for the sake of the Editor. The preferred method of indicating changes is Microsoft Word's Track Changes feature. Alternately, any text that has been added should be underlined, and any text that was deleted should be indicated by strikethrough formatting. Any table that was part of your original submission should be either embedded within the Marked Manuscript or provided as a separate file (e.g., "Table II - Marked"); if changes have been made to the table, they should be indicated. Likewise, any figure that was part of your original submission should be either embedded within the Marked Manuscript or provided as a separate file (e.g., "Figure 1 - Marked"); if changes have been made to the figure, they should be described in your Responses to Comments document. Line numbering (continuous) should be used throughout the Marked Manuscript.
(3) An Unmarked Manuscript. The Unmarked Manuscript should be your revised manuscript just as you intend it for publication (if it is accepted). Any table that is to be part of your revised manuscript should be either embedded within the Unmarked Manuscript or provided as a separate file (e.g., "Table II - Unmarked"). Any figure that is to be part of your revised manuscript must be provided as a separate file (e.g., "Figure 1-Unmarked").

AFTER ACCEPTANCE

Availability of accepted article

This journal makes articles available online as soon as possible after acceptance. This concerns the accepted article (both in HTML and PDF format), which has not yet been copyedited, typeset or proofread. A Digital Object Identifier (DOI) is allocated, thereby making it fully citable and searchable by title, author name(s) and the full text. The article's PDF also carries a disclaimer stating that it is an unedited article. Subsequent production stages will simply replace this version.

Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If...
excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

For open access articles: Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (more information). Permitted third party reuse of open access articles is determined by the author's choice of user license.

**Author rights**
As an author you (or your employer or institution) have certain rights to reuse your work. More information.

**Open access**
This journal offers authors a choice in publishing their research:

**Subscription**
- Articles are made available to subscribers as well as developing countries and patient groups through our universal access programs.
- No open access publication fee payable by authors.
- The Author is entitled to post the accepted manuscript in their institution's repository and make this public after an embargo period (known as green Open Access). The published journal article cannot be shared publicly, for example on ResearchGate or Academia.edu, to ensure the sustainability of peer-reviewed research in journal publications. The embargo period for this journal can be found below.

**Gold open access**
- Articles are freely available to both subscribers and the wider public with permitted reuse.
- A gold open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards.

For gold open access articles, permitted third party (re)use is defined by the following Creative Commons user licenses:

*Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)*
For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

The gold open access publication fee for this journal is USD 3400, excluding taxes. Learn more about Elsevier's pricing policy: https://www.elsevier.com/openaccesspricing.

**Green open access**
Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. Find out more.

**Proofs**
One set of page proofs (as PDF files) will be sent by e-mail to the corresponding author, or a link will be provided in the e-mail so that authors can download the files themselves. Elsevier now provides authors with PDF proofs which can be annotated; for this you will need to download Adobe Reader version 7 (or higher) available free from http://get.adobe.com/reader. Instructions on how to annotate PDF files will accompany the proofs (also given online). The exact system requirements are given at the Adobe site: http://www.adobe.com/products/reader/tech-specs.html.
If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting line number. If, for any reason, this is not possible, then mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and return by fax, or scan the pages and e-mail, or by post. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately – please let us have all your corrections within 48 hours. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility. Note that Elsevier may proceed with the publication of your article if no response is received.

**Offprints**

The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier’s Webshop. Corresponding authors who have published their article gold open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

**AUTHOR INQUIRIES**

Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.

You can also check the status of your submitted article or find out when your accepted article will be published.

**Editorial Office**

The Journal of Allergy and Clinical Immunology: In Practice

Editorial Office

Telephone: 319-356-7739

Fax: (319) 467-7583

Email: InPractice@aaaai.org

Statements and opinions expressed in the articles and communications in the Journal are those of the author(s) and not necessarily those of the Editor(s) or publisher, and the Editor(s) and publisher disclaim any responsibility or liability for such material. Neither the Editor(s) nor the publisher guarantee, warrant, or endorse any product or service advertised in this publication, nor do they guarantee any claim made by the manufacturer of such product or service.

© Copyright 2018 Elsevier | https://www.elsevier.com