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On rare occasions, an appendix may be used for data that cannot easily be presented as a table or a figure and are too central to the article to be deposited elsewhere. At the discretion of the Editorial Board, an appendix may be published at the end of an article. In these cases, appendices are cited in the text as a table or figure would be cited (eg, Appendix 1) and the appendix would appear before the references. If the appendix cites references, the references would be numbered consecutively, following the last reference number in the text, and included in the article’s reference list.

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Publication of online supporting material is at the discretion of the Editorial Board. Online supplemental material will not be edited by the journal office, and it is the author’s responsibility to ensure the accuracy of the data and the clarity of the format. Once accepted for publication, authors will not be provided an opportunity to review or modify online supplemental material.

Use the headings Supplemental Table or Supplemental Figure for your online supporting material and save and upload a PDF version of this material.

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This section presents brief but informative updates on common subjects of relevance to practicing physicians. Specifically, although the topics are chosen for relevance to the journal's entire readership, they are targeted particularly to primary care physicians. A busy practitioner should be able to read the article in less than 15 minutes and obtain several good clinical tips; hence, authors should avoid describing technical details. The goals of this section are to provide practical material and to encourage application of the information by presenting questions that highlight important facts from each review. A maximum of 3 authors are allowed for a Concise Review manuscript, provided that all of the authors played a major role in the writing of the manuscript.

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This contribution is written by one or more recognized experts in the field. If there is more than one author, all authors should be recognized experts with similar stature in the field. The article should offer a step-by-step guide on how they would approach a patient with a given condition, based on their clinical experience and expertise.

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A Brief Report will typically address an early report or observation of relevance to clinical medicine or medical science. This category is not intended to present preliminary data on structured, ongoing research but instead is intended to present unanticipated or extremely novel observations that may encourage others to perform related research or reassess their clinical practice.

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Case Reports should be approximately 800 to 1800 words (up to 7 typed, double-spaced pages). Case reports must include an unstructured abstract. The number of references, tables, and figures should be appropriate for the overall length of the paper. In general, no more than 2 tables or 2 figures are necessary. To better select the highest-quality case reports, the editorial board of *Mayo Clinic Proceedings* has revised and codified our policies for case report review and the standards for acceptance. Manuscripts of the "case report and review of the literature" genre will not be accepted. Other case reports must first demonstrate relevance to the interest of the *Mayo Clinic Proceedings* readership and importance of the message before they are sent for further review.

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