ASCP Case Reports

Instructions for Authors

ASCP Case Reports, formerly known as CheckSample (1958), comprises case reports for continuing education in the areas of Clinical Chemistry, Cytopathology, Forensic Pathology, Hematology, Microbiology, Pathology Informatics, Surgical Pathology, and Transfusion Medicine.

A board of editors generally recruits authors; however, prospective authors are encouraged to propose topics to casereport@ascp.org.

Using a case study format, exercises generally focus on a practical or problematic aspect of pathology (eg, differential diagnoses, analytical studies of laboratory findings) or a review of new findings or practical applications. Cases may be altered or abbreviated from an original case publication by the same authors with the understanding that the case presentation is substantially different (at least 30% different), with a different title and a different focus, or conclusion, even if the new work references the original.

Note: Residents, students, and fellows must have an attending physician in the authorship.

MANUSCRIPT REQUIREMENTS

Refer to current editions of Dorland’s Medical Dictionary, Merriam Webster’s Dictionary, and the AMA Manual of Style as references.

Manuscripts must be 2500 to 3500 words, not including figures, tables, and references; prepared in Microsoft Word; double-spaced; and must contain the following subsections in order:

- Learning Objectives (4 to 6). See p 3 for instructions.
- History. Report of a case(s) or problem, setting the stage for the discussion.
- Discussion. Resolution of the problem presented or diagnosis for the case study. Any common misconceptions, false assumptions, or differential diagnostic problems should be addressed as well as recent developments.
- Image/Figure Key (if applicable). Each image or figure should be described briefly, including the stain used and the original magnification. See p 2 for supplementary file requirements.
- References (5 to 30). All references must be cited in the text, in superscript format, and numbered in consecutive order. Submit references per the American Medical Association Manual of Style (10th ed). List all authors when 5 or fewer; when 6 or more, list the first 3 authors followed by “et al.” See p 5 for examples.
- CME Questions (5 to 7). See p 3-4 for instructions. Each question should be followed by 4 or 5 answer options, only one of which is correct. Questions should be scenario-based, presenting a problem that needs to be solved, or asking for the next step in evaluating the problem.
- Title Page. Include the title; word count; full name(s) of author(s); degree(s); title(s); institution(s); and the contributions of each author to the manuscript. For ASCP use only, daytime phone number and e-mail address. Also include a short abstract/summary of the exercise.
- Keywords. Provide a list of keywords at the end of the manuscript.

✓ Abbreviations: Expand all abbreviations at first mention in the text.
✓ Trade Names: Use nonproprietary names of drugs and other products, unless the trade name of a drug is essential to the discussion, in which case provide the manufacturer.
✓ Laboratory values: Express using conventional units, with Système International (SI) conversion factors in parentheses, only at first mention.
SUPPLEMENTARY MATERIAL

IMAGES. Digital images must be high resolution jpegs and prepared according to the following specifications: 500 pixels by 375 pixels @72 dpi. (Images submitted in PowerPoint or Word docs are not acceptable.) Images are limited to 12 per exercise. Where applicable, provide the original magnification (quantitative) and stain. All images must be cited in the text and numbered in order of appearance.

TABLES. Format using Microsoft Word. Avoid creating tables using spaces or tabs. Laboratory data should be displayed in conventional units with reference ranges. A conversion factor to SI should be presented in the legend. The metric system is preferred for the expression of length, area, mass, and volume. Number each table consecutively (Table I, Table II), and supply the title and legend. Expand all abbreviations in the legend. Each table must be submitted as a separate file.

FIGURES. Number each consecutively (Figure 1, Figure 2). Expand all abbreviations in the caption. Each figure must be submitted as a separate file.

LEGENDS/CAPTIONS. Place figure and image captions before the reference section.

PERMISSIONS. Whenever any material is used from another published source, written permission from the copyright holder of that material must be obtained prior to submission. As a rule of thumb, if more than 10% of any printed material derives from one or more outside sources, permission will need to be obtained. Permission is required for all such materials, unless the material is in the public domain. If a photograph of a person is used, the subject cannot be identifiable unless a release to use the photograph has been obtained and submitted with the picture.

MANUSCRIPT SUBMISSION

Manuscripts must be submitted to http://mc.manuscriptcentral.com/chks. Upload a title page separately from the manuscript files.

AUTHORSHIP. Each author should have participated sufficiently in the work to take public responsibility for the content. The submitting author is required to list the specific contributions of each author on the title page.

REVIEW AND REVISION. All submissions go through a 3-tier peer review process, one of which is blinded. Manuscripts are also subject to editorial revision once accepted. Manuscripts are accepted for consideration with the understanding that they have not been published in a similar form.

COPYRIGHT. ASCP will copyright all materials (manuscript and images) accepted for publication. A copyright assignment form will be supplied. This is done to protect the author’s intellectual property rights and in no way interferes with his or her further use of the materials.

An honorarium is provided to the designated author(s), contingent on acceptance and publication of the manuscript. In addition, a pdf of the published article will be e-mailed to the corresponding author.

Note: Abstracts for manuscripts published after 2011 will no longer be published in AJCP.

WRITING LEARNING OBJECTIVES AND CME QUESTIONS

LEARNING OBJECTIVES

- Requirement: 4-6 Learning Objectives (LOs). The stem statement, "On completion of this exercise, the participant should be able to," precedes the LOs.
Learning Objectives state in observable and measurable terms what the participant will be able to do after completing the exercise. Each LO should be linked to a CME question.

To assist in articulating an activity’s learning outcomes or desired results, consider the following questions:

- What are the professional practice gaps and educational needs (in competence and performance) that will be addressed by this CME activity?
- What are the desired results of this activity in terms of pathologist performance or patient health?
- What will a pathologist be able to do as a result of learning something?
- What change is a pathologist expected to make in his or her practice?

- Wording: Learning Objectives are best written to convey application of knowledge and problem-solving skills gained through the exercise.

  To show application of knowledge: "compute," "solve," "apply," "correlate," and "predict"
  To show problem-solving skills: "examine," "analyze," "compare," and "differentiate"

Do not use verbs such as: list, know, understand, be aware of—verbs that express merely knowledge; these words are unacceptable for accreditation of ASCP Case Reports for CME.

Other helpful verbs to describe desired results in terms of behavior change: advise, analyze, apply, assess, calculate, choose, communicate, consult, contrast, coordinate, create, decide, demonstrate, design, detect, determine, develop, devise, diagnose, differentiate, discriminate, distinguish, establish, evaluate, formulate, identify, implement, interpret, justify, manage, modify, operate, organize, perform, plan, predict, practice, propose, recognize, recommend, select, transform, utilize

CME QUESTIONS

- Requirement: 5 to 7 multiple choice questions; the correct answers need to be indicated.
- **Questions must be scenario-based.** The reader must be asked to interpret data, solve a problem, or provide the next step in the process presented.
- All CME Questions must test the Learning Objectives. Authors are required to identify where the correct answers to the CME Questions appear in the discussion by marking “[CME #X]” within the text. If the answers to a single question appear in more than one place, multiple markings are acceptable. The material in the discussion must provide the participant the tools and information necessary to answer the question successfully.
- Questions should be followed by 4 or 5 responses, only 1 of which is correct.

The following question types are unacceptable:

- Those with multiple-answer distractors (eg, all of the above, A and B)
- Questions with negative stems (eg, not, except, but, false)
- Questions that only assess knowledge rather than application of knowledge
- Questions that are so particular to the exercise that they don’t apply generally to the topic at hand
- Those with distractors that are 3 lines or more

**EXAMPLES**

1. A 25-year-old woman presents with purpura and epistaxis 8 days after starting trimethoprim-sulfamethoxazole for cystitis. A complete blood cell count demonstrates a platelet count of 45,000/µL. After the diagnosis of DIIT is confirmed, you advise the patient that

   A. On cessation of the drug, at least 3 weeks are required for the platelet count to return to normal.
   B. Platelet transfusions will reduce her mortality.
   C. Plasma exchange hastens recovery.
   D. Corticosteroids have no proven benefit.
1. Of the following patients, which has the least risk for developing TA-GVHD after receipt of nonirradiated blood?
A. Female fetus at 30 weeks’ gestation with severe hemolysis from maternal antibody requiring intra-uterine transfusion
B. 18 year-old woman known to be human immunodeficiency virus positive, with heavy uterine bleeding after spontaneous vaginal delivery
C. 30 year-old markedly lymphopenic man, 1 week after bone marrow transplant
D. 14 year-old boy newly diagnosed as having acute lymphoblastic leukemia and scheduled to begin induction chemotherapy in four days.

1. A woman is planning on becoming pregnant for the first time. Her sister is known to have the partial D phenotype. What is an appropriate step to managing her during prenatal care?
A. Rh immune globulin administration at 28 weeks of gestation and a second dose within 72 hours of delivery.
B. Avoidance of all invasive tests for fetal monitoring to decrease the risk of fetal maternal hemorrhage.
C. Routine prenatal care because she is not at risk for the partial D phenotype.
D. Performing a routine type-and-screen and molecular analysis to determine if a partial D antigen is present

1. A 65-year-old woman with a history of osteoarthritis is undergoing bilateral hip joint replacement. She underwent transfusion of 2 units of red blood cells after surgery because of a decreasing hematocrit level. Two hours after transfusion she began complaining of difficulty breathing. Room air pulse oximetry was 85%; pulse rate, 110 beats/min; and temperature, 37.9°C (0.9°C above pretransfusion temperature) (102.2°F). Bilateral coarse sounds were present on lung examination, jugular venous distention was absent, and a chest radiograph showed diffuse pulmonary infiltrate. Which of the following actions would be appropriate in the management of this case?
A. Begin immediate diuresis.
B. Withhold transfusion of any additional blood products to the patient until further notice.
C. Draw blood cultures followed by immediate administration of broadspectrum antibiotics.
D. Administer acetaminophen and restart the transfusion once her fever resolves.
E. Ensure that the patient maintains adequate oxygenation, including ventilator support if necessary.

1. The blood culture from a 34-year-old patient with a documented internal jugular vein clot, multiple hepatic abscesses, and a septic knee joint has just grown a pleomorphic, gram-negative rod with blunted ends that is indole-positive. While awaiting confirmatory testing and identification of the bacteria, which antibiotic should the patient be given?
A. Intravenous penicillin
B. Levofloxacin by mouth
C. Intravenous isoniazid
D. Vancomycin by mouth
E. Intravenous piperacillin-tazobactam

1. Benzoylecgonine, a breakdown product of cocaine, is found in the toxicology report from an autopsy of a person with an aortic dissection. How could benzoylecgonine predispose to an aortic dissection?
A. It results in media degeneration from elastolysis and ineffective type III collagen synthesis.
B. It causes a mutation in the TGFBR2 gene with resultant theorized dysregulation of the TGF-β signaling.
C. It increases the incidence of congenital aortic media degeneration.
D. It raises the shear stress on an already weakened aortic media.

REFERENCE FORMATTING

JOURNAL

**BOOK**


**CHAPTER IN BOOK**


**WEBSITE**


**PERSONAL COMMUNICATION**

Within the text, parenthetically (R. N. Smith, MD, oral communication, August 2009) where the name, degree(s), form of communication, month, and year are given.

**CITING IN TEXT**

Cite all references in text, superscript as shown, and in numerical order.