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*SLEEP*® is a monthly, peer-reviewed scientific and medical journal that is published online. *SLEEP*® publishes a wide spectrum of basic, translational and clinical sleep/circadian research findings. The primary audiences are research and clinical professionals specializing in sleep and circadian science and medicine.

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SLEEP® publishes original basic, translational and clinical research findings in the areas of sleep and circadian medicine and sleep and circadian science, broadly defined. Manuscripts must not be concurrently submitted to any other publication, print or electronic. Accepted manuscripts become the permanent property of the SRS and may not be published elsewhere without written permission from the SRS. All accepted manuscripts and supporting documents are subject to manuscript copyediting for conciseness, clarity, grammar, spelling, and SLEEP® journal style.

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Original Manuscripts present original research findings in the fields of sleep/circadian medicine and sleep/circadian science, broadly defined. There is no maximum length for Original Manuscripts, but reductions in manuscript length (including numbers of figures and/or tables) may be required as an outcome of peer review. Original manuscripts are typically 5000 to 6000 words and include eight or fewer tables/figures. There are no minimum length requirements for Original Manuscripts, but the submission of incomplete data sets, partial cohorts or pilot data is
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Editorials have a maximum word length of 1,500 words with as many references as needed, and may include one figure or table. Letters to the editor should be no more than 1,000 words and references should be limited to a maximum of ten.

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The following trial registries are acceptable:

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- Clinical Trials (service of NIH): [http://www.clinicaltrials.gov](http://www.clinicaltrials.gov)
- Clinical Trials Registry - India (CTRI): [http://www.ctri.in/Clinicaltrials/index.jsp](http://www.ctri.in/Clinicaltrials/index.jsp)
- German Clinical Trials Register (DRKS): [http://www.germanctr.de](http://www.germanctr.de)
- ISRCTN Register: [http://isrctn.org](http://isrctn.org)
- Nederlands Trial Register (NTR): [http://www.trialregister.nl](http://www.trialregister.nl)
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Pages should be numbered.

Lines should be double spaced.

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Reviewer Information Page (Page 1 of manuscript)

- Number of tables
- Number of figures
- Abstract word count
- Statement of Significance word count
- Word count

Title Page (Page 2 of manuscript)

- Title and Subtitle (if applicable)
- Authors and Author affiliations (identify the institution where the work was performed)
- Corresponding author’s full address and Corresponding author’s current Email
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Abstract (Page 3 of manuscript)

Each original manuscript and review article must be preceded by an abstract. Abstracts are not required for letters to the editor and editorials.
The abstract is limited to 250 words. The components of this format are (start each on a new line): Study Objectives, Methods, Results, Conclusions and Keywords. Conclusions should not simply restate results, but should address the significance and implications of the findings. **Authors have the option of not using section headings and may submit a single paragraph, narrative abstract of 250 words maximum length.** Abstracts should include as few abbreviations as possible, must follow the title page and should begin on a new page.

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Clinical trials (if applicable): Details of clinical trials should follow the keywords. Clinical Trial: name, URL, and registration.

List of Abbreviations should follow the Acknowledgements section.

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Each original manuscript and review article must be preceded by a Statement of Significance. A statement of significance is not required for letters to the editor and editorials.

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The Statement of Significance should provide a clear statement of the importance and novelty of the research, using language that can be understood by scientists or clinicians without special knowledge of the field. It should include a statement about critical remaining knowledge gaps and/or future directions of the work. For basic science papers, include a reasonable statement about human disease relevance and/or translational implications.

The statement should not be repetitious with the abstract or the “In summary…” paragraph that is often placed at the end of the Discussion. It should not contain references, numbers, description of methods, abbreviations, or acronyms, unless necessary.

**Introduction**
State the objective of the reported research, with reference to previous work.

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Describe methods in sufficient detail so that the work can be duplicated, or cite previous descriptions if they are readily available.

**Results**

Describe results clearly, concisely, and in logical order. When possible give the range, standard deviation, or standard error of the mean, and statistical significance of differences between numerical values.

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Interpret the results and relate them to previous work in the field. Include a paragraph near the end of the discussion that briefly lists the limitations of the study.

**Acknowledgments**

The minimum compatible with the requirements of courtesy should be provided.

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Sample citations within the body of a paper

According to our previous work,\textsuperscript{1,3-8,19}

The patients were studied as follows\textsuperscript{3,4}:

Reference List

Provide all authors' names when fewer than seven; when seven or more, list the first three and add et al. Provide article titles and journal name. For abbreviations of journal names, refer to “List of Journals Indexed in Index Medicus.” Provide year, volume, issue and inclusive pages. Provide DOIs and URLs when appropriate.

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Figures and Tables

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Figures must be numbered consecutively in the order in which they are cited in the manuscript. Figures should be numbered using Arabic numerals (e.g., 1, 2, 3). Include the figure number in the figure’s filename.

Each figure must have a corresponding short title and caption included in the manuscript text.

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The resolution of all figures must be a minimum of 300 dpi and figures must be submitted in their final size.

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All symbols used in a figure must be defined for that figure (e.g., *, †). If a symbol is used in multiple figures, the definition of the symbol must also be repeated for every figure in which it appears. Symbols may be defined in a key within the figure or in the figure caption.

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Tables must not duplicate data reported in the manuscript text or figures.

All tables must be created using the table function in Microsoft Word. Tables created in PowerPoint are not acceptable. Tables submitted as images are not acceptable.

Tables must be numbered consecutively in the order in which they are cited in the manuscript.

Each table must have a corresponding short title above the table and caption below.

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All symbols used in a table must be defined for that table (e.g., *, †). If a symbol is used in multiple tables, the definition of the symbol must also be repeated for every table in which it appears. Symbols should be defined in the table caption.

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Supplemental material can provide additional detail on study methods, or on data that are informative, but not critical to the aims of the study. It is the author’s responsibility to make sure that the main manuscript can be read and understood without reference to supplemental materials. While discouraging indiscriminate use of supplemental materials, some forms of data (videos and large datasets, explanations of data sources, details of computational algorithms) may be appropriately presented as supplemental material. Supplemental material must be directly relevant to the conclusions offered in the main text but non-essential for reader understanding. Information that is essential to understanding the article must not be provided as supplemental material.

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Follow the terminology usage recommendations in the [AASM Style Guide for Sleep Medicine Terminology](#).

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Use generic names in referring to drugs; trade names may be given in parentheses after the first mention, but the generic name should be used thereafter.

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Please note that journal style for the abbreviation of standard deviation is SD. Please do not use SD as an abbreviation for sleep deprivation.

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