

The Velo-Cardio-Facial Syndrome Journal

An open access, open content, continuous posting multidisciplinary journal with continuous commentary devoted to velo-cardio-facial syndrome

Instructions to Authors

All manuscripts submitted to *The Velo-Cardio-Facial Syndrome Journal* will be published by posting them on the web site for the Virtual Center for Velo-Cardio-Facial Syndrome, Inc. at www.vcfscenter.org. There will not be a peer review of the paper, but submissions will be reviewed by members of the Editorial Board to assure that there are no personal attacks, inappropriate use of language, institutional promotions, or content that could offend the readership. All authors must sign a consent form that can be downloaded from the Journal's home page that permits the Journal to invite the readers of the manuscript to comment on any submission. Commentary will also need to meet the same standards as submitted manuscripts. Offensive comments will not be tolerated.

The title page should include the title of the submission, authors full name(s), their institutional affiliation, if any, or simply their location (city, state or province, country), and email address centered on the page.

Articles, editorials, letters to the editor, and case reports may be submitted to ***The Velo-Cardio-Facial Syndrome Journal*** at any time and should be emailed to the Editor at the following email address: Editor@vcfscenter.com. Articles should be submitted as word-processed files. We prefer the files to be prepared with Microsoft Word, but will also accept files prepared with Pages, Open Office, or a simple text program that saves files as .txt or .rtf files. The preferred font is Cambria, 12 point, but if you do not have access to this font, you may prepare the manuscript in any font you prefer and we will change it for you prior to publication. The preferred line spacing is 1.15, but if you cannot prepare it with this spacing, double-spaced will be fine. The preferred style is to indent all paragraphs without additional line spaces between paragraphs. You may use as many heading levels as you like. Major headings should be bold, title case. Secondary headings should be underlined in title case, and tertiary headings should be in italics title case. The next level of headings (fourth, fifth and sixth if needed) will also be, in order, bold, underlined and italic but in sentence case rather than title case. Tables and figures should be noted in the text as Table 1, Table 2, and so on. Figures should be noted as Figure 1, Figure 2, and so on. If possible, please caption your tables and figures directly on each table and figure. If you do not know how to do this, we will do it for you. You should include, in a separate document, a listing of table and figure captions. We would prefer for you

to include your tables and figures in your document, but if you do not know how to do this, send them as separate files and we will do this for you.

Finally, we encourage the use of video if it will enhance your submission. We prefer the video file in mpeg1 or avi format, but we will accept all video formats and will convert them if necessary.

Excessive use of abbreviations is discouraged.

There is no restriction on the length of the manuscript.

References should be cited in the body of the text as sequential superscript numbers (i.e., in the order cited) in the following manner:

It has been suggested that pharyngeal hypotonia is a possible cause of velopharyngeal insufficiency in velo-cardio-facial syndrome.¹ The cause of hypotonia has been hypothesized to be related to abnormal muscle fiber size, thickness, and type.²

You may also use a citation within the text in addition to the superscript numeral as follows:

It has been suggested that pharyngeal hypotonia is a possible cause of velopharyngeal insufficiency in velo-cardio-facial syndrome (Shprintzen et al., 1978).¹ The cause of hypotonia has been hypothesized to be related to abnormal muscle fiber size, thickness, and type (Zim et al., 2003).²

Citations within the literature should be listed as “et al.” when a paper is authored by three or more authors. For two authors, the style would be “Robin and Shprintzen, 2009.”

Reference style for articles will be as follows for journal articles:

Shprintzen RJ, Goldberg RB, Lewin ML, Sidoti EJ, Berkman MD, Argamaso RV, Young D (1978). A new syndrome involving cleft palate, cardiac anomalies, typical facies, and learning disabilities: velo-cardio-facial syndrome. *Cleft Palate Journal*, 15:56-62.

and for two authors:

Robin NH, Shprintzen RJ (2005). Defining the clinical spectrum of deletion 22q11.2. *Journal of Pediatrics*, 147:90-96.

Please note that in all cases, the journal name is to be typed out in full without abbreviations.

Chapters in edited texts should be referenced as follows:

Shprintzen RJ (1995). The Use of Information Obtained from Speech and Instrumental Evaluations in Treatment Planning for Velopharyngeal Insufficiency. In *Cleft Palate Speech Management: A Multidisciplinary Approach*. Shprintzen RJ, Bardach J (eds). St. Louis: Mosby, pp. 257-276.

Books should be listed as follows:

Shprintzen RJ, Golding-Kushner KJ (2008). *Velo-Cardio-Facial Syndrome, Volume 1*. San Diego: Plural Publishing.

Citations of internet-based materials should list the author's name if there is one, or the organization's name if no author name is available. This would be followed the date of the posting (if available). This would be followed by the title of the material is there is one, or if there is no formal title, the reference would be to "posted on the web site of the Velo-Cardio-Facial Syndrome Educational Foundation." This will be followed by the URL and the date of the material was accessed, as shown here:

Graf WD, Yu S, Miller R, Lebel RR, LePichon JB, Shprintzen RJ (2011). When does a 22q11.2 deletion not cause velo-cardio-facial syndrome? Posted on the web site of The Velo-Cardio-Facial Syndrome Educational Foundation, http://www.vcfsef.org/Resource_image/graf_2011_ed.pdf, accessed August 16, 2013.

Acknowledgments and sources of financial support, if any, should appear at the very end of the submission.