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Papers, which should be in duplicate and in the Vancouver style, should be sent to the Editor, *Journal of Medical Genetics*, BMA House, Tavistock Square, London WC1H 9JR. A stamped addressed postcard should be enclosed for return to author as acknowledgement of receipt of MS. Overseas authors should enclose an international reply paid coupon. Submission of a paper will be held to imply that it contains original work which has not been previously published. Permission to republish must be obtained from the Editor.

Papers should conform to one of the following categories. *Original contributions* on clinical or laboratory aspects of medical genetics in man and on related animal studies. *Case reports* with particularly instructive clinical or genetic features: to be not longer than 1000 words of text, two or at most three figures, one table (if necessary), and eight references. *Short reports* of unusual cases: to be not longer than 500 words of point form description with a clinical photograph and partial karyotype, if appropriate, and no more than two or three references. Single case reports will usually only be considered in one of these forms. *Review articles* will generally be by invitation, but suggestions from authors wishing to prepare a review article will be welcome. *Annotations, Hypotheses, Preliminary communications, and Technical notes* will also be considered, as will *Short communications* giving information on new translocations, chromosome identification by banding techniques, and second and third findings of important haemoglobins. Contributions to the *Correspondence* and *Question and answer* columns will be welcomed. Publication of papers thought to be of special importance may be expedited.

All contributions should be accompanied by a summary giving the main results and conclusions. Typescripts should be double spaced with wide margins. One page proof will be sent to the author submitting the paper and alterations on the proof, apart from printer's errors, are not permitted. Twenty-five free reprints will be supplied and further reprints may be ordered when the proof is returned.

Figures should be kept to a minimum and should be numbered consecutively in Arabic numerals. Legends should be typed on a separate sheet. Photographs should be on glossy paper and diagrams should be drawn on stout white paper. Photographs of karyotypes do not reproduce well. Chromosomes should be cut out and stuck onto stout paper. Any lettering should be indicated on a separate transparent overlay. Pedigrees should use squares and circles. Generations should be numbered with Roman and individuals with Arabic numerals; members belonging to the same generation should be horizontally aligned.

Tables should not be included in the body of the text, but should be typed on separate pages and numbered with Arabic numerals.

References should conform precisely to the style current in this Journal. Authors are responsible for the *accuracy* and *completeness* of their references as these will not be checked by the Editorial Office.

Nomenclature. Authors should refer to the following publications.

(1) Chromosomes: ISCN. An international system for human cytogenetic nomenclature (1978). *Birth Defects* 1978; XIV:No 8. Also in *Cytogenet Cell Genet* 1978; 21: 309-404.

(2) Dermatoglyphs: Penrose LS. Memorandum on dermatoglyphic nomenclature. *Birth Defects* 1968;4:No 3.

(3) Enzymes: WHO Scientific Group. Standardization of procedures for the study of glucose-6-phosphate dehydrogenase. *WHO Tech Rep Ser* 1967;No 366.

(4) Blood coagulation: International Committee of Haemostasis and Thrombosis (Graham JB *et al*). A genetic nomenclature for human blood coagulation. *Thromb Haemostas* 1973;30:2-11.

(5) Loci: Conventional nomenclature should be used, with lower case lettering as appropriate (for example, Race RR, Sanger R. *Blood groups in man*. 6th ed. Oxford, London: Blackwell, 1975; and Giblett ER. *Genetic markers in human blood*. Oxford, London: Blackwell, 1969).

(6) Genes: Shows TB *et al*. International system for human gene nomenclature (1979). *Cytogenet Cell Genet* 1979;25:96-116.

SI units. The units in which the authors' work was measured should be cited first followed by either the SI units or the traditional units. This does not apply to tables, but here a conversion factor should be added as a footnote.

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Announcements

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CLINICAL CYTOGENETICS

The Royal College of Pathologists has established two qualifications for clinical cytogeneticists.

Diploma in Clinical Cytogenetics

The Diploma in Clinical Cytogenetics is open to graduates in appropriate scientific subjects who have received approved supervised training in cytogenetics. Medical, veterinary, and dental graduates will be required to have received approved training for at least 2 years; non-medical graduates will need to have completed at least 4 years of approved training.

The following qualifications will be required: 1st and 2nd class honours degrees or equivalent qualifications granted in the United Kingdom and Republic of Ireland in appropriate science subjects, and qualifications in medicine, dental surgery, and veterinary medicine. Applications may also be considered on an individual basis from those holding other science degrees granted in the United Kingdom and Republic of Ireland and from those holding science degrees from overseas universities.

Exemption For a period of one year from 1 January 1983 to 31 December 1983, candidates employed at or above the grade of Senior Cytogeneticist (PTA/A) or an equivalent grade, and who fulfil the criteria for entry to the examination, may apply for exemption from the written and practical examination, but not from the oral examination. Suitability for exemption will be assessed by the College; criteria for assessment will include the duration and range of appropriate experience in clinical cytogenetics, including managerial, teaching, and supervisory responsibilities and the participation in research and development as indicated by publications or higher

degrees or both. Candidates may be required to submit supporting evidence from their Head of Department.

Date The first Diploma examination will be held in September/October 1983. Further details may be obtained from the Registrar, The Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF.

Membership of the Royal College of Pathologists (Clinical Cytogenetics)

It is anticipated that the first MRCPATH examination in Clinical Cytogenetics will be held in April/June 1985. Regulations for this examination will be similar to those for other College Membership examinations. The final format will be announced during 1983, at which time full details will be available from the Registrar.

GRADUATE LEVEL EDUCATION IN GENETIC COUNSELLING FOR NURSES

The College of Nursing, in co-operation with the Division of Medical Genetics, Department of Pediatrics, College of Medicine, at The University of Iowa would like to announce the establishment of a genetic counselling focus in their Master's degree programme. Students completing this programme will have the opportunity to complete course work and clinical experiences necessary to qualify for the Genetic Counsellor Certification Exam offered by the American Board of Medical Genetics. For programme materials and further information please contact: Assistant Dean, Graduate Studies, The University of Iowa, College of Nursing, Iowa City, Iowa 52242, USA.