<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations, acronyms and initialisms</td>
<td>3</td>
</tr>
<tr>
<td>When to use abbreviations, acronyms and initialisms</td>
<td>3</td>
</tr>
<tr>
<td>Common abbreviations</td>
<td>3</td>
</tr>
<tr>
<td>Formatting of abbreviations</td>
<td>5</td>
</tr>
<tr>
<td>Abbreviations to avoid</td>
<td>6</td>
</tr>
<tr>
<td>Cochrane Review specific</td>
<td>6</td>
</tr>
<tr>
<td>Cochrane Review: content, structure, and format</td>
<td>6</td>
</tr>
<tr>
<td>Titles of Cochrane Reviews</td>
<td>6</td>
</tr>
<tr>
<td>Author contact details</td>
<td>7</td>
</tr>
<tr>
<td>Abstracts</td>
<td>8</td>
</tr>
<tr>
<td>Plain language summaries</td>
<td>8</td>
</tr>
<tr>
<td>Headings</td>
<td>8</td>
</tr>
<tr>
<td>Search methods</td>
<td>9</td>
</tr>
<tr>
<td>Tables in Cochrane Reviews</td>
<td>10</td>
</tr>
<tr>
<td>Figures in Cochrane Reviews</td>
<td>10</td>
</tr>
<tr>
<td>Cochrane Review software</td>
<td>10</td>
</tr>
<tr>
<td>Formatting</td>
<td>10</td>
</tr>
<tr>
<td>Character formatting (typography)</td>
<td>11</td>
</tr>
<tr>
<td>Indentation</td>
<td>13</td>
</tr>
<tr>
<td>Ligatures</td>
<td>13</td>
</tr>
<tr>
<td>Lists</td>
<td>13</td>
</tr>
<tr>
<td>Paragraph break</td>
<td>15</td>
</tr>
<tr>
<td>Symbols and special characters</td>
<td>16</td>
</tr>
<tr>
<td>Website addresses and links</td>
<td>19</td>
</tr>
<tr>
<td>Grammar, punctuation and writing style</td>
<td>21</td>
</tr>
<tr>
<td>Active and passive voice</td>
<td>21</td>
</tr>
<tr>
<td>Adjectives as nouns</td>
<td>21</td>
</tr>
<tr>
<td>And/or</td>
<td>22</td>
</tr>
<tr>
<td>Compared to/compared with</td>
<td>22</td>
</tr>
<tr>
<td>Prefixes</td>
<td>22</td>
</tr>
<tr>
<td>Punctuation</td>
<td>23</td>
</tr>
<tr>
<td>Simple and accessible English</td>
<td>25</td>
</tr>
<tr>
<td>Tautology</td>
<td>26</td>
</tr>
<tr>
<td>Tenses</td>
<td>26</td>
</tr>
<tr>
<td>Upper-case letters</td>
<td>26</td>
</tr>
<tr>
<td>Verbs: single or plural</td>
<td>27</td>
</tr>
<tr>
<td>Tense</td>
<td>27</td>
</tr>
<tr>
<td>International considerations</td>
<td>27</td>
</tr>
<tr>
<td>Country names</td>
<td>27</td>
</tr>
<tr>
<td>Currency</td>
<td>28</td>
</tr>
<tr>
<td>English language: regional differences</td>
<td>28</td>
</tr>
<tr>
<td>Ethnic group names</td>
<td>28</td>
</tr>
<tr>
<td>Names, common terms and terminology</td>
<td>29</td>
</tr>
<tr>
<td>Common terms and terminology</td>
<td>29</td>
</tr>
<tr>
<td>Names</td>
<td>34</td>
</tr>
<tr>
<td>Numbers, statistics, and units</td>
<td>38</td>
</tr>
<tr>
<td>Dates</td>
<td>38</td>
</tr>
<tr>
<td>Numbers</td>
<td>39</td>
</tr>
<tr>
<td>Statistical and mathematical presentation</td>
<td>41</td>
</tr>
<tr>
<td>Units and systems of measurement</td>
<td>43</td>
</tr>
<tr>
<td>References</td>
<td>46</td>
</tr>
<tr>
<td>Entering and citing references</td>
<td>46</td>
</tr>
<tr>
<td>References in Cochrane Reviews</td>
<td>46</td>
</tr>
<tr>
<td>Entering references</td>
<td>46</td>
</tr>
<tr>
<td>Citing references</td>
<td>47</td>
</tr>
<tr>
<td>Reference fields</td>
<td>47</td>
</tr>
<tr>
<td>Reference types</td>
<td>51</td>
</tr>
<tr>
<td>Overview of reference types</td>
<td>51</td>
</tr>
<tr>
<td>Journal articles</td>
<td>52</td>
</tr>
</tbody>
</table>
Cochrane Style Manual

The Cochrane Style Manual helps authors and editors apply a consistent style across Cochrane Reviews and other Cochrane content. Cochrane copy-editors use this Style Manual to apply the Cochrane journal style when working on protocols and reviews before publication. See About this manual for more.

Cochrane Style Basics is a summary of the main style points.

For recent updates, see Latest changes.

Suggestions for additions or changes can be submitted via the Cochrane Style Manual ideas and feedback forum.

Abbreviations, acronyms and initialisms

In this section:

When to use abbreviations, acronyms and initialisms

In this section: General usage | In titles or headings | At the beginning of a sentence | In tables or figures

General usage

In this manual, the term ‘abbreviation’ is used to cover abbreviations, acronym and initialisms.

Use abbreviations sparingly. Only use abbreviations if they are widely known across the broad readership of Cochrane Reviews, are used frequently in a section or throughout the review, or enhance readability. Consider using an abbreviation only if the term has three or more words. All abbreviations used in the ‘Abstract’, ‘Plain language summary’, ‘Main text’, and ‘Authors’ conclusions’ should be redefined at the beginning of these sections. In figures and tables, all abbreviations should be listed at the end with their definitions. If the review or document is long, it may be sensible to explain each abbreviation in each section of the text.

To use an abbreviation, write the full name in the first instance and follow it immediately by the abbreviated version in brackets. When something is better known by its abbreviation, it may be helpful to include the abbreviation even if the name occurs only once (e.g. World Health Organization (WHO)).

Abbreviations should follow formatting conventions. Some terms, particularly statistical terms, are commonly abbreviated in Cochrane documents (see Common abbreviations), while others should be avoided (see Abbreviations to avoid). See also Frequently used names for names commonly used and abbreviated in Cochrane documents.

In titles or headings

Only the common abbreviations that do not need to be defined may be used in review titles and headings without the full name needing to be written first. When a term used in a title may be more commonly known under its abbreviated form, its abbreviation may be added in parentheses after the fully written term (e.g. ‘A study of the World Health Organization (WHO) recommendations for hygiene’). Abbreviations are acceptable in headings if they have been defined previously, though it may be preferable to rearrange the wording of headings to avoid starting with abbreviations.

At the beginning of a sentence

While it is acceptable to use abbreviations at the beginning of a sentence, authors may find it preferable to rephrase sentences to avoid starting with abbreviations.

In tables and figures

It is convenient to abbreviate some words, such as number (no.) and versus (vs), in tables and figures, but it is preferable to write them in full in the review text.
**Common abbreviations**

In this section: Commonly used abbreviations | Common abbreviations that do not need to be defined | Acronyms used within Cochrane | e.g., etc., and i.e. | Currency abbreviations

**Commonly used abbreviations**

This table lists some abbreviations commonly used in Cochrane Reviews. See also Common abbreviations that do not need to be defined and Frequently used names.

<table>
<thead>
<tr>
<th>Term</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>absolute risk reduction</td>
<td>ARR</td>
</tr>
<tr>
<td>control group risk (avoid control event rate)</td>
<td>CGR</td>
</tr>
<tr>
<td>controlled clinical trial</td>
<td>CCT</td>
</tr>
<tr>
<td>confidence interval</td>
<td>CI</td>
</tr>
<tr>
<td>degrees of freedom</td>
<td>df</td>
</tr>
<tr>
<td>inverse variance or intravascular</td>
<td>IV</td>
</tr>
<tr>
<td>Note: if both terms are abbreviated in a review, use lower case 'iv' for intravascular.</td>
<td></td>
</tr>
<tr>
<td>Mantel-Haenszel</td>
<td>M-H</td>
</tr>
<tr>
<td>mean difference (avoid weighted mean difference)</td>
<td>MD</td>
</tr>
<tr>
<td>number needed to treat for an additional harmful outcome (avoid number needed to harm)</td>
<td>NNTH</td>
</tr>
<tr>
<td>number needed to treat for an additional beneficial outcome (avoid number needed to treat)</td>
<td>NNTB</td>
</tr>
<tr>
<td>odds ratio</td>
<td>OR</td>
</tr>
<tr>
<td>Peto odds ratio</td>
<td>Peto OR</td>
</tr>
<tr>
<td>randomized controlled trial</td>
<td>RCT</td>
</tr>
<tr>
<td>risk difference</td>
<td>RD</td>
</tr>
<tr>
<td>risk ratio (formerly called relative risk in Review Manager 4)</td>
<td>RR</td>
</tr>
<tr>
<td>standard deviation</td>
<td>SD</td>
</tr>
<tr>
<td>standard error</td>
<td>SE</td>
</tr>
<tr>
<td>standardized mean difference</td>
<td>SMD</td>
</tr>
</tbody>
</table>

**Common abbreviations that do not need to be defined**

Also note that it is not necessary to define the full unit name of standard SI units (see General guidance on SI units in the section on Units and systems of measurement).

<table>
<thead>
<tr>
<th>Term</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States of America</td>
<td>USA</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>UK</td>
</tr>
</tbody>
</table>
Acronyms used within Cochrane

A list of acronyms used within Cochrane is available in the Glossary of terms.

e.g., etc., and i.e.

e.g.: an abbreviation for ‘for example’ (from the Latin ‘exempli gratia’) that can be used in lists within the text, when examples are given in brackets, and in tables (for brevity). Use the form ‘e.g.’ with no following comma.

etc.: always write ‘etc.’ (followed by a full stop) in Cochrane Reviews. Use a comma before ‘etc.’ if it follows more than one item in a list. If ‘etc.’ is used at the end of a sentence, do not use two full-stops.

i.e.: an abbreviation for ‘that is’ (from the Latin ‘id est’) that can be used for lists within the text, when information is given in brackets, and in tables (for brevity). Use the form ‘i.e.’ with no following comma.

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. (e.g. men, women, children)</td>
<td>e.g.,</td>
</tr>
<tr>
<td></td>
<td>eg,</td>
</tr>
<tr>
<td></td>
<td>eg</td>
</tr>
<tr>
<td>i.e. (i.e. men, women, children)</td>
<td>i.e.,</td>
</tr>
<tr>
<td></td>
<td>ie,</td>
</tr>
<tr>
<td></td>
<td>ie</td>
</tr>
<tr>
<td>etc. (Canada, USA, Germany, etc.)</td>
<td>etc</td>
</tr>
<tr>
<td></td>
<td>e.t.c.</td>
</tr>
</tbody>
</table>

Currency abbreviations

Currencies should be expressed using standard three-letter codes defined by ISO-4217, but as with other abbreviations it is generally helpful to expand on first use.

Common codes include USD (US dollar), EUR (euro), and GBP (pounds sterling). Full list: https://en.wikipedia.org/wiki/ISO_4217#Active_codes

See also: Units and systems of measurement: currencies

Formatting of abbreviations

This table provides some guidance on how to format and punctuate abbreviations.

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Abbreviations to avoid

Latin abbreviations for dosing (e.g. qd, bd, bid, bds, qds, qid, tds, tid) should not be used. Doses should always be written in full and in English throughout the text and tables.

Some other abbreviations should be avoided, although they may be appropriate for tables if footnoted.

<table>
<thead>
<tr>
<th>Term</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>chemical elements or compounds</td>
<td>KCl for potassium chloride, Hg for mercury (although may be used as part of a unit, for example, ‘mmHg’)</td>
</tr>
<tr>
<td>week</td>
<td>wk</td>
</tr>
<tr>
<td>weight</td>
<td>wt</td>
</tr>
</tbody>
</table>

Cochrane Review specific

In this section:

Cochrane Review: content, structure, and format

For guidance on the content, structure, and format of Cochrane Reviews see:

- Cochrane Handbook for Systematic Reviews of Interventions
- Methodological Expectations of Cochrane Intervention Reviews (MECIR)

Titles of Cochrane Reviews

Titles for all types of Cochrane Reviews should be in sentence case. Avoid the use of abbreviations (except for those listed...
as common abbreviations that do not need to be defined, see Abbreviations and acronyms, and avoid superfluous elements (e.g. ‘effects of’, ‘comparison of’, ‘a systematic review of’).

Titles can include italics (see section on Character formatting) but no other formatting.

Titles do not have a full-stop at the end.

Guidance on the structure of titles for Cochrane Reviews of interventions is included in the Cochrane Handbook for Systematic Reviews of Interventions.

**Author contact details**

The Cochrane format for entering the contact details for all authors in Cochrane Reviews is outlined below. A consistent format helps ensure that there is only one record per person entered in Archie, Cochrane’s central server for managing reviews and contact details.

**Entering author contact details in Archie**

Note: formats for email addresses, international telephone/fax numbers, and web addresses are based on the Telecommunication Standardization Sector of the International Telecommunication Union (ITU-T) Recommendation E.123: Notation for national and international telephone numbers, e-mail addresses and web addresses (02/2001).

<table>
<thead>
<tr>
<th>Contact detail</th>
<th>Guidance</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: prefix and suffix</td>
<td>Select correct prefix from drop-down menu.</td>
<td>PhD</td>
<td>Ph.D</td>
</tr>
<tr>
<td></td>
<td>Use open punctuation in suffix field, i.e. without full stops and with no extra spaces.</td>
<td>Dr Jones</td>
<td>Dr Jones, MD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr Jones, MD</td>
<td>Dr Jones, MD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Jones</td>
<td>Dr Jones, PhD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr Jones, PhD</td>
<td>Dr Jones, PhD</td>
</tr>
<tr>
<td>Name: first name and family name</td>
<td>Mandatory for all authors</td>
<td>John Smith</td>
<td>J Smith</td>
</tr>
<tr>
<td>Name: middle initials</td>
<td>Avoid punctuation and use initials only.</td>
<td>David RA Jones</td>
<td>David R.A. Jones</td>
</tr>
<tr>
<td>Name: middle initials</td>
<td>If authors want their middle name published as well as their first name, or are known by their middle name and prefer to use the initial for their first name followed by their full middle name, then enter their middle name in the first name field after their first name or initial.</td>
<td>First name: Paul Simon Middle initial: Johnson</td>
<td>First name: Paul Middle initial: Simon Family name: Johnson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First name: P Simon Middle name: Johnson</td>
<td>First name: P Middle name: Simon Family name: Johnson</td>
</tr>
<tr>
<td>Email addressa</td>
<td>Lower-case letters</td>
<td><a href="mailto:myname@domain.org">myname@domain.org</a></td>
<td><a href="mailto:Myname@domain.org">Myname@domain.org</a></td>
</tr>
<tr>
<td></td>
<td>Note: include only one email address in the email field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department/organization</td>
<td>Recommended for all authors if institutional address is available</td>
<td>Department of Neurology</td>
<td>Neurology</td>
</tr>
</tbody>
</table>
## Contact detail

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type in details as they should appear. Author affiliations should be in English.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Country</th>
<th>Mandatory for all authors</th>
<th>City: Liverpool</th>
<th>City: Liverpool L12 2AP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Zip/postal codes</th>
<th>Zip/postal codes must be entered in the specific separate field and not alongside the city name.</th>
<th>Zip code: L12 2AP</th>
<th>Zip code: 9100 Aalborg</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone and fax number (international notation*)</th>
<th>Separate groups of numbers using a space (not hyphens or full stops).</th>
<th>+44 151 123 4567 +44 151 1234567 +44.151.123.4567</th>
<th>+44-151-123-4567 +44 0151 123 4567 +44 (0)151 123 4567</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do not use the trunk prefix ‘0’.</th>
<th>+44 151 123 4567 +44 151 1234567</th>
<th>+44 0151 123 4567 +44 (0)151 123 4567</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>+[country code] [area code] [local number]</th>
<th>+44 151 123 4567 +44 151 1234567</th>
<th>0151 123 4567</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Web address*</th>
<th>Use without prefix ‘http://’.</th>
<th><a href="http://www.cochrane.org">www.cochrane.org</a></th>
<th><a href="http://www.cochrane.org">http://www.cochrane.org</a></th>
</tr>
</thead>
</table>

*Telecommunication Standardization Sector of the International Telecommunication Union (ITU-T) Recommendation E.123: Notation for national and international telephone numbers, e-mail addresses and web addresses (02/2001)

## Abstracts

Guidance on the format and content of Cochrane Review abstracts is available in the Cochrane Handbook for Systematic Reviews of Interventions and the Methodological Expectations of Cochrane Intervention Reviews (MECIR) reporting standards.

Abstracts must be no more than 1000 words long, and it is highly desirable for abstracts to be less than 700 words.

## Plain language summaries

Information about the required structure and content of Plain language summaries is provided in the Cochrane Handbook for Systematic Reviews of Interventions.

Plain language summaries should be between 400 and 700 words long.

## Headings

In this section: Headings in Cochrane Review text | Headings in Cochrane Review tables

### Headings in Cochrane Review text

Some predefined headings are automatically included in the review and cannot be removed or altered (e.g. 'Background'). The formats of the different heading levels are shown below in Heading levels available in Review Manager 5.

Some sections of Review Manager 5 (RevMan 5), such as 'Data collection and analysis', have predefined subheadings that authors should generally use in those sections (optional subheadings). These can be activated or deactivated manually; for example, ‘Selection of studies’ can be activated under ‘Data collection and analysis’.

Predefined headings should be used where appropriate (rather than free-text equivalents), and any headings that are not predefined need to be styled using the drop-down heading styles (see Heading levels available in Review Manager 5). The
headings in reviews that are being updated should be adjusted to meet this format if they do not comply with it initially (this will ensure that the rendering of the reviews on the Cochrane Library looks good, and is consistent within and across reviews).

Authors can also insert author-defined headings (i.e. not one of the predefined subheadings). These headings should use sentence case (i.e. only the first letter of the first word in upper-case) and the section text should start on the next line. The next available heading style from the pull-down list in the tool bar should be applied to the heading; for example, Heading level 1 is used for 'Background', and users would then apply Heading level 2 for the first author-defined subheading used in this section.

There is no need to insert a blank line between a heading and a subheading because the software automatically inserts a space.

### Heading levels available in Review Manager 5

<table>
<thead>
<tr>
<th>Heading level</th>
<th>Example</th>
<th>Fixed or optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Methods</td>
<td>Fixed (e.g. 'Background', 'Methods')</td>
</tr>
<tr>
<td>2</td>
<td>Criteria for considering studies for this review</td>
<td>Fixed (e.g. 'Criteria for considering studies for this review') or Optional (e.g. 'Description of the condition')</td>
</tr>
<tr>
<td>3</td>
<td>Types of outcome measures</td>
<td>Fixed (e.g. 'Types of studies') or Optional (e.g. 'Searching other resources')</td>
</tr>
<tr>
<td>4</td>
<td>Primary outcomes</td>
<td>Optional (e.g. 'Primary outcomes')</td>
</tr>
<tr>
<td>5</td>
<td>Heading 5</td>
<td>Optional (user-defined)</td>
</tr>
<tr>
<td>6</td>
<td>Heading 6</td>
<td>Optional (user-defined)</td>
</tr>
</tbody>
</table>

### Search methods

#### In this section: [Citing databases and study registers](#) | [Search terms](#)

### Citing databases and study registers

The preferred format for the following databases is all upper-case letters: MEDLINE, CENTRAL, OLDMEDLINE, and CINAHL (not CINHAL). A number of databases use a mixture of lower-case and upper-case letters, for example, Embase (not EMBASE), PsycLIT (not PsychLIT) and PsycINFO (not PsychINFO).

Each Cochrane Review Group is responsible for preparing a register of studies in their area of expertise. The name of the register may vary, but it will follow one of the following formats depending on the Cochrane Review Group’s choice: [Cochrane Group name] Specialized Register; [Cochrane Group name] Specialised Register; or [Cochrane Group name] Trials Register.

The databases and trials registers and other resources that are searched for studies for a Cochrane Review are listed in the 'Methods' section. The databases and registers must be listed in the following order: [Cochrane Group name] Specialised Register (or Specialized Register or Trials Register), CENTRAL, MEDLINE, Embase, and any other databases.

(In the Abstract, brief text may be used to describe the sources searched, e.g. "We searched CENTRAL, MEDLINE, Embase, five other databases and three trials registers (month year)."

In the Search Methods section, the date of the latest search (day month year) should be provided along with the issue or version number (as appropriate) of each database, e.g. CENTRAL (year, issue number). The date of inception of the database should be given where known. Database names should include the platform or provider name, and websites should include the full name and URL.)
The date range (for databases) or search date (for study registers) of each search must be listed with each database; for example, CENTRAL (year, issue number), and for most other databases, such as MEDLINE, it should be in the form ‘MEDLINE (year to day month year)’.

Example:

- Cochrane Wounds Specialized Register (searched 10 February 2015)
- Cochrane Central Register of Controlled Trials (CENTRAL; 2015, Issue 1) in the Cochrane Library (searched 10 February 2015);
- MEDLINE Ovid (1946 to 10 February 2015);
- Embase Ovid (1974 to 9 February 2015);
- CINAHL EBSCO (Cumulative Index to Nursing and Allied Health Literature; 1982 to 9 February 2015);
- PsycINFO Ovid (from 1806 to 10 February 2015);
- AMED Ovid (Allied and Complementary Medicine; 1985 to 10 February 2015);
- LILACS (Latin American and Caribbean Health Science Information database; 1982 to 10 February 2015);
- ISRCTN registry (www.isrctn.com; searched 10 February 2015);
- US National Institutes of Health Ongoing Trials Register ClinicalTrials.gov (www.clinicaltrials.gov; searched 10 February 2015);
- Australian New Zealand Clinical Trials Registry (www.anzctr.org.au; searched 10 February 2015);
- World Health Organization International Clinical Trials Registry Platform (apps.who.int/trialsearch; searched 10 February 2015);
- EU Clinical Trials Register (www.clinicaltrialregister.eu; searched 10 February 2015).

Other formatting options for MEDLINE and Embase:

- MEDLINE Ovid (1946 to November week 3 2015)
- Embase Ovid (1974 to 2015 week 47)

Search terms

Search terms consist of text words (preferred spelling is two words, not ‘textword’) and indexing or controlled vocabulary terms. The preferred format for referring to the National Library of Medicine’s controlled vocabulary used for indexing articles for MEDLINE (and PubMed) is MeSH (not MESH).

Tables in Cochrane Reviews
See Tables.

Figures in Cochrane Reviews
See Figures.

Cochrane Review software

Software used on Cochrane Reviews:

- Covidence
- GRADEpro GDT
- Review Manager 5 (RevMan 5)

See also Names

Information on how to cite software is available in the References section.

Formatting
Character formatting (typography)

General guidance

Seven character formatting styles are available for use in the text in Review Manager 5 (RevMan 5): regular, **bold**, *italic*, **bold italic**, *underline*, *subscript*, and *superscript*.

Avoid using font styles other than ‘regular’ for emphasis; instead, use an alternative sentence structure or intensify the adjectives and adverbs to achieve this.

**Bold**

Bold may be used to indicate letters used to form an acronym or abbreviation (see Abbreviations and acronyms).

**Italic**

Italic may be applied to titles and subtitles of books and journals, and genus and species names. There are also situations in which to avoid using italic; for example, non-English words that have become naturalized into English (these should be in ‘regular’ style). Punctuation around any text in italic, such as quotation marks, semicolons, and colons, should be in ‘regular’ style.

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Titles of books and journals in the text of reviews</td>
<td>We looked through Brain Injury.</td>
</tr>
<tr>
<td>We searched the Cochrane Database of Systematic Reviews for a particular review.</td>
<td></td>
</tr>
<tr>
<td>Note: among the Cochrane Library databases, only Cochrane Database of Systematic Reviews is italicized.</td>
<td>We searched The Cochrane Database of Systematic Reviews for a particular review.</td>
</tr>
<tr>
<td>Genus and species names</td>
<td>Plasmodium falciparum</td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>P. falciparum</td>
</tr>
<tr>
<td>Note: the genus name starts with an upper-case letter, and the species name is all lower case.</td>
<td>Staphylococcus Aureus</td>
</tr>
<tr>
<td>Note: once an organism’s name has been mentioned in full, use the abbreviated form, e.g. P falciparum, S aureus.</td>
<td>S. Aureus</td>
</tr>
<tr>
<td>Note: for more information see Virus names.</td>
<td></td>
</tr>
<tr>
<td>Gene and protein names and abbreviated names</td>
<td>The gene under investigation is insulin-like growth factor 1 (<em>IGF1</em>).</td>
</tr>
<tr>
<td>The <em>IGF1</em> gene is responsible for producing the IGF1 protein.</td>
<td>The gene under investigation is IGF1.</td>
</tr>
<tr>
<td></td>
<td>The epidermal growth factor receptor (<em>EGFR</em>) is a protein found on cells that plays a vital role in promoting</td>
</tr>
</tbody>
</table>
Note: when the gene name is written in full it is not italicized.

Note: the full gene name should be provided, with the abbreviated form in brackets, before the abbreviated version is used.

Note: when the gene and protein names are abbreviated, the gene name is italicized, while that of the protein is not. Abbreviated names for RNA and complementary DNA (cDNA) genes and proteins will usually follow the same convention. Further information about formatting these names can be found at: www.biosciencewriters.com/Guidelines-for-Formatting-Gene-and-Protein-Names.aspx, and en.wikipedia.org/wiki/Gene_nomenclature.

Note: although these formatting conventions are implemented across species types, the composition of the letters and numbers that make up the abbreviated names of genes and proteins, and their capitalization, varies between different types of organism. For more information consult: human: www.genenames.org; rat: rgd.mcw.edu; mouse: www.informatics.jax.org; flies: flybase.org; worms: www.wormbase.org; Escherichia coli (E.coli): cgsc2.biology.yale.edu/index.php.

<table>
<thead>
<tr>
<th>Words naturalized into the English language</th>
<th>in vitro</th>
<th>in vivo</th>
<th>a priori</th>
<th>et al</th>
</tr>
</thead>
</table>

| GRADE levels of evidence | Use of the cream improved dryness (RR 1.40, 95% CI 1.14 to 1.71; 1 study, 128 participants; moderate-quality evidence). | Use of the cream improved dryness (RR 1.40, 95% CI 1.14 to 1.71; 1 study, 128 participants; moderate-quality evidence). |

**Underline**

Avoid underlining words. Underlined text can be confused with internet links.

**Subscript and superscript**

Subscript and superscript have specific uses. Some examples are displayed below.
Correct | Incorrect
---|---
Subscript |  
Member of chemical group: vitamin D$_3$ | vitamin D3  
Number of atoms: H$_2$O | H2O  
Superscript |  
i$^2$ | I2  
Mass number: $^{14}$C | 14C  
Metres squared: 12 m$^2$ | 12 m2  
See also: Footnotes

**Indentation**

Indentation of text is not supported in Cochrane Reviews.

Bulleted and ordered lists can be used to create hierarchies (nested lists); see [Bulleted and ordered lists](#).

**Ligatures**

Avoid using ligatures (i.e. joining two or more characters in a single character). Examples include: œ, æ, fl, and ß.

Ligatures disrupt automated spellchecking and cause problems with the display of published articles.

**Lists**

In this section: [General guidance](#) | [Lists within paragraphs](#) | [Bulleted and ordered lists](#)

**General guidance**

There are different ways of formatting lists. The choice of format should be based on the clearest way to display the information.

Lists may form parts of sentences within paragraphs, or different levels within a list may be differentiated using bullet points (bulleted lists), or numbers with or without letters (ordered lists).

In general, the choice of formatting (i.e. bulleted or ordered lists) and numbering should be consistent within a single document.

Occasionally, a mixture of ordered and bulleted lists can be used in a review, with ordered lists used to present items according to their priority or sequence, and bulleted lists used for items where the order of presentation is unimportant. However, the purpose of the numbered points must be made clear in the text that precedes the ordered lists.

**Within paragraphs**

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Example</th>
</tr>
</thead>
</table>
| Separate each item with a comma.  
Note: the comma or semicolon before the 'and' is optional (see [Punctuation](#)). | Risk factors include a previous history of macrosomia, maternal obesity, maternal weight gain during pregnancy, multiparity, and male fetus.  
In complex sentences, such as those including several long phrases, introduce the list with a colon and separate each item with a semicolon. Items in the list should be parallel in form (all nouns or all phrases, etc.). | The conference included several topics: preparing a protocol; searching databases and trial registers; and drafting a Methods section. |

**Bulleted and ordered lists**
Bulleted and ordered lists, in which each item is displayed on a separate line, can be set out in a number of ways. Bulleted and ordered lists can go to three levels within a single list (nested lists), as shown below. Nested lists can be constructed using the indent buttons in Review Manager 5 (RevMan 5) to adjust the level of list items. Do not attempt to format the list by using spaces to indent the items because the formatting changes during the publication process and the published result may look unsatisfactory. The 'and' before the final item in the list is optional (see Punctuation).

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platform phrase and list items are a single</td>
<td>The programme aims to help you:</td>
</tr>
<tr>
<td>sentence</td>
<td>1. learn about systematic reviews;</td>
</tr>
<tr>
<td></td>
<td>2. develop your protocol; and</td>
</tr>
<tr>
<td></td>
<td>3. learn how to develop your search strategy.</td>
</tr>
<tr>
<td></td>
<td>The programme aims to help you:</td>
</tr>
<tr>
<td></td>
<td>• learn about systematic reviews;</td>
</tr>
<tr>
<td></td>
<td>• develop your protocol; and</td>
</tr>
<tr>
<td></td>
<td>• learn how to develop your search strategy.</td>
</tr>
<tr>
<td>Platform phrase with a full stop before</td>
<td>The programme aims to help you with the following.</td>
</tr>
<tr>
<td>starting the list</td>
<td>1. Learn about systematic reviews.</td>
</tr>
<tr>
<td></td>
<td>2. Develop your protocol.</td>
</tr>
<tr>
<td></td>
<td>3. Learn how to develop your search strategy.</td>
</tr>
<tr>
<td></td>
<td>The programme aims to help you with the following.</td>
</tr>
<tr>
<td></td>
<td>• Learn about systematic reviews.</td>
</tr>
<tr>
<td></td>
<td>• Develop your protocol.</td>
</tr>
<tr>
<td></td>
<td>• Learn how to develop your search strategy.</td>
</tr>
<tr>
<td>Independent list with no platform phrase</td>
<td>1. Australia (country)</td>
</tr>
<tr>
<td>Only use full stops for full sentences.</td>
<td>1. South Australia (state)</td>
</tr>
<tr>
<td></td>
<td>• Adelaide (city)</td>
</tr>
<tr>
<td></td>
<td>• Port Augusta (city)</td>
</tr>
<tr>
<td></td>
<td>2. Western Australia (state)</td>
</tr>
<tr>
<td></td>
<td>• Fremantle (city)</td>
</tr>
<tr>
<td></td>
<td>• Perth (city)</td>
</tr>
<tr>
<td></td>
<td>2. USA (Country)</td>
</tr>
<tr>
<td></td>
<td>1. California (state)</td>
</tr>
<tr>
<td></td>
<td>• Anaheim (city)</td>
</tr>
<tr>
<td></td>
<td>• Los Angeles (city)</td>
</tr>
<tr>
<td></td>
<td>2. Illinois (state)</td>
</tr>
<tr>
<td></td>
<td>• Chicago (city)</td>
</tr>
<tr>
<td></td>
<td>• Australia (country)</td>
</tr>
<tr>
<td></td>
<td>• South Australia (state)</td>
</tr>
<tr>
<td></td>
<td>• Port Augusta (city)</td>
</tr>
<tr>
<td></td>
<td>• Western Australia (state)</td>
</tr>
<tr>
<td></td>
<td>• Fremantle (city)</td>
</tr>
<tr>
<td></td>
<td>• Perth (city)</td>
</tr>
<tr>
<td></td>
<td>• USA (Country)</td>
</tr>
<tr>
<td></td>
<td>• California (state)</td>
</tr>
<tr>
<td></td>
<td>• Anaheim (city)</td>
</tr>
<tr>
<td></td>
<td>• Los Angeles (city)</td>
</tr>
<tr>
<td></td>
<td>• Illinois (state)</td>
</tr>
<tr>
<td></td>
<td>• Chicago (city)</td>
</tr>
</tbody>
</table>
| Secondary outcomes                            | Mortality (measured at approximately one month after...
Return to work (by end of therapy)

Recurrence (within six months of the end of therapy)

Adverse effects considered to be serious by either the patient or the clinician

Secondary outcomes

- **Change (and rate of change) in wound size**: adjusted for baseline size where change or rate of change in wound size was reported without adjustment for baseline size

- **Participant health-related quality of life/health status**: measured using a standardized generic questionnaire, such as EQ-5D, SF-36, SF-12 or SF-6. Ad hoc measures of quality of life that were not validated and were not be common to multiple trials were not eligible.

- **Wound infection**: as defined by author

- **Mean pain scores**: we included this information only where the data were reported as either a presence or absence of pain, or as a continuous outcome using a validated scale, such as a visual analogue scale.

- **Resource use**: including measurements such as number of dressing changes, nurse visits, length of hospital stay, readmission and reoperation/intervention

- **Costs**: any costs applied to resource use

- **Wound recurrence**: as defined by study author

When a list does not form a proper sentence either write it as a proper sentence, or as a numbered/bulleted list without punctuation. Chose the most appropriate structure for each instance, aiming for consistency where possible.

Control group: this could include placebo or sham acupuncture; other sham procedure (e.g. sham TENS); no specific treatment; other active treatment (RCTs using different active treatment comparators were analyzed separately); or other treatment alone (compared with acupuncture as an addition to the other treatment).

1. Control group
   a. placebo or sham acupuncture
   b. other sham procedure (e.g. sham TENS)
   c. no specific treatment
   d. other active treatment (RCTs using different active treatment comparators were analyzed separately)
   e. other treatment alone (compared with acupuncture as an addition to the other treatment)

Paragraph break

Review Manager 5 (RevMan 5) automatically creates a new paragraph when the ‘Enter’ or ‘Return’ key is pressed once. (Unlike in
RevMan 4, there is no need to include a blank line between paragraphs.) The spacing between paragraphs in RevMan 5 cannot be modified.

Soft returns (i.e. holding the 'Shift' key when pressing 'Enter') are recommended in footnotes.

Symbols and special characters

In this section: General guidance on symbols | Guidance on spacing around commonly used symbols | Selecting and adding symbols and characters | Symbols to avoid

General guidance on using symbols and special characters

In general symbols should be avoided in text, with use reserved for within brackets or tables or wherever brevity is important. Symbols should be used when expressing dosages (e.g. 5 mg/kg/day) or in mathematical equations. See also guidance on usage of common symbols.

Special characters should be used, where available, to represent names or words accurately (e.g. Marušić 2010).

Only symbols and special characters available in RevMan 5 can be used in a Cochrane Review. Some symbols and special characters should be avoided (See Symbols to avoid.)

Guidance on usage and presentation of commonly used symbols

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
<th>Usage</th>
<th>Spacing</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>plus, and</td>
<td></td>
<td>One space either side</td>
</tr>
<tr>
<td>−</td>
<td>minus</td>
<td></td>
<td>One space either side in mathematical equations, but no space between the minus sign and the number for a negative number e.g. Standard negative pressure rates range from −50 mmHg to −125 mmHg. Note: for equations, see Statistical and mathematical presentation.</td>
</tr>
<tr>
<td>/</td>
<td>per or divided by</td>
<td>Use '/' instead of 'per' where 'per' is otherwise cumbersome 10 mg/kg (not 10 mg per kg)</td>
<td>No space on either side, e.g. 10 g/L</td>
</tr>
<tr>
<td>&lt;</td>
<td>less than (e.g. for percentages) fewer than (e.g. for people)</td>
<td></td>
<td>One space either side</td>
</tr>
<tr>
<td>&gt;</td>
<td>greater than more than</td>
<td></td>
<td>One space either side</td>
</tr>
<tr>
<td>=</td>
<td>equals</td>
<td></td>
<td>One space either side</td>
</tr>
<tr>
<td>&amp;</td>
<td>and</td>
<td>The ampersand symbol should only be used if it is part of a brand name (e.g. Procter &amp; Gamble) or the title of a</td>
<td>One space either side</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
<td>Usage</td>
<td>Spacing</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td>%</td>
<td>percentage</td>
<td>The percentage sign can be used in a block of text when it is used with a numeral. &lt;br&gt; e.g. Fewer than 90% of the participants completed the study. &lt;br&gt; Use ‘per cent’ instead of ‘%’ when starting a sentence and when the number is written in full (i.e. not a numeral). &lt;br&gt; e.g. Three per cent of people.</td>
<td>There is no space between the number and the percentage sign, e.g. 15%.</td>
</tr>
<tr>
<td>™, ®</td>
<td>Trademark (® for registered; ™ for unregistered)</td>
<td>The trademark symbols are not normally used in Cochrane Reviews. &lt;br&gt; See <a href="#">Pharmaceutical drug names</a>.</td>
<td>If used, the symbols should be written immediately after the brand name they apply to, with no separating space, e.g. Nexium®, Backup Exec™ software.</td>
</tr>
<tr>
<td>°</td>
<td>degree symbol</td>
<td>Use to indicate degrees of arc, e.g. when measuring joint flexibility, or temperature.</td>
<td>For degrees of arc, the degree symbol follows the number without any intervening space, e.g. 43°. &lt;br&gt; For temperature, there is a space between the number and the degree symbol, but no space between the degree symbol and the letter that indicates the scale being used, e.g. 100 °C, 212 °F. &lt;br&gt; Note: degree symbols are not used for temperatures measured on the Kelvin scale, e.g. 373.15 K.</td>
</tr>
</tbody>
</table>

**Selecting and adding symbols and special characters**

Many different symbols and special characters are available for use in Review Manager 5 (RevMan 5). They may be inserted using the 'Insert symbol...' option from the 'Edit' menu or by using codes.

Selecting symbols using the RevMan 5 'Insert Symbol' tool:
The table below includes the codes for most commonly used symbols in RevMan 5. How these codes are entered in RevMan 5 will depend whether you use a PC or a Mac and which operating system you are using. For more information see [Wikipedia: Unicode input](https://en.wikipedia.org/wiki/Unicode).

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Code (decimal)</th>
<th>Code (hex)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤</td>
<td>8804</td>
<td>2264</td>
</tr>
<tr>
<td>≥</td>
<td>8805</td>
<td>2265</td>
</tr>
<tr>
<td>µ</td>
<td>0181</td>
<td>03BC</td>
</tr>
<tr>
<td>° (degree symbol)</td>
<td>0176</td>
<td>00B0</td>
</tr>
<tr>
<td>² (superscript 2)</td>
<td>0178</td>
<td>00B2</td>
</tr>
<tr>
<td>³ (superscript 3)</td>
<td>0179</td>
<td>00B3</td>
</tr>
<tr>
<td>±</td>
<td>0177</td>
<td>00B1</td>
</tr>
</tbody>
</table>

**Symbols and characters to avoid**

Some symbols and characters should be avoided, because they do not render correctly in PDFs.

<table>
<thead>
<tr>
<th>Code (decimal)</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>64257</td>
<td>fi</td>
</tr>
<tr>
<td>351</td>
<td>§</td>
</tr>
<tr>
<td>369</td>
<td>ņ</td>
</tr>
<tr>
<td>8776</td>
<td>=</td>
</tr>
<tr>
<td>8260</td>
<td>/</td>
</tr>
<tr>
<td>8764</td>
<td>~</td>
</tr>
<tr>
<td>8734</td>
<td>∞</td>
</tr>
<tr>
<td>8197</td>
<td>(four per em space)</td>
</tr>
<tr>
<td>9674</td>
<td>0</td>
</tr>
</tbody>
</table>
### Website addresses and links

In this section: [Displaying website links](#) | [Adding website links in RevMan 5](#) | [Formatting addresses (URLs)](#) | [Formatting displayed text](#)

#### Displaying website links

Links to websites may be displayed within text.

For example:

We thank Cochrane Hypertension ([hypertension.cochrane.org](http://hypertension.cochrane.org)) for their support.

---

<table>
<thead>
<tr>
<th>Code (decimal)</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>8595</td>
<td>↓</td>
</tr>
<tr>
<td>8203</td>
<td>(zero width space)</td>
</tr>
<tr>
<td>8201</td>
<td>(thin space)</td>
</tr>
<tr>
<td>8593</td>
<td>↑</td>
</tr>
<tr>
<td>934</td>
<td>Φ</td>
</tr>
<tr>
<td>8206</td>
<td>(left-to-right mark)</td>
</tr>
<tr>
<td>9201</td>
<td>⌐</td>
</tr>
<tr>
<td>923</td>
<td>∧</td>
</tr>
<tr>
<td>8218</td>
<td>.</td>
</tr>
<tr>
<td>8592</td>
<td>←</td>
</tr>
<tr>
<td>8202</td>
<td>(hair space)</td>
</tr>
<tr>
<td>710</td>
<td>ส</td>
</tr>
<tr>
<td>9827</td>
<td>♦</td>
</tr>
<tr>
<td>127</td>
<td>(delete mark)</td>
</tr>
<tr>
<td>978</td>
<td>Υ</td>
</tr>
<tr>
<td>8250</td>
<td>.</td>
</tr>
<tr>
<td>8773</td>
<td>≡</td>
</tr>
<tr>
<td>8222</td>
<td>.</td>
</tr>
<tr>
<td>8727</td>
<td>.</td>
</tr>
<tr>
<td>402</td>
<td>‖</td>
</tr>
<tr>
<td>8200</td>
<td>(punctuation space)</td>
</tr>
<tr>
<td>8240</td>
<td>%</td>
</tr>
<tr>
<td>8706</td>
<td>Δ</td>
</tr>
<tr>
<td>8800</td>
<td>≠</td>
</tr>
<tr>
<td>928</td>
<td>Π</td>
</tr>
<tr>
<td>8207</td>
<td>(right-to-left mark)</td>
</tr>
<tr>
<td>8719</td>
<td>Π</td>
</tr>
<tr>
<td>8733</td>
<td>≪</td>
</tr>
<tr>
<td>8736</td>
<td>≾</td>
</tr>
<tr>
<td>376</td>
<td>¥</td>
</tr>
<tr>
<td>8596</td>
<td>⇔</td>
</tr>
<tr>
<td>8660</td>
<td>⇔</td>
</tr>
<tr>
<td>8709</td>
<td>Ø</td>
</tr>
<tr>
<td>8721</td>
<td>Σ</td>
</tr>
<tr>
<td>8743</td>
<td>∧</td>
</tr>
</tbody>
</table>
Additional date are available from www.healthdata.gov.

Note that if a website is in fact a reference, it should be entered as a reference, not a link.

**Adding websites links in RevMan 5**

Links to websites should be entered in RevMan 5 using the Insert Link function. This offers two fields: the Address (URL) and the Displayed Text.

![Insert Link](image)

**Formatting addresses (URLs)**

Copy and paste the URL from the website, but remove any unnecessary characters from the end of the URL.

For example:


Should be shortened to:

Note: In this example the characters following the '?' are related to how you arrived at the link (in this case via a link in an email).

Always test any shortened URLs you enter.

Formatting displayed text

This text should display a shortened version of the URL, not the name of the website, unless the URL has to be very long, in which case do not use the whole URL as the display text, but instead consider using the title of the resource or other explanatory text.

Omit the "http://" or "https://" prefix from this field. Do not omit the 'www.' if it is present (although the address will most likely work without it), and do not add 'www.' if it is not included.

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>heart.cochrane.org</td>
<td>Cochrane Heart</td>
</tr>
<tr>
<td></td>
<td><a href="http://heart.cochrane.org">http://heart.cochrane.org</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.heart.cochrane.org">www.heart.cochrane.org</a></td>
</tr>
<tr>
<td><a href="http://www.cochrane.org">www.cochrane.org</a></td>
<td>Cochrane website</td>
</tr>
<tr>
<td></td>
<td><a href="http://cochrane.org">http://cochrane.org</a></td>
</tr>
<tr>
<td></td>
<td>cochrane.org</td>
</tr>
<tr>
<td></td>
<td>nih.gov/health-information</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.nih.gov">www.nih.gov</a></td>
</tr>
</tbody>
</table>

Grammar, punctuation and writing style

In this section:

Active and passive voice

Traditionally the passive voice has been used by scientists and medical professionals on the basis that what happened was considered to be more important than who did it. However, use of the passive has declined, and Cochrane Reviews should use the active voice where possible, as it is generally more accessible and a clearer way of defining responsibilities and relationships.

<table>
<thead>
<tr>
<th>Active voice (preferred)</th>
<th>Passive voice (avoid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two authors extracted data.</td>
<td>Data were extracted by two authors.</td>
</tr>
<tr>
<td>The editor will provide feedback.</td>
<td>Feedback will be provided by the editor.</td>
</tr>
</tbody>
</table>

Most sentences need to be written in the active voice. In situations where the identity of the subject is not important, and where the focus of the message is paramount, it is appropriate to use a passive construction. For example: 'The vitreous, retina and other internal structures in the eye can be viewed through a specialized microscope.'

Adjectives as nouns

Avoid using adjectives as nouns when they are not used as nouns by a general readership.

A statement such as 'There is growing evidence of the impact of overweight on the incidence of diabetes' could be changed to 'There is growing evidence of the impact of being overweight on the incidence of diabetes'.
And/or

Avoid using ‘and/or’ as it is not explicit. Try rephrasing the sentence; for example, ‘fever and/or headache ...‘ to ‘fever or headache, or both ...‘. ‘And/or’ may be acceptable where rephrasing would make the reading cumbersome; for example, ‘fever and/or headache and/or nausea ...‘.

Compared to/compared with

There are different views about the usage and specific meanings of 'compared with' and 'compared to', but they may be used interchangeably in Cochrane Reviews.

Prefixes

General guidance on the use of prefixes

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Guidance</th>
<th>Example</th>
</tr>
</thead>
</table>
| anti-  | Use a hyphen with:  
- letters;  
- names;  
- words beginning with 'i';  
- two-word compounds used as adjectives. | anti-HBs, anti-Bitis-Echis-Naja serum, anti-icteric, anti-gas gangrene serum |
<p>| co-    | A hyphen can be used as an aid to reading if the following word starts with a vowel. Do not insert a hyphen into well-established words. See examples. | co-ordinate, co-author, co-exist, co-intervention, comorbidity, coincidence, coalesce, coercion |
| inter- | Use a hyphen for compounds that are not used commonly. Otherwise, do not use a hyphen, even if the following word starts with ‘r’. | inter-group, international, interrelate |
| intra- | Use a hyphen if following word starts with ‘a’. | intra-abdominal, intra-acinar |
| meta-  | Use a hyphen if following word starts with a vowel. | meta-analysis, metastasis |
| micro- | Either joined to the word it modifies or uses a hyphen (it does not stand alone) | microbiology, microcirculation, microfilaria, micro-organism (UK spelling), microorganism (US spelling) |
| mid-   | Use a hyphen for all words that have ‘mid-’ as a prefix, except for common words that are never hyphenated (e.g. midnight). | mid-urethral, mid-term, mid-treatment, midnight, midwife |
| mini-  | Either joined to the word it modifies or uses a hyphen (it does not stand alone) | minitracheostomy, mini-mental state examination |
| multi- | Either joined to the word it modifies or uses a hyphen (it does not stand alone) | multicentre, multi-agency |
| non-   | Hyphenate if ‘non’ qualifies more than one word. | non-insulin dependent, non-profit making |</p>
<table>
<thead>
<tr>
<th>Prefix</th>
<th>Guidance</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use of hyphen is optional if ‘non’ qualifies only one word.</td>
<td>non-smoker, nonviolent</td>
</tr>
<tr>
<td></td>
<td>Do not use a hyphen with Latin phrases.</td>
<td>materia non medica, non sequitur</td>
</tr>
<tr>
<td></td>
<td>Note: Latin phrases should be avoided where possible.</td>
<td></td>
</tr>
<tr>
<td>post-</td>
<td>Either joined to the word it modifies or uses a hyphen if the following word starts with ‘t’ (it does not stand alone)</td>
<td>postgraduate, postorbital, postoperative, post-treatment</td>
</tr>
<tr>
<td>pre-</td>
<td>A hyphen is normally used when the following word starts with ‘e’ or ‘i’.</td>
<td>pre-eclampsia, pre-embryo, pre-exist, pre-exposure, pre-install, pre-industrial</td>
</tr>
<tr>
<td></td>
<td>Established combinations are generally one word (except when the word begins with an ‘e’ or an ‘i’).</td>
<td>prearranged, prenatal, preoccupy, preschool, pre-empt</td>
</tr>
<tr>
<td></td>
<td>In other combinations, the hyphen is not necessary but is freely used if the compound is one made for the occasion (might be better to rephrase), or if any peculiarity in its form might prevent its elements from being instantly recognized.</td>
<td>pre-medication, pre-tax, pre-war</td>
</tr>
<tr>
<td>re-</td>
<td>Use a hyphen if the following word starts with ‘e’.</td>
<td>re-edit, re-educate, re-establish, re-enter, re-enlist</td>
</tr>
<tr>
<td></td>
<td>Rephrase when there would be confusion with another word.</td>
<td>re-cover (cover again) and recover (get better)</td>
</tr>
<tr>
<td>self-</td>
<td>All compound words with ‘self’ as a prefix should be hyphenated.</td>
<td>self-limited</td>
</tr>
<tr>
<td></td>
<td>self-confidence</td>
<td></td>
</tr>
<tr>
<td>semi-</td>
<td>Use a hyphen if the following word starts with ‘i’.</td>
<td>semi-independent, semicolon</td>
</tr>
<tr>
<td>sub-</td>
<td>Use a hyphen if the following word starts with ‘b’.</td>
<td>sub-basal, sub-breed (note: sub-Saharan is one exception)</td>
</tr>
<tr>
<td>un-</td>
<td>Words starting with ‘un-’ are generally one word.</td>
<td>unnoticeable, unopened, unpaid, unpick</td>
</tr>
<tr>
<td></td>
<td>Rephrase or use a hyphen when there would be confusion with another word.</td>
<td>unionized (with a union) and un-ionized (without ions)</td>
</tr>
</tbody>
</table>

**Punctuation**

**General guidance on the use of punctuation**
<table>
<thead>
<tr>
<th>Symbol</th>
<th>Guidance</th>
<th>Example</th>
</tr>
</thead>
</table>
| Brackets/parentheses | **UK English**: use round brackets throughout for nested brackets.  
 **US English**: use round brackets followed by square brackets for nested brackets. | **UK English**: The standardized mean difference was -0.02 (95% confidence interval (CI) -0.13 to 0.08).  
 **US English**: The standardized mean difference was -0.02 (95% confidence interval [CI] -0.13 to 0.08). |
|                      | Square brackets may be used in chemical formulae, mathematical formulae, edits to quotations, or to indicate an error in the original version of quotation. | pH = \(-\log_{10} [H^+]\)  
 ... as Jones said, "there are very few people who are resistant to [morphine]."  
 (where morphine replaces 'this medication' to ensure contextual accuracy)  
 Smith says "students tend to overlook there [sic] health". |
| Colon                | Follow a colon with a lower-case letter unless the following word has to start with an upper-case letter.                                  | Review topic: cancer  
 Review topic: HIV/AIDS                                                                                                                       |
| Comma                | Use of a comma before ‘and’ and ‘or’ in lists is optional, but be consistent.                                                                | I have read Cochrane Reviews about malaria, tuberculosis, and vaccines.  
 I have read Cochrane Reviews about malaria, tuberculosis and vaccines.                                                                     |
|                      | Use commas before ‘and’, ‘or’, and ‘but’ in two-phrase sentences (when these words join the two main clauses).                               | The reviews are written here, but they are available internationally.  
 The reviews are sent here by post, or they are sent here electronically.                                                                   |
| Dash                 | There should be one space either side of a dash.                                                                                           | The reviews are sent here by post – or electronically – and then processed.                                                              |
| Full stop            | Use one space (not two) after the full stop.                                                                                               | Note: when the publishers format Cochrane Reviews, one space is allocated after each full stop. This means if you use two spaces, they will be reduced to one. |
| Hyphen               | Hyphens are used to link two or more word compounds used as adjectives, such as ‘six-week interval’ and ‘four-dose regimen’. Be aware that hyphens can sometimes change the meaning of a word, such as ‘unionized’ (with a union) and ‘un-ionized’ (without ions). | There was a six-week interval between doses.                                                                                              |
| Period               | See full stop                                                                                                                              |                                                                                                                                        |
| Quotation marks      | Use double quotation marks for quoting dialogue and when quoting text from a written source. No other formatting is required for quotations (do not use italics). | In the study “12 participants experienced adverse effects” (Goodwin 1998).                                                                 |
Simple and accessible English

In this section: General guidance | Words and expressions to avoid | PLEACS | Additional resources

General guidance

Cochrane Reviews should be written in clear, simple English so that they can be understood by the broad and international readership of Cochrane. Simplicity and clarity are vital to readability. Complex or ambiguous expressions should be avoided or reformulated to promote readability (see examples below). Where a simple English phrase can be used, do not use non-English expressions; for example use ‘conversely’, ‘inversely’, or ‘the other way round’, rather than ‘vice versa’.

Words and expressions to avoid.

This table lists selected examples of complex expressions to avoid, and acceptable reformulations

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>herein</td>
<td>in</td>
</tr>
<tr>
<td>the majority of</td>
<td>most</td>
</tr>
<tr>
<td>in the majority of instances</td>
<td>usually</td>
</tr>
<tr>
<td>ab initio</td>
<td>from the start</td>
</tr>
<tr>
<td>as per</td>
<td>according to</td>
</tr>
<tr>
<td>per</td>
<td>by</td>
</tr>
<tr>
<td>e.g. Results not reported per intervention group</td>
<td>e.g. Results not reported by intervention group</td>
</tr>
<tr>
<td>There has been a close to two-fold increase in the incidence of infection.</td>
<td>The number of infections nearly doubled.</td>
</tr>
<tr>
<td>not only do</td>
<td>also</td>
</tr>
<tr>
<td>in the vast majority of the trials</td>
<td>in most of the trials</td>
</tr>
<tr>
<td>There was a loss of participants, with the main reason being death of the patient.</td>
<td>There was a loss of participants mainly due to deaths.</td>
</tr>
<tr>
<td>There were eight studies that compared different types of antibiotics.</td>
<td>Eight studies compared different types of antibiotics.</td>
</tr>
</tbody>
</table>

PLEACS

Plain language summaries fulfil an important function in Cochrane Reviews. Aimed at a broad readership, they convey the review question and the findings in terms that are accessible to consumers and non-expert readers. The Plain Language Expectations for Authors of Cochrane Summaries (PLEACS) initiative provides guidance about writing simple, accessible English. See Standards for the reporting of Plain Language Summaries in new Cochrane Intervention Reviews (PLEACS).

Additional resources

The following sections of the Style Manual provide further guidance on ways to promote simple and accessible English:

- Active and passive voice
- Adjectives as nouns
In addition, many other resources provide examples of how to restructure sentences that may help authors promote plain English and improve readability. Examples include the Plain English Campaign or Wikipedia's list of plain English words or phrases.

**Tautology**

Avoid tautology, that is "the saying of the same thing twice over in different words" (*The New Oxford Dictionary of English*, 1998).

### Examples of tautology

<table>
<thead>
<tr>
<th>Tautology</th>
<th>No tautology</th>
</tr>
</thead>
<tbody>
<tr>
<td>We excluded trials of children with a <strong>history</strong> of headaches <strong>in the past</strong>.</td>
<td>We excluded trials of children with a history of headaches.</td>
</tr>
<tr>
<td><strong>UK</strong> pressure ulcer prevalence estimates specifically for community settings have reported rates of 0.77 per 1000 adults in a <strong>UK urban area</strong>.</td>
<td>Pressure ulcer prevalence estimates specifically for community settings have reported rates of 0.77 per 1000 adults in a <strong>UK urban area</strong>.</td>
</tr>
<tr>
<td><strong>Resource use</strong> (when presented as mean values with standard deviation) including <strong>measures of resource use</strong>, such as number of dressing changes, number of nurse visits, length of hospital stay, need for other interventions.</td>
<td><strong>Resource use</strong> (when presented as mean values with standard deviation) including measures such as number of dressing changes, number of nurse visits, length of hospital stay, need for other interventions.</td>
</tr>
<tr>
<td><strong>Statistical heterogeneity</strong> was described by Chi$^2 = 6.41$; $P$ value 0.27; $I^2 = 22%$; indicating low <strong>statistical heterogeneity</strong>.</td>
<td><strong>Statistical heterogeneity</strong> was low (Chi$^2 = 6.41$; $P = 0.27$; $I^2 = 22%$).</td>
</tr>
</tbody>
</table>

**Tenses**

See [Tense](#).

**Upper-case letters**

In text and headings, use sentence case (first letter upper-case and subsequent letters lower-case, except for proper nouns and abbreviations).

This table lists exceptions, where upper-case letters should be used:

<table>
<thead>
<tr>
<th>Section</th>
<th>Usage</th>
<th>Further information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book titles and journal titles (but not book chapter titles or journal article titles)</td>
<td>Write in full using title case (all major words start with an upper-case letter)</td>
<td>References: reference fields</td>
</tr>
<tr>
<td>Some bibliographic databases</td>
<td>The preferred format for the following databases is all upper-case letters: MEDLINE, CENTRAL, OLDMEDLINE, and CINAHL (not CINHAL). Some databases use a mixture of lower-case and upper-case letters, for example, Embase (not EMBASE), PsycLIT (not PsychLIT) and PsycINFO (not PsychINFO).</td>
<td>Search methods</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>Use upper-case letters to explain the abbreviation or acronym only if required by the abbreviated term, for example:</td>
<td>Formatting: abbreviations</td>
</tr>
</tbody>
</table>
Verbs: single or plural

Group nouns can use either a single or plural form of the verb, but the choice should be consistent within each Cochrane Review or document; for example, ‘the government has …’ or ‘the government have …’.

In Cochrane Reviews, ‘data’ should always be treated as a plural noun, taking a plural verb (e.g. ‘the data are …’; not ‘the data is …’). There is some debate about whether data can take the singular form of the verb when it is referring to a body of information rather than the actual numbers. In those cases, consider using a different word, such as ‘information’ or ‘findings’.

‘Errata’, ‘media’, ‘strata’, and ‘criteria’ are plural nouns and take plural verbs. The singular forms of these words are ‘erratum’, ‘medium’, ‘stratum’, and ‘criterion’, which take singular verbs.

Tense

Write things you plan on doing in the future tense (such as in a protocol for a Cochrane Review), and things you have already done in the past tense (such as in a Cochrane Review).

In reviews in which few or no trials are included, where not all the methods outlined in the protocol could be used, use the conditional in as simple a form as possible to make it clear what was planned but not executed.

International considerations

In this section:

Country names

In this section: General guidance | Specific examples | Abbreviations | Further resources
General guidance

In general, for countries with complex names use contemporary English terms and an accepted short form rather than the full name (e.g. 'United Kingdom' or 'UK' rather than 'United Kingdom of Great Britain and Northern Ireland').

When reporting the country or region of a study, use the terminology used in the studies and, if possible, place it in contemporary context, being sure to reflect changes in borders and names accurately (e.g. ‘the study was conducted in Yugoslavia (i.e. Serbia, Croatia, Bosnia and Herzegovina, Slovenia, Macedonia and Montenegro at the time of writing; YYYY)’ or ‘the study was conducted in the Czech Republic (part of Czechoslovakia at the time of the study; YYYY)’ if you know that the studies were conducted in that region).

Specific examples

**The Netherlands**: use ‘the Netherlands’ in running text but ‘The Netherlands’ at the start of headings or sentences.

**USA**: use ‘USA’ or ‘the USA’ (as appropriate) in running text when referring to the United States of America; other forms may be used when part of specific names, e.g. the ‘US Food and Drug Administration’.

Abbreviations

For more information on abbreviations of country names, see [Common abbreviations that do not need to be defined](#).

Further resources

These resources may be helpful:

- [Wikipedia: List of sovereign states](#)
- [UK Government Permanent Committee on Geographical Names: Country names](#)

Currency

Express currency as the currency abbreviation and amount (e.g. EUR 250, USD 50) using the recommended three-letter currency abbreviations ([ISO 4217](#)).

For more guidance on when to use these codes, see [Common abbreviations: currency abbreviations](#)

For guidance on how to display currencies and amounts, see [Units and systems of measurement: currencies](#)

English language: regional differences

There are regional differences in the English language, and Cochrane Review Groups support both British (i.e. UK) and American (i.e. US) English. Cochrane Reviews must use only UK or US English throughout.

The ‘-ize’ suffix (e.g. randomize) is often associated with US English and ‘-ise’ (e.g. randomise) with British English, when in fact ‘-ize’ is also commonly used in British English. Cochrane Reviews can use either spelling but the choice should be applied consistently within a single Cochrane Review or document.

Note that the [Cochrane brand guidelines](#) state a preference for UK English with ‘-ize’ spelling.

Ethnic group names

When reporting the ethnicity of participants in studies, use the terminology used in the studies. If the terminology is obviously inaccurate or inappropriate, first mention the terminology used in the study, and follow it by the correct terminology in parentheses (e.g. ‘The study included 843 Caucasian participants (understood to be white participants)’). When mentioning ethnic groups in
other sections of the review use an acceptable contemporary term. There is no simple consensus on names, so where possible use precise descriptions rather than catch-all terms, being sure to distinguish between ethnicity and nationality (e.g. Croats versus Croatians).

These resources may be helpful:

- Wikipedia: list of contemporary ethnic groups
- Wikipedia: race and ethnicity in the United States
- Economist Style Guide: ethnic groups

Names, common terms and terminology

In this section:

Common terms and terminology

Some terms and phrases are commonly used in Cochrane documents. The way in which these should be presented is shown below. See also Names specific to Cochrane.

<table>
<thead>
<tr>
<th>Correct usage</th>
<th>Incorrect usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>care giver or caregiver (be consistent)</td>
<td>care-giver</td>
</tr>
</tbody>
</table>
| Centers for Disease Control and Prevention (CDC) | Centers for Disease Control
Center for Disease Control
Center for Disease Control and Prevention
Centre for Disease Control
Centre for Disease Control and Prevention |
| Chi\textsuperscript{2} statistic | Chi-squared test or statistic
Chi-square test or statistic
\chi\textsuperscript{2} statistic |
| cluster-randomized trial | cluster randomized trial |
| co-author | coauthor |
| a computer-generated image | a computer generated image |
| the image was computer generated | the image was computer-generated |
| controlled before-after studies | controlled before after studies |
| cross-over study/trial | cross over study/trial or crossover study/trial |
| double-blind | double blind |
| Note: also single-blind, triple-blind | Note: also single blind, triple blind |
| dropout | drop-out
drop out |
| Note: the verb form is ‘drop out’ without hyphenation |
| e-learning | elearning
 e learning |
<p>| Note: at start of sentence use ‘E-learning’ with an intial capital |</p>
<table>
<thead>
<tr>
<th>Correct usage</th>
<th>Incorrect usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>end point or endpoint</td>
<td>end-point</td>
</tr>
<tr>
<td>Note: 'time point' should be written as two separate words (see below)</td>
<td></td>
</tr>
<tr>
<td>evidence base</td>
<td>evidence-base</td>
</tr>
<tr>
<td>e.g. Production of a robust systematic review can contribute to the evidence base...</td>
<td></td>
</tr>
<tr>
<td>evidence-based</td>
<td>evidence based</td>
</tr>
<tr>
<td>e.g. evidence-based medicine</td>
<td></td>
</tr>
<tr>
<td>false positive (noun)</td>
<td></td>
</tr>
<tr>
<td>e.g. The result was a false positive.</td>
<td></td>
</tr>
<tr>
<td>false-positive (adjective)</td>
<td></td>
</tr>
<tr>
<td>e.g. The false-positive result was misleading.</td>
<td></td>
</tr>
<tr>
<td>Note: follow this guidance for true positive, false negative, and true negative (nouns) and true-positive, false-negative, and true-negative (adjectives).</td>
<td></td>
</tr>
<tr>
<td>fixed-effect model</td>
<td>fixed effect model</td>
</tr>
<tr>
<td>Note: compared with random-effects model</td>
<td>fixed-effects model</td>
</tr>
<tr>
<td>Note: there is also a fixed-effects model (i.e. when the pool of studies is assumed to be fixed and only provides an estimate of the average of the effects of just these studies, without aiming at generalization to future studies), but this would rarely be appropriate for a Cochrane Review. If used it should be clearly indicated to avoid being changed to fixed-effect model.</td>
<td></td>
</tr>
<tr>
<td>follow up (verb) or follow-up (adjective or noun)</td>
<td></td>
</tr>
<tr>
<td>e.g. ‘Seven participants were followed up for 10 days.’ (verb)</td>
<td></td>
</tr>
<tr>
<td>e.g. ‘The follow-up period was 10 weeks.’ (adjective)</td>
<td></td>
</tr>
<tr>
<td>e.g. ‘The follow-up was shorter than expected.’ (noun)</td>
<td></td>
</tr>
<tr>
<td>forest plot</td>
<td>forrest plot</td>
</tr>
<tr>
<td>Note: for further information, see Lewis S, Clarke M. Forest plots: trying to see the wood and the trees. BMJ 2001;322(7300):1479-80.</td>
<td></td>
</tr>
</tbody>
</table>

**GRADE**

More recently, GRADE assessments refer to ‘certainty’, rather than ‘quality’. Use the terminology consistent with the GRADE guidance of software you are using, and in ‘Summary of findings’ tables, use the corresponding wording for the grades of evidence (see below).

For certainty:

**GRADE Working Group grades of evidence**
<table>
<thead>
<tr>
<th>Correct usage</th>
<th>Incorrect usage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High certainty:</strong> we are very confident that the true effect lies close to</td>
<td>Gram-positive and Gram-negative bacteria</td>
</tr>
<tr>
<td>that of the estimate of the effect.</td>
<td>gram positive and gram negative bacteria</td>
</tr>
<tr>
<td><strong>Moderate certainty:</strong> we are moderately confident in the effect estimate;</td>
<td>gram staining showed ...</td>
</tr>
<tr>
<td>the true effect is likely to be close to the estimate of the effect, but</td>
<td></td>
</tr>
<tr>
<td>there is a possibility that it is substantially different.</td>
<td></td>
</tr>
<tr>
<td><strong>Low certainty:</strong> our confidence in the effect estimate is limited; the</td>
<td></td>
</tr>
<tr>
<td>true effect may be substantially different from the estimate of the effect.</td>
<td></td>
</tr>
<tr>
<td><strong>Very low certainty:</strong> we have very little confidence in the effect estimate;</td>
<td></td>
</tr>
<tr>
<td>the true effect is likely to be substantially different from the estimate of</td>
<td></td>
</tr>
<tr>
<td>the estimate of effect.</td>
<td></td>
</tr>
</tbody>
</table>

For quality:

**GRADE Working Group grades of evidence**

**High quality:** further research is very unlikely to change our confidence in the estimate of effect.

**Moderate quality:** further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

**Low quality:** further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

**Very low quality:** we are very uncertain about the estimate.

Note: for further information, see [The GRADE Working Group clarifies the construct of certainty of evidence](#).

See also: [Handbook version 6, chapter 14](#).

| 'Gram' should be capitalized and not hyphenated when used as Gram stain;     | Gram-positive and Gram-negative bacteria |
| gram negative and gram positive should be lowercase and only hyphenated when | gram positive and gram negative bacteria |
| used as a unit modifier.                                                   | gram staining showed ...                |
| e.g. Gram staining                                                         |                                                                                 |
| e.g. the bacteria were gram negative                                       |                                                                                 |
| e.g. gram-positive and gram-negative bacteria                              |                                                                                 |
| handsearch                                                                  | hand search                          |
| e.g. We handsearched three journals.                                       | hand-search                          |
| e.g. The handsearching process ...                                        |                                     |
| health care (noun) or healthcare (adjective)                              |                                     |
| e.g. 'The healthcare centre is nearby.' (adjective)                       |                                     |
| e.g. 'The health care was satisfactory.' (noun)                           |                                     |
| I\(^2\) statistic                                                          | I-squared statistic                  |
| intention-to-treat analysis                                                | I-square statistic                   |
| internet or Internet (be consistent)                                       | I\(^2\) test                          |
| low-income, middle-income, and high-income countries                      | developing countries                 |
| Note: see the classifications of all countries according to their economies | developed countries                 |
| on the [World Bank website](#).                                           |                                     |

Note: for further information, see [The GRADE Working Group clarifies the construct of certainty of evidence](#).

See also: [Handbook version 6, chapter 14](#).
<table>
<thead>
<tr>
<th>Correct usage</th>
<th>Incorrect usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>multiple-drug resistant</td>
<td>multidrug resistant</td>
</tr>
<tr>
<td>number needed to treat for an additional beneficial outcome</td>
<td>number-needed-to-treat-for-an-additional-beneficial-outcome</td>
</tr>
<tr>
<td>number needed to treat for an additional harmful outcome</td>
<td>number-needed-to-treat-for-an-additional-harmful-outcome</td>
</tr>
<tr>
<td>number needed to treat to benefit</td>
<td>number needed to treat to harm</td>
</tr>
<tr>
<td>online</td>
<td>on-line</td>
</tr>
<tr>
<td>open-label</td>
<td>open label</td>
</tr>
<tr>
<td>participant or person; participants or people</td>
<td>—</td>
</tr>
<tr>
<td>Note: use participant (for people participating in any trials/studies mentioned in the review) or person instead of subject or patient, unless it changes the meaning of the text (e.g. people with ulcers rather than patients with ulcers). If trials are exclusively concerned with a single population such as children or women, use children or women instead of participants.</td>
<td></td>
</tr>
<tr>
<td>per cent</td>
<td>percent</td>
</tr>
<tr>
<td>Note: see also Guidance on usage and presentation of commonly used symbols</td>
<td></td>
</tr>
<tr>
<td>preoperative</td>
<td>pre-operative or pre operative</td>
</tr>
<tr>
<td>perioperative</td>
<td>peri-operative or peri operative</td>
</tr>
<tr>
<td>postoperative</td>
<td>post-operative or post operative</td>
</tr>
<tr>
<td>quality:</td>
<td></td>
</tr>
<tr>
<td>low-quality (adjective)</td>
<td>low quality (adjective)</td>
</tr>
<tr>
<td>moderate-quality (adjective)</td>
<td>moderate quality (adjective)</td>
</tr>
<tr>
<td>high-quality (adjective)</td>
<td>high quality (adjective)</td>
</tr>
<tr>
<td>e.g. high-quality evidence</td>
<td></td>
</tr>
<tr>
<td>random-effects model</td>
<td>random effects model</td>
</tr>
<tr>
<td>regime</td>
<td>regime</td>
</tr>
<tr>
<td>risk of bias</td>
<td></td>
</tr>
<tr>
<td>e.g. We assessed the risk of bias in the included studies.</td>
<td>e.g. We assessed the ‘risk of bias’ in the included studies.</td>
</tr>
<tr>
<td>e.g. We assessed the ‘Risk of bias’ in the included studies.</td>
<td>e.g. We assessed the risk-of-bias in the included studies.</td>
</tr>
<tr>
<td>Correct usage</td>
<td>Incorrect usage</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>e.g. We completed a 'Risk of bias' assessment.</td>
<td>Risk of bias table, Risk-of-bias table, 'risk of bias' table, RoB table</td>
</tr>
<tr>
<td>'Risk of bias' table</td>
<td></td>
</tr>
<tr>
<td>e.g. We present our judgements in 'Risk of bias' tables.</td>
<td></td>
</tr>
<tr>
<td>ROBINS-I</td>
<td>Robins-I</td>
</tr>
<tr>
<td></td>
<td>ROBINS I</td>
</tr>
<tr>
<td></td>
<td>ROBINS-1</td>
</tr>
<tr>
<td>short-term or long-term (adjective)</td>
<td></td>
</tr>
<tr>
<td>e.g. short-term follow-up was three months</td>
<td></td>
</tr>
<tr>
<td>short term or long term (noun)</td>
<td></td>
</tr>
<tr>
<td>e.g. outcomes that occurred in the short term</td>
<td></td>
</tr>
<tr>
<td>'Summary of findings' table</td>
<td>Summary of findings table</td>
</tr>
<tr>
<td>Note: use in same way as 'Risk of bias' above</td>
<td>Summary-of-findings table</td>
</tr>
<tr>
<td></td>
<td>'summary of findings' table</td>
</tr>
<tr>
<td></td>
<td>SoF table</td>
</tr>
<tr>
<td>subgroup</td>
<td>sub-group</td>
</tr>
<tr>
<td></td>
<td>sub group</td>
</tr>
<tr>
<td>Tau(^2)</td>
<td>Tau-squared</td>
</tr>
<tr>
<td></td>
<td>Tau-square</td>
</tr>
<tr>
<td></td>
<td>Tau(^2) statistic</td>
</tr>
<tr>
<td></td>
<td>Tau(^2) test</td>
</tr>
<tr>
<td></td>
<td>T(^2)</td>
</tr>
<tr>
<td></td>
<td>(\tau^2)</td>
</tr>
<tr>
<td>text word</td>
<td>textword</td>
</tr>
<tr>
<td>time point</td>
<td>timepoint</td>
</tr>
<tr>
<td></td>
<td>time-point</td>
</tr>
<tr>
<td>time-to-event analysis/data</td>
<td>time to event analysis/data</td>
</tr>
<tr>
<td>wait list or wait-list control (US English)</td>
<td>waitlist, wait list control</td>
</tr>
<tr>
<td>waiting list or waiting-list control (UK English)</td>
<td>waiting-list, waiting list control</td>
</tr>
<tr>
<td>website</td>
<td>web site</td>
</tr>
<tr>
<td>well-being</td>
<td>well being</td>
</tr>
<tr>
<td></td>
<td>wellbeing</td>
</tr>
<tr>
<td>white (adjective)</td>
<td>white (noun)</td>
</tr>
<tr>
<td>e.g. The white participants ...</td>
<td>Note: avoid 'Caucasian' unless there is a specific reason to use it. See the section on ethnic group names.</td>
</tr>
<tr>
<td>world wide web or World Wide Web (be consistent)</td>
<td></td>
</tr>
<tr>
<td>World Health Organization</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
## Names

In this section: Frequently used names | Names specific to Cochrane | Family names | Pharmaceutical drug names | Organism names | Virus names | Country and ethnic group names

### Frequently used names

<table>
<thead>
<tr>
<th>Name</th>
<th>Correct abbreviation</th>
<th>Incorrect abbreviation(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers for Disease Control and Prevention</td>
<td>CDC</td>
<td>CDCP</td>
</tr>
<tr>
<td>Embase</td>
<td>Embase</td>
<td>EMBASE</td>
</tr>
<tr>
<td>Grading of Recommendations Assessment, Development and Evaluation</td>
<td>GRADE</td>
<td>GRADEpro GDT</td>
</tr>
<tr>
<td>Note: the GRADE system is used to assess the quality of evidence in reviews, and ‘Summary of findings’ tables are generated using the GRADEpro GDT software.</td>
<td></td>
<td>Grade</td>
</tr>
<tr>
<td>Note: the abbreviation GRADE does not need to be defined in Cochrane Reviews (see Common abbreviations that do not need to be defined in the section on Abbreviations and acronyms).</td>
<td></td>
<td>GRADEproGDT</td>
</tr>
<tr>
<td>Note: the abbreviation GRADE does not need to be defined in Cochrane Reviews (see Common abbreviations that do not need to be defined in the section on Abbreviations and acronyms).</td>
<td></td>
<td>GradeProGDT</td>
</tr>
<tr>
<td>Preferred Reporting Items for Systematic Reviews and Meta-Analyses</td>
<td>PRISMA</td>
<td>Prisma</td>
</tr>
<tr>
<td>Note: the abbreviation PRISMA does not need to be defined in Cochrane Reviews (see Common abbreviations that do not need to be defined in the section on Abbreviations and acronyms).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PubMed</td>
<td>PubMed</td>
<td>Pubmed/PUBMED</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>WHO</td>
<td>W.H.O. World Health Organisation</td>
</tr>
<tr>
<td>Web of Science</td>
<td>Web of Science</td>
<td>WOS Web of science</td>
</tr>
</tbody>
</table>

### Presentation of terms and names specific to Cochrane

Note: the following table displays the correct spelling and formatting of terms names specific to Cochrane.

<table>
<thead>
<tr>
<th>Correct usage</th>
<th>Incorrect usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archie</td>
<td>ARCHIE</td>
</tr>
<tr>
<td>author or review author</td>
<td>reviewer</td>
</tr>
<tr>
<td>co-author</td>
<td>coauthor</td>
</tr>
<tr>
<td>Correct usage</td>
<td>Incorrect usage</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cochrane</td>
<td>The Cochrane Collaboration</td>
</tr>
<tr>
<td>Note: in line with <a href="#">branding from January 2015</a> and to make things clear, impactful, and consistent we now refer to ourselves simply as ‘Cochrane’, in the singular. We no longer say ‘The Cochrane Collaboration’ (although that remains the legal name of the charity).</td>
<td>The Collaboration</td>
</tr>
<tr>
<td></td>
<td>the collaboration</td>
</tr>
<tr>
<td>Note: in certain circumstances (e.g. when referring to the full legal name of the organization, or when citing past Cochrane products, ‘The Cochrane Collaboration’ may be appropriate).</td>
<td></td>
</tr>
<tr>
<td>Cochrane Central Executive:</td>
<td>Central Editorial Unit</td>
</tr>
<tr>
<td>• CEO’s Office</td>
<td>Finance &amp; Core Services</td>
</tr>
<tr>
<td>• Editorial &amp; Methods Department</td>
<td>Cochrane Editorial Unit</td>
</tr>
<tr>
<td>• Knowledge Translation Department</td>
<td>IKMD Department</td>
</tr>
<tr>
<td>• Publishing, Research &amp; Development</td>
<td>Cochrane Organisational Unit</td>
</tr>
<tr>
<td>• Finance Services</td>
<td>Cochrane Secretariat</td>
</tr>
<tr>
<td>• Informatics and Technology Services</td>
<td>Membership, Learning &amp; Support Services</td>
</tr>
<tr>
<td>• People Services</td>
<td></td>
</tr>
<tr>
<td>Cochrane Groups:</td>
<td>Cochrane groups</td>
</tr>
<tr>
<td>• Fields</td>
<td>entities</td>
</tr>
<tr>
<td>• Methods Groups</td>
<td>Methods groups</td>
</tr>
<tr>
<td>• Review Groups</td>
<td>Branches</td>
</tr>
<tr>
<td>• Review Group Networks</td>
<td></td>
</tr>
<tr>
<td>• Geographic Groups</td>
<td></td>
</tr>
<tr>
<td>• Associate Centres</td>
<td></td>
</tr>
<tr>
<td>• Centres</td>
<td></td>
</tr>
<tr>
<td>• Geographic Networks</td>
<td></td>
</tr>
<tr>
<td>• Affiliates</td>
<td></td>
</tr>
<tr>
<td>For individual Cochrane Groups, see:</td>
<td></td>
</tr>
<tr>
<td>• <a href="#">Current Geographic Groups</a></td>
<td></td>
</tr>
<tr>
<td>• <a href="#">Review Groups and Networks</a></td>
<td></td>
</tr>
<tr>
<td>• Fields</td>
<td></td>
</tr>
<tr>
<td>• <a href="#">Methods Groups</a></td>
<td></td>
</tr>
<tr>
<td>the Cochrane Central Register of Controlled Trials (CENTRAL)</td>
<td>The Cochrane Central Register of Controlled Trials (CENTRAL)</td>
</tr>
<tr>
<td>the <a href="#">Cochrane Database of Systematic Reviews</a></td>
<td>The Cochrane Database of Systematic Reviews (CENTRAL)</td>
</tr>
<tr>
<td>Note: use italics for the Cochrane Database of Systematic Reviews only, not other databases included in the Cochrane Library.</td>
<td>The Cochrane Database of Systematic Reviews</td>
</tr>
<tr>
<td>the <a href="#">Cochrane Handbook for Systematic Reviews of Interventions</a></td>
<td>Cochrane Reviewers’ Handbook</td>
</tr>
<tr>
<td>Note: can be referred to as ‘the Handbook’ in short after first mention</td>
<td></td>
</tr>
<tr>
<td>title changed in version 4.2.4 from ‘Cochrane Reviewers’ Handbook’ to current format.</td>
<td>The Cochrane Handbook for Systematic Reviews of Interventions</td>
</tr>
<tr>
<td></td>
<td>The Handbook</td>
</tr>
<tr>
<td>Correct usage</td>
<td>Incorrect usage</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>the Cochrane Library (no italics)</td>
<td>The Cochrane Library</td>
</tr>
<tr>
<td>'...in the Cochrane Library'</td>
<td>'...on The Cochrane Library'</td>
</tr>
<tr>
<td>the Cochrane Methodology Register</td>
<td>The Cochrane Methodology Register</td>
</tr>
<tr>
<td>Cochrane Review protocol or protocol for a Cochrane Review</td>
<td>Cochrane Protocol or Cochrane Review Protocol</td>
</tr>
<tr>
<td>'protocol' starts with a lower case letter</td>
<td></td>
</tr>
<tr>
<td>Cochrane Review</td>
<td>Cochrane Systematic Review or Cochrane review</td>
</tr>
<tr>
<td>Cochrane Review Group</td>
<td>Collaborative Review Group</td>
</tr>
<tr>
<td>the Cochrane Style Manual</td>
<td>Cochrane Collaborative Review Group</td>
</tr>
<tr>
<td>the Style Manual</td>
<td></td>
</tr>
<tr>
<td>...in line with Cochrane style...</td>
<td>...in line with Cochrane Style...</td>
</tr>
<tr>
<td>Cochrane Style Basics</td>
<td>Cochrane Style Manual Basics</td>
</tr>
<tr>
<td>Convenor</td>
<td>Convener</td>
</tr>
<tr>
<td>Co-ordinating Editor</td>
<td>Coordinating Editor</td>
</tr>
<tr>
<td>Information Specialist (from 1 March 2016)</td>
<td>Information specialist</td>
</tr>
<tr>
<td>Trials Search Co-ordinator (prior to 1 March 2016)</td>
<td>Trial Search Co-ordinator</td>
</tr>
<tr>
<td>See Cochrane 'Trials Search Co-ordinators' are now 'Information Specialists'</td>
<td></td>
</tr>
<tr>
<td>Methodological Expectations of Cochrane Intervention Reviews (MECIR)</td>
<td>Methodological expectations of Cochrane intervention reviews (Mecir)</td>
</tr>
<tr>
<td>MeerKat</td>
<td>Meerkat</td>
</tr>
<tr>
<td>Review Manager 5</td>
<td>ReviewManager</td>
</tr>
<tr>
<td>RevMan 5 (abbreviation)</td>
<td>Revman</td>
</tr>
<tr>
<td>RevMan Web</td>
<td>RevMan</td>
</tr>
</tbody>
</table>

### Family names

Where names have designation of rank within a family, such as 'Jr' or 'III', place family designations of rank at the end of the name, without punctuation, and use Arabic ordinals rather than Roman numerals.

Examples (in text): write
Examples (in references section)

‘James M LeMesurier, Jr.’ becomes ‘LeMesurier JM Jr’
‘Roger G Smith III’ becomes ‘Smith RG 3rd’

Some family names have specific formatting, and there may be regional differences. For consistency, in the text Chinese names should follow a Westernized style, that is, first name followed by the family name: first name/personal name (名字 míngzi) and family name/surname (姓 xìng). Formatting of Dutch family names should follow the style from the table below. It is advisable to seek confirmation from Cochrane authors before modifying.

General guidance on Dutch family names in the text

| First name (or initial) before the family name | van, de, der, and ter start with a lower-case letter | ‘Danielle van der Windt’ or ‘DA van der Windt’ |
| Only family name used | Van, De, Der, and Ter start with an upper-case letter | ‘Van der Windt’ |

Pharmaceutical drug names

Refer to pharmaceutical drugs using the Recommended International Nonproprietary Name (generic name; rINN; see note below), rather than the brand name. This system helps avoid confusion where common names for drugs differ around the world; for example, acetaminophen is commonly used in the USA, but it is more commonly known as paracetamol (also the rINN) in the UK. If needed, however, place the brand name in brackets after the rINN. A rINN should start with a lower-case letter, while a brand name starts with an upper-case letter. For example, the rINN for one type of antibiotic is ‘ciprofloxacin’. This could be presented as ‘ciprofloxacin’ alone or ‘ciprofloxacin (Ciproxin)’ if essential, but not as ‘Ciproxin’ alone.

Useful resources for locating or checking the rINN are the British National Formulary (which provides information on medicines prescribed in the UK), the WHO MedNet (which can be accessed for free upon registration), and the WHO Model Formulary (which provides comprehensive information on medicines in the WHO Model List of Essential Medicines).

Note: “International Nonproprietary Names (INN) facilitate the identification of pharmaceutical substances or active pharmaceutical ingredients. Each INN is a unique name that is globally recognized and is public property. A nonproprietary name is also known as a generic name.” World Health Organization, Essential Drugs and Medicine Policy, International Nonproprietary Names. www.who.int/medicines/services/inn/en/ (accessed 7 July 2015).

There is no need to use trademark symbols (® or ™) with brand names. These symbols (® for registered; ™ for unregistered) are intended for use by owners of brand names to assert their ownership in their own documentation and advertising. There is no need to use these symbols with drug or product names in Cochrane Reviews, but brand names should always have an initial capital letter and correct spelling. If there is potential misunderstanding or ambiguity about the status of a name, the text should make it clear that it is a brand name, with the company name added if needed.

Organism names

Names of organisms are given in the form Genus species (e.g. Plasmodium falciparum, Staphylococcus aureus). The genus name starts with an upper-case letter, and the species name is all lower case. Both are italicized. Once an organism’s name has been stated in full, use the abbreviated form thereafter. For the abbreviated form use the initial letter of the genus followed by the species name (e.g. P falciparum, S aureus).

Virus names

Do not italicize a virus name when used generically or when referring to a strain (e.g. herpes simplex virus, influenza A (H1N1) virus), and do not use capital letters unless the virus name includes a proper noun (e.g. West Nile virus, Ebola virus). Italicize species, genus, and family of a virus when used in a taxonomic sense. In this case, virus names should follow the rules of orthography of the International Committee on Taxonomy of Viruses (ICTV). The table below summarizes how to format virus
names, but refer to ictvonline.org/virusorthography.asp for a full overview of ICTV recommendations. It is usually not necessary to mention the taxonomy of a virus if it is well known.

Formatting of virus names

Note: this information comes from http://ictvonline.org/virusorthography.asp where there are further examples of formatting rules and a full taxonomy index.

<table>
<thead>
<tr>
<th>Type of term</th>
<th>Formatting</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virus order, family, subfamily, or genus</td>
<td>Italics with first letter of the name capitalized</td>
<td>Herpesvirales (order)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Herpesviridae (family)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alphaherpesvirinae (subfamily)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Simplexvirus (genus)</td>
</tr>
<tr>
<td>Species name</td>
<td>Italics with the first letter of the first name capitalized. Never abbreviate species names. Exceptions: proper nouns, parts of proper nouns, or alphabetical identifiers may be capitalized even if they occur as the second word.</td>
<td>Human alphaherpesvirus 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mumps virus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>West Nile virus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Influenza A virus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enterovirus A</td>
</tr>
<tr>
<td>Virus strain or generic name</td>
<td>Not italicized and the first letter of the first word is not capitalized, unless it is a proper noun or includes alphabetical identifiers</td>
<td>Ebola virus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>herpes simplex virus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>influenza A (H1N1) virus</td>
</tr>
</tbody>
</table>

Country and ethnic groups’ names

Refer to the section on international considerations for guidance on country names and ethnic group names.

Numbers, statistics, and units

In this section:

Dates

In this section: Standard date format | Regional considerations | Decades and centuries | Examples of formatting dates and time periods

Standard date format

Cochrane documents always use this format and sequence for dates:

- day (numeral) month (always in full) year (four-digit numeral)

No additional punctuation or suffixes should be used.

Regional considerations

There are regional differences in the ways dates are expressed. Always use the standard format in Cochrane documents.

Be careful when referring to seasons, as they occur at different times of the year in different parts of the world.

Decades and centuries

Decades are always expressed as numerals, and century numbers may be expressed as numerals or written in full (e.g. ‘19th century’ or ‘nineteenth century’).
Examples of formatting of dates and time periods

Note: the date formats in the examples below are for use in the text of Cochrane documents. Date formats to be used in references are described in the References.

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May</td>
<td>May 1</td>
</tr>
<tr>
<td>1 May 2000</td>
<td>May 1, 2000 or May 1, 2000</td>
</tr>
<tr>
<td>May 2000</td>
<td>May 1000</td>
</tr>
<tr>
<td>7 November</td>
<td>7/11 (UK = 7 November; USA = 11 July)</td>
</tr>
<tr>
<td>1960s</td>
<td>1960’s or ’60s</td>
</tr>
<tr>
<td>19th century</td>
<td>19th century</td>
</tr>
</tbody>
</table>

Numbers

In this section: Overview of number formatting | Examples of number formatting | Exceptions for numbers and ordered events less than 10 | Numbers with five or more digits | Ranges of numbers | Number hyphenation | Large numbers

Overview of number formatting

- Numbers and ordered events less than 10 in full should be written as words, not numerals (see examples), although there are some exceptions.
- Numbers with two or more digits should be written as numerals unless they are at the start of a sentence (see examples).
- Numbers between 1000 and 9999 should contain no punctuation.
- Numbers with five or more digits should include commas (not decimal points or full stops).
- Use ‘from’ and ‘to’ instead of a dash to describe a range of numbers in text. Numbers written out in full should be hyphenated appropriately.
- Often, judgement is needed to determine the best presentation for a set of numbers.

Examples of number formatting

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>We sent the review to four referees.</td>
<td>We sent the review to 4 referees.</td>
</tr>
<tr>
<td>The 10 participants agreed.</td>
<td>The ten participants agreed.</td>
</tr>
<tr>
<td>The 25 studies are available.</td>
<td>The twenty-five studies are available.</td>
</tr>
<tr>
<td>Thirty-three adults and five children</td>
<td>33 adults and 5 children</td>
</tr>
<tr>
<td>participated.</td>
<td>participated.</td>
</tr>
<tr>
<td>Ninth</td>
<td>9th</td>
</tr>
<tr>
<td>112th</td>
<td>one hundred and twelfth</td>
</tr>
</tbody>
</table>

Exceptions to basic rule for numbers and ordered events less than 10

<table>
<thead>
<tr>
<th>Exception</th>
<th>Guidance</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentence contains numbers &lt; 10 and ≥ 10</td>
<td>Acceptable to use only numerals</td>
<td>from 2 to 12 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>from 5% to 25% of the number of participants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There were between 9 and 15 people in the room.</td>
</tr>
<tr>
<td>Equations, numerical results, statistics</td>
<td>Numerals only</td>
<td>2/20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR 1.06 (95% CI 0.90 to 3.02; 6 trials, 1500 participants)</td>
</tr>
<tr>
<td>Exception</td>
<td>Guidance</td>
<td>Example</td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>Sentence starts with a number</td>
<td>Spell number</td>
<td>Eleven per cent of people ... Twenty authors attended the workshop. Eight separate doses are described.</td>
</tr>
<tr>
<td>Number with a unit</td>
<td>Always use numerals</td>
<td>8 mg 25 mL 6 s 0.7 kg</td>
</tr>
<tr>
<td>Tables (see also: <a href="#">Tables in Cochrane Reviews</a>)</td>
<td>Numerals for all numbers including those &lt; 10</td>
<td>—</td>
</tr>
<tr>
<td>Description of a measurement scale</td>
<td>Acceptable to include numeral</td>
<td>Outcomes were evaluated using the 9-point ORBIT classification.</td>
</tr>
</tbody>
</table>

### Numbers with five or more digits

Note: this is an exception to the style convention for SI units; see [Units and systems of measurement](#).

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>7677</td>
<td>7,677</td>
</tr>
<tr>
<td>10,000</td>
<td>10000</td>
</tr>
<tr>
<td>12,100</td>
<td>12.100</td>
</tr>
</tbody>
</table>

### Ranges of numbers

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>from three to nine participants</td>
<td>from three - nine participants</td>
</tr>
<tr>
<td>−12 to −4</td>
<td>−12 - −4</td>
</tr>
<tr>
<td>The risk ratio was 0.38 (95% CI 0.30 to 0.49)</td>
<td>The risk ratio was 0.38 (95% CI 0.30-0.49)</td>
</tr>
<tr>
<td>(MD −11.50 h, 95% CI −20.04 to −2.18)</td>
<td>(MD −11.50 h, 95% CI −20.04 - −2.18)</td>
</tr>
<tr>
<td>1% to 10%</td>
<td>1%-10%</td>
</tr>
<tr>
<td>4 mg to 5 mg</td>
<td>4-5 mg, or 4 to 5 mg</td>
</tr>
</tbody>
</table>

### Number hyphenation

<table>
<thead>
<tr>
<th>Rule</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyphenate compound numbers from twenty-one through to ninety-nine</td>
<td>ninety-seven</td>
<td>ninety seven</td>
</tr>
<tr>
<td></td>
<td>one hundred and forty-two</td>
<td>one-hundred-and-forty-two</td>
</tr>
<tr>
<td></td>
<td>forty-three thousand and eighty-three</td>
<td>one hundred and forty two</td>
</tr>
<tr>
<td></td>
<td>forty three thousand and eighty-three</td>
<td>forty three thousand and eighty-three</td>
</tr>
</tbody>
</table>
### Rule

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>forty three thousand and eighty three</td>
<td></td>
</tr>
</tbody>
</table>

### Large numbers

Use ‘6.1 million’ rather than ‘6,100,000’

Avoid ‘billion’ and ‘trillion’, due to ambiguity about their value. If they are used, they should be explained in terms of millions (e.g. ‘6 billion (6000 million)’)

### Statistical and mathematical presentation

This section provides general guidance on the presentation of statistical and mathematical terms and values. Please also refer to the [Cochrane Handbook for Systematic Reviews of Interventions](#).

For guidance on abbreviating statistical terms commonly used in Cochrane Reviews see [Common abbreviations](#).

<table>
<thead>
<tr>
<th>Rule</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decimal places</strong></td>
<td>Odds ratios, risk ratios, and standardized mean differences should usually be quoted to two decimal places. For very large or very small values, use judgement to determine whether fewer or more decimal places should be used to express the appropriate level of precision.</td>
<td>12.26</td>
</tr>
<tr>
<td><strong>Decimal points</strong></td>
<td>Use full stops, not commas.</td>
<td>15.51</td>
</tr>
<tr>
<td><strong>Equals sign</strong></td>
<td>For values that are represented by a mathematical symbol (e.g. P and I²) use an equal sign and do not include the word &quot;value&quot; when used to present a value. For terms that are represented as abbreviations (e.g. RR, OR, MD) do not use an equals sign.</td>
<td>P = 0.015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I² = 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RR 0.05</td>
</tr>
<tr>
<td><strong>Mathematical equations</strong></td>
<td>Avoid building equations or formulae spaced over two or more lines in the text of the review, as text formatting will change during publication process. Use spaces either sides of ‘-’, ‘+’, and ‘=’ symbols in mathematical equations.</td>
<td>2 = 10/5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = ---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SE = sqrt((1/r1) + (1/(n1 – r1)) + (1/r2) + (1/(n2 – r2)))</td>
</tr>
<tr>
<td><strong>Guidance</strong></td>
<td><strong>Correct</strong></td>
<td><strong>Incorrect</strong></td>
</tr>
<tr>
<td>----------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>See also: <em>Guidance on spacing around commonly used symbols</em></td>
<td>NNT or NNTH NNTB 10</td>
<td>NNT or NNH NNT 10.5</td>
</tr>
<tr>
<td><strong>Number needed to treat (NNT)</strong></td>
<td>Express all NNTs as positive whole numbers, all decimals being rounded up. Use 'number needed to treat for an additional beneficial outcome' and its abbreviation 'NNTB', not 'number needed to treat' or 'NNT'. Similarly, use 'number needed to treat for an additional harmful outcome' (NNTH) to specify a harmful event.</td>
<td>P = 0.03 P &lt; 0.001</td>
</tr>
<tr>
<td><strong>P value</strong></td>
<td>P values should be stated exactly, apart from values less than 0.001, which should be expressed as P &lt; 0.001. Use the phrase 'P value' in text if referring to the statistic, but use 'P = ' when presenting a value. Use an upper-case 'P' (not italic), and do not add hyphen between the 'P' and the value. P values should be expressed with two significant figures and up to three decimal places.</td>
<td>P value</td>
</tr>
<tr>
<td><strong>Sample and population sizes</strong></td>
<td>For dichotomous outcomes, use the headings n/N within each intervention arm, where n denotes the number of events and N is the sample size. It is preferable to standardize the use of n/N for these where possible.</td>
<td>—</td>
</tr>
<tr>
<td><strong>Summary statistic and confidence interval</strong></td>
<td>Only use abbreviations for summary statistics (e.g. RR or MD) and confidence interval (CI) if they have already been defined (see <em>Abbreviations and acronyms</em> for further guidance).</td>
<td>The risk ratio (RR) was 0.38 (95% confidence interval (CI) 0.30 to 0.49)</td>
</tr>
</tbody>
</table>
### Guidance

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate summary statistic from its CI using a comma if inside a single set of brackets.</td>
<td>—</td>
</tr>
<tr>
<td>Define the CI (e.g. 95% or 99%).</td>
<td>(odds ratio 1.11, 95% CI 0.98 to 1.20)</td>
</tr>
<tr>
<td>Separate the CIs with ‘to’ instead of using a hyphen.</td>
<td>(mean difference −11.11 hours, 95% CI −20.04 to −2.18)</td>
</tr>
</tbody>
</table>

**Order of presentation of information in results brackets**

- Where multiple pieces of information are presented within a bracket, use this order and punctuation:
  - (summary statistic, CI; P value, I²; number of studies, number of participants; level of evidence; link to analysis).
- Note: it is permissible to use numerals for numbers under 10 in results brackets.
- Note: it is not necessary to include all these parameters for every result.

**Correct**

(odd ratio 1.11, CI 0.98 to 1.20)

(mean difference −11.11 hours, 95% CI −20.04 to −2.18)

(MD −11.11 hours, 95% CI −20.04 to −2.18; P = 0.01, I² = 20%; 6 studies, 3011 participants; moderate certainty evidence; Analysis 1.1)

**Incorrect**

(odd ratio 1.11, CI 0.98 to 1.20)

(mean difference −11.11 hours; 95% CI −20.04 −2.18)

(MD −11.11 hours; 95% CI −20.04 −2.18, P 0.01; I² 20%, six studies, n = 3011; moderate certainty evidence)

### Units and systems of measurement

#### In this section:
- Standard units
- Commonly used units
- Prefixes for SI units
- General guidance on SI units
- Currencies

#### Standard units

The International System of Units/Le Système International d’Unités (SI) is the standard metric system of measurement. This system is made up of SI base units (the foundation units, e.g. metre), derived units (e.g. square metre), and non-SI units that are accepted for use within the SI (e.g. minute).

#### Commonly used units

This table lists SI units and other units that are often used in Cochrane Reviews. The full list of SI units and further information is available from the International Bureau of Weights and Measures (BIPM) and the NIST Reference on Constants, Units, and Uncertainty.

<table>
<thead>
<tr>
<th>Unit name</th>
<th>Symbol</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>kilogram</td>
<td>kg</td>
<td>base unit</td>
</tr>
<tr>
<td>microgram</td>
<td>µg</td>
<td>base unit</td>
</tr>
<tr>
<td>metre</td>
<td>m</td>
<td>base unit</td>
</tr>
<tr>
<td>second (unit of time)</td>
<td>s</td>
<td>base unit</td>
</tr>
<tr>
<td>Unit name</td>
<td>Symbol</td>
<td>Type</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------</td>
<td>-------------------</td>
</tr>
<tr>
<td>cubic metre</td>
<td>m³</td>
<td>derived unit</td>
</tr>
<tr>
<td>degree Celsius</td>
<td>°C</td>
<td>derived unit</td>
</tr>
<tr>
<td>metre per second</td>
<td>m/s</td>
<td>derived unit</td>
</tr>
<tr>
<td>square metre</td>
<td>m²</td>
<td>derived unit</td>
</tr>
<tr>
<td>day</td>
<td>d</td>
<td>non-SI unit</td>
</tr>
<tr>
<td>degree</td>
<td>°</td>
<td>non-SI unit</td>
</tr>
<tr>
<td>hour</td>
<td>h</td>
<td>non-SI unit</td>
</tr>
<tr>
<td>litre</td>
<td>L</td>
<td>non-SI unit</td>
</tr>
</tbody>
</table>

**Prefixes for SI units**

This table includes the SI prefixes commonly used in Cochrane Reviews.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Name and symbol</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>10⁻¹</td>
<td>deci (d)</td>
<td>decilitre (where 'litre' is the base unit)</td>
</tr>
<tr>
<td>10⁻²</td>
<td>centi (c)</td>
<td>centimetre (where 'metre' is the base unit)</td>
</tr>
<tr>
<td>10⁻³</td>
<td>milli (m)</td>
<td>milligram (where 'gram' is the base unit)</td>
</tr>
<tr>
<td>10⁻⁶</td>
<td>micro (µ)</td>
<td>microlitre</td>
</tr>
<tr>
<td>10⁻⁹</td>
<td>nano (n)</td>
<td>nanogram</td>
</tr>
</tbody>
</table>

**General guidance on SI units**

SI units and their derivatives should follow the style conventions listed below. Unlike most abbreviations and acronyms, it is not necessary to define the full unit name on first use.

These are a selection of style conventions from NIST and BIPM (see links above). Cochrane Reviews may deviate from some of the style conventions due to the nature of Cochrane Review production; for example, Cochrane Reviews use commas to separate digits into groups of three (e.g. 150,739) instead of thin, fixed spaces (150 739).

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit symbols are unaltered when plural</td>
<td>10 mg</td>
<td>10 mgs</td>
</tr>
<tr>
<td>Guidance</td>
<td>Correct</td>
<td>Incorrect</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Unit symbols are not followed by a full stop, except when followed by normal sentence punctuation</td>
<td>I added 60 µg of salt.</td>
<td>I added 60 µg. of salt.</td>
</tr>
<tr>
<td>The unit symbol to which a numerical value belongs, and the mathematical operation that applies to the value of a quantity, should be clear.</td>
<td>20 °C to 30 °C  123 g ± 2 g</td>
<td>20 °C-30 °C  20 to 30 °C</td>
</tr>
<tr>
<td>Values of quantities: use Arabic numerals plus symbols for units</td>
<td>m = 5 kg</td>
<td>m = five kilograms</td>
</tr>
<tr>
<td></td>
<td>the current was 15 A</td>
<td>the current was 15 amperes</td>
</tr>
<tr>
<td>Put one space between the numerical value and the unit symbol. Do not put a space between a prefix and the unit symbol.</td>
<td>2 s</td>
<td>2s</td>
</tr>
<tr>
<td>Note: except in the case of superscript units for angles or degrees (e.g. 2° 3').</td>
<td>25 nL</td>
<td>25 n L</td>
</tr>
<tr>
<td>When a value with unit is used as a modifier before a noun, write out the name of the metric quantity and use a hyphen between the numeral and unit.</td>
<td>a 2-second delay</td>
<td>a 2-s delay</td>
</tr>
<tr>
<td></td>
<td>a 20-liter container</td>
<td>a 20 L container</td>
</tr>
<tr>
<td>When combining units, use ‘per’ rather than (^1)</td>
<td>mg/kg</td>
<td>mg kg(^1)</td>
</tr>
<tr>
<td>Do not mix information with unit symbols or names</td>
<td>the water content is 20 mL/kg</td>
<td>20 mL H(_2)O/kg</td>
</tr>
<tr>
<td></td>
<td>20 mL of water/kg</td>
<td>20 mL of water/kg</td>
</tr>
<tr>
<td>Informal references to non-SI units, such as a historical quotes using inches, are acceptable depending on the context.</td>
<td>It took five hours to travel 10 miles in 1945.</td>
<td>It took five hours to travel 10 miles (16.09 km) in 1945.</td>
</tr>
</tbody>
</table>

**Currencies**

Currencies are expressed using the standard three-letter codes (ISO-4217). For guidance on when to use these see: Common abbreviations: currency abbreviations.
<table>
<thead>
<tr>
<th>Guidance</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currency codes go before the amount.</td>
<td>USD 4 million</td>
<td>4 million USD</td>
</tr>
<tr>
<td></td>
<td>4 million US dollars</td>
<td>US dollars 4 million</td>
</tr>
<tr>
<td>Add a space between the code and the amount.</td>
<td>EUR 300</td>
<td>EUR300</td>
</tr>
<tr>
<td></td>
<td>300 euros</td>
<td>300euros</td>
</tr>
<tr>
<td>Currencies (dollars, euros) are do not have a capital letter, but any associated nations or regions will be capitalized as normal.</td>
<td>15 euros</td>
<td>15 Euros</td>
</tr>
<tr>
<td></td>
<td>30,000 Canadian dollars</td>
<td>30,000 Canadian Dollars</td>
</tr>
</tbody>
</table>

### References

In this section:

#### Entering and citing references

In this section:

### References in Cochrane Reviews

References are divided into two groups: 1) references to studies; and 2) other references. The references to studies comprise included, excluded, and ongoing studies as well as studies awaiting classification. The other references comprise additional references (e.g. those used in the background or discussion sections) and references to other published versions of the review (including the protocol).

Each study has a Study ID (usually made up of the last name of the first author plus the year) used to refer and link to the study within the review. Each study has one or more references. Other references have Reference IDs (usually made up of the last name of the first author plus the year).

### Entering references

#### Reference fields

When references are entered manually in Review Manager 5 (RevMan 5), different reference fields need to be completed (e.g. author(s), title, journal, page numbers etc.). For guidance on content and presentation of the different reference fields, see the Reference fields section. Note that text formatting is applied to references entered in RevMan 5 during the publishing process; for example, journal titles and book titles are converted to italic text on publication.

#### Reference types

References can be typed in manually or imported from files generated by standard bibliographic software (see RevMan 5 User Guide) or from the Cochrane Register of Studies. It is preferable to use the importing method. Different types of references can be entered into RevMan 5. See Overview of reference types.

For detailed examples of reference types and how to populate reference fields, see the Reference types section. If a reference does not fit into one of the available categories, select ‘Other’ and use the available fields in a way that gives an appropriately formatted reference. You can also refer to Citing Medicine, the National Library of Medicine’s guide for citing references, for other reference types, such as a patents, legal material, or journal articles with a retraction, comment, or erratum. See also Differences between...
Citing references

This table provides guidance on inserting references in the text in Cochrane Reviews. The study and reference IDs must be linked to the reference list.

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate multiple citations with a semicolon.</td>
<td>(Smith 2000; Robb 2001)</td>
<td>(Smith 2000, Robb 2001)</td>
</tr>
<tr>
<td>List in alphabetical or chronological order (from earliest to latest), and be consistent within a single document.</td>
<td>Alphabetical: (Bakri 1988a; Bakri 1988b; Davis 2003; Slinn 2001)</td>
<td>Alphabetical: (Bakri 1988a; Bakri 1988b; Slinn 2001; Davis 2003)</td>
</tr>
<tr>
<td></td>
<td>Chronological: (Bakri 1988a; Bakri 1988b; Slinn 2001; Davis 2003)</td>
<td>Chronological: (Bakri 1988a; Bakri 1988b; Davis 2003; Slinn 2001)</td>
</tr>
<tr>
<td>No 'and' before the final citation</td>
<td>(Davis 2001; Omari 1988; Preston 1988; Slinn 2001)</td>
<td>(Davis 2001; Omari 1988; Preston 1988; and Slinn 2001)</td>
</tr>
<tr>
<td>Citations can be used as part of a sentence or placed in round brackets within the closest punctuation.</td>
<td>The study was successful (Robeson 1990).</td>
<td>The study was successful [Robeson 1990].</td>
</tr>
<tr>
<td>Note: see below for single sentences containing multiple pieces of information</td>
<td>The study was successful (Griffin 1990); it confirmed previous findings (Howes 1995).</td>
<td>The study (Griffin 1990) was successful; it confirmed previous findings (Howes 1995).</td>
</tr>
<tr>
<td></td>
<td>Williams 1991 reports the full details.</td>
<td>(Williams 1991) reports the full details.</td>
</tr>
<tr>
<td>Sentences that include multiple pieces of information supported by a number of citations should be structured so that it is clear to which piece of information each citation refers.</td>
<td>Smith 1990 included women only, while Jones 1999 included men only.</td>
<td>One trial (Smith 1990) included women only, while another (Jones 1999) included men only.</td>
</tr>
<tr>
<td>or:</td>
<td>One trial included women only (Smith 1990), while another included men only (Jones 1999).</td>
<td></td>
</tr>
<tr>
<td>Rephrase to avoid using 'et al.' in the text.</td>
<td>Boddy and colleagues wrote that...</td>
<td>Boddy et al. wrote that...</td>
</tr>
<tr>
<td></td>
<td>The Boddy study mentions...</td>
<td></td>
</tr>
</tbody>
</table>

Reference fields

References need to be entered into Review Manager 5 (RevMan 5) using the designated fields (see Figure 1). Different reference types, such as journal articles and books, need information in different fields.
The table below has guidance on the correct way of entering information into the various reference fields in RevMan 5. RevMan 5 automatically inserts punctuation at the appropriate locations in the formatted reference, so ensure that there is no full stop at the end of each reference field.

<table>
<thead>
<tr>
<th>Field</th>
<th>Guidance</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
</table>
| Study ID or Reference ID   | Generally, preferred Cochrane format uses family name of first author and year of publication  
<pre><code>                      | Alternatively, if a trial is more widely known by an acronym, authors can use the format ‘TRIALNAME YYYY; use the year of publication of the primary reference for the trial. | Garner 2001, WOMAN 2017 | —         |
</code></pre>
<p>|                            | Two or more articles from the same author from the same year             | Bushell 2000a, Bushell 2000b | Bushell 2000 a, Bushell 2000 b, (space between year and letter) |</p>
<table>
<thead>
<tr>
<th>Field</th>
<th>Guidance</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors</td>
<td>List the first six authors before using 'et al'; precede 'et al' by a comma. Note: when entering authors in the Cochrane Register of Studies (CRS) all authors should be listed when possible. No 'and' before the final.</td>
<td>Smith H, Tavender E, Klaes D, Hinds P, Remmington T, Sparkes V, et al</td>
<td>—</td>
</tr>
<tr>
<td>Authors’ names should be written with the family name first, followed by a maximum of two initials. The family name should be followed by one space and a maximum of two initials. There should be no full stops or spaces between initials, though they may be hyphenated where appropriate. Given names should not appear in full, but be restricted to an initial. Authors should be separated by a comma.</td>
<td>Schoenfeld KT, Belfield S, Miller PD</td>
<td>Schoenfeld KTM, Belfield Sean, Miller, P. D.</td>
<td></td>
</tr>
<tr>
<td>It is particularly important to ensure that author data is entered accurately, as the author data is automatically processed by organisations that receive Cochrane content at publication. Note: see 'Family names' in the section on Names for advice about Dutch and Chinese names, and designations of rank.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English title (journal article)</td>
<td>Sentence case: first letter of the first word in upper case; other words in lower case unless they are proper nouns or require an upper-case letter. If the title includes a colon, the word after the colon should start with a lower-case letter unless it is a proper noun or requires an upper-case letter (e.g. Epidemiology: Scotland a suitable microcosm?). Do not use italics.</td>
<td>Antibiotics for treating infection The importance of vitamin A Implementing GRADE Vitamin D for preventing cancer: evidence and health beliefs Staphylococcus aureus infection control in clinics</td>
<td>Antibiotics For Treating Infection The importance of vitamin a Implementing Grade Vitamin D for preventing cancer: Evidence and health beliefs Staphylococcus aureus infection control in clinics</td>
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<td>Field</td>
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<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>English title (book or</td>
<td>Write in full using title case (i.e. each substantive word starts with an upper-case letter). Note: titles of book chapters should be written in sentence case (i.e. first letter of the first word in upper case; other words in lower case unless they are proper nouns or require an upper-case letter). Do not use italics.</td>
<td>Sports Injuries and Their Treatment Staphylococcus aureus</td>
<td>Sports injuries and their treatment Staphylococcus aureus</td>
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<td>dissertation)</td>
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<tr>
<td>Original title</td>
<td>Include non-English title only if provided by the journal or database</td>
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<tr>
<td>Journal title</td>
<td>Write in full using title case (i.e. each substantive word starts with an upper-case letter). Follow Style Manual guidance rather than stylings proposed by the journals or its publisher. Select titles from the journal pick list. Note: enter journal names in regular text in the References section of RevMan 5, as they are italicized automatically when the review is published (however, in the text of the review they should be input in italics).</td>
<td>Journal of Pharmacy and Pharmacology PLOS One</td>
<td>J Pharm Pharmacol PLOS ONE PLos One</td>
</tr>
<tr>
<td></td>
<td>Do not include ‘The’ at the start of journal names. Journal titles sometimes change; use the title current at the time of publication (e.g. <em>British Medical Journal</em> changed to <em>BMJ</em> in 1988, then to <em>The BMJ</em> in 2014, although both <em>BMJ</em> and <em>The BMJ</em> are entered as ‘BMJ’).</td>
<td>Lancet Journal of Physiology</td>
<td>The Lancet Journal of Physiology</td>
</tr>
<tr>
<td></td>
<td>For non-English language journal titles, include an English translation in square brackets after the original title only if the translation is provided by the journal or database.</td>
<td>Zhonghua Yi Xue Za Zhi [Chinese Medical Journal]</td>
<td>Zhonghua Yi Xue Za Zhi (Chinese Medical Journal)</td>
</tr>
<tr>
<td>Issue number</td>
<td>Complete for all reference types when available.</td>
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<td>—</td>
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<tr>
<td>Page numbers</td>
<td>See examples.</td>
<td>324-8, 556-60, 1093-8</td>
<td>324-28, 556-560, 1093-1098,</td>
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<td>Identifiers</td>
<td>Use of identifiers is optional (they may aid identification of the reference and allow a hyperlink from the reference to the article). Note: identifiers are not automatically included in the reference field slots provided in RevMan 5. When entering an identifier, authors must click on the ‘Add Identifier’ button below the reference fields input table and select the type of identifier wanted (i.e. MEDLINE, PubMed, Embase, DOI, Central, or Other).</td>
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<td>—</td>
</tr>
<tr>
<td>DOI (type of identifier)</td>
<td>Include where provided</td>
<td>10.1002/14651858. CD004577.pub2</td>
<td>DOI: 10.1002/14651858. CD004577.pub2</td>
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Reference types

In this section:

Overview of reference types

This section provides information about how to insert the following reference types into Review Manager 5 (RevMan 5).

**Journal articles**

- Standard
- Both personal authors and an organization as an author
- Organization as an author
- No named author
- Not in English
- In volume with supplement
- In issue with supplement
- In volume with part
- In issue with part
- In issue with no volume
- In press
- Electronic publication ahead of print

**Cochrane publications**

- Cochrane Review protocol
- Cochrane Review
- Comment on a Cochrane Review
- Cochrane Handbooks
- Chapter of a Cochrane Handbook
- Cochrane Editorial and Publishing Policy Resource
- Cochrane Style Manual

**Conference proceedings**

- Full conference proceedings as a journal supplement
- Conference abstract as a journal supplement
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Authors</strong></td>
<td>Osrin D, Vaidya A, Shrestha Y, Baniya RB, Manandhar DS, Adhikari RK, et al</td>
</tr>
<tr>
<td><strong>English title</strong></td>
<td>Effects of antenatal multiple micronutrient supplementation on birthweight and gestational duration in Nepal: double-blind, randomised controlled trial</td>
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<td><strong>Journal/book/source</strong></td>
<td>Lancet</td>
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<td><strong>Date of publication</strong></td>
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<td><strong>Volume</strong></td>
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<td><strong>Issue</strong></td>
<td>9463</td>
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<td><strong>Pages</strong></td>
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**Both personal authors and an organization as an author**


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<tr>
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<td>Brodie MJ, Perucca E, Ryvlin P, Ben-Menachem E, Meenck HJ; Levetiracetam Monotherapy Study Group</td>
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<tr>
<td>Note: organization separated from authors by a semi-colon</td>
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<tr>
<td>English title</td>
<td>Comparison of levetiracetam and controlled-release carbamazepine in newly diagnosed epilepsy</td>
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<tr>
<td>Journal/book/source</td>
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**Personal authors writing on behalf of an organization**


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<tr>
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</tr>
<tr>
<td>Note: organization separated from authors by a comma. If more than six authors, put ‘et al,’ after the sixth author, followed by ‘on behalf of [organization name]’</td>
<td></td>
</tr>
<tr>
<td>English title</td>
<td>Effect of a collector bag for measurement of postpartum blood loss after vaginal delivery: cluster randomised trial in 13 European countries</td>
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### Organization as an author


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### Not in English

**Example:** Abadie V, Depondt E, Bresson JL, Vidailhet M. Recommended dietary allowances for pregnant women affected with phenylketonuria [Recommandations diététiques pour les femmes enceintes atteintes de phénylcétonurie]. Archives de Pédiatrie 2001;8(4):397-406.

<table>
<thead>
<tr>
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<tbody>
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</tr>
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<tr>
<td>English title</td>
<td>Effects on Helicobacter pylori reinfection in gastric mucosa by two oral plaque control methods.</td>
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<td>Note: do not include the language of the original article at the end of the title.</td>
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<td>Note: leave this section blank if the original title is not available.</td>
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In volume with supplement

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In volume with part


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In issue with part


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<td>English title</td>
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</table>
In issue with no volume


In press or submitted to a journal

Articles that have been accepted for publication can be cited as 'in press' articles. Articles that have been submitted to a journal, but not yet accepted for publication, must not be cited in that form. Instead they are cited as unpublished data.


Electronic publication ahead of print

Copublished articles

Some journal articles are published in two or more journals simultaneously, usually to reach a particular audiences or to publicize cross-journal initiatives. If such articles are included as studies, then all references should be added under the study ID. If such articles are additional references, then cite one only of them.

Cochrane publications


Protocol for a Cochrane Review


Reference type | Cochrane Protocol
--- | ---
Authors | Ranganathan LN, Ramaratnam S
English title | Zonisamide monotherapy for epilepsy
Note: do not add the word '[Protocol]' because the software enters this automatically.
Journal/book/source | Cochrane Database of Systematic Reviews
Date of publication | 2007
Issue | 4
Identifier - DOI | 10.1002/14651858.CD006789
Note: the CD number is included in the DOI and does not need to be repeated.

Cochrane Review


Reference type | Cochrane Review
--- | ---
Authors | Herbert RD, de Noronha M, Kamper SJ
English title | Stretching to prevent or reduce muscle soreness after exercise
Journal/book/source | Cochrane Database of Systematic Reviews
Date of publication | 2011
Issue | 7
Identifier - DOI | 10.1002/14651858.CD004577.pub3
Comment on a Cochrane Review, Protocol or Editorial

All published comments on articles in the Cochrane Database of Systematic Reviews have a unique URL that can be used to cite the comment. The comment URL can be found by accessing the full text of the comment on the Cochrane Library and then copying the URL that is displayed by the browser.


<table>
<thead>
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Registered title


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Editorial

Editorials published on the Cochrane Library are part of the Cochrane Database of Systematic Reviews.


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Handbooks

NOTE: it is expected that a full new version of the Cochrane Handbook for Systematic Reviews of Interventions (version 6) will be published in book form and online in the autumn of 2019, and this page will be updated accordingly then. In the meantime, if authors cite the whole Handbook, they should cite the 2011 online version, or in very rare situations, the 2008 book, examples of which are shown below.

Cochrane Handbook for Systematic Reviews of Interventions online version 2011

Note: make sure to use the reference type 'Other', and not 'Book' or 'Section of book'.


Note: the book version of the Cochrane Handbook for Systematic Reviews of Interventions has been replaced by a more current version online. We are keeping the book version in the style manual for historical reasons, but make sure to cite the version used.

Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy

Note: make sure to use the reference type ‘Other’, and not ‘Book’ or ‘Section of book’.


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GRADE Handbook


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Handbook chapters

NOTE: it is expected that a full new version of the Cochrane Handbook for Systematic Reviews of Interventions (version 6) will be published in book form and online in the autumn of 2019, and this page will be updated accordingly then. In the meantime, if authors cite individual chapters of the Handbook, they should check whether or not they were updated in 2017, and then cite using the appropriate 2017 or 2011 format shown below. In very rare situations individual chapters of the 2008 book may be cited, an example is shown below.

Updated in 2017: Chapter of the Cochrane Handbook of Systematic Reviews of Interventions with authors: online version

Note: make sure to use the reference type ‘Other’, and not ‘Book’ or ‘Section of book’.


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<td>English title</td>
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Updated in 2011: Chapter of the *Cochrane Handbook of Systematic Reviews of Interventions* with authors: online version

*Note: make sure to use the reference type 'Other', and not 'Book' or 'Section of book'.*


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<td>Date of publication</td>
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<td>Editor(s)</td>
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<td>Publisher name</td>
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<td>City of publication</td>
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Updated in 2017: Chapter of *Cochrane Handbook for Systematic Reviews of Interventions* with editors: online version

*Note: make sure to use the reference type 'Other', and not 'Book' or 'Section of book'.*


<table>
<thead>
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<tbody>
<tr>
<td>Authors</td>
<td>Higgins JP, Altman DG, Sterne JA, editor(s)</td>
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</table>
Cochrane Editorial and Publishing Policy Resource

Note: this can be entered in RevMan 5 by using the reference type ‘Other’ and pasting the full reference in the ‘English Title’ field. Make sure to update the access date.


Cochrane Style Manual and Style Basics

See How to cite.

Conference proceedings

In this section: Full conference proceedings as a journal supplement | Conference abstract as a journal supplement | Full conference proceedings not in a journal format | Conference abstract not in a journal format

Full conference proceedings as a journal supplement


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Conference abstract as a journal supplement

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Conference abstract not in journal format


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Comparing radon daughter dosimetric and risk models

Indoor air and human health. Seventh Life Sciences Symposium; 1984 Oct 29-31; Knoxville (TN)

Note: do not add 'Proceedings of', or similar, before conference name.

1985

69-78

Gammage RB, Kaye SV

Lewis

Chelsea (MI)

Note: if an abstract number is available, add it as an identifier.

Books, monographs, theses

In this section: With personal author(s) | With editor(s), compiler as author | With organization as author and publisher | Chapter in an edited book | Dissertation or thesis

For books published in the USA or Canada follow the city of publication with the two-letter abbreviation for the state or province. For books published in other countries, follow the city of publication with the name of the country. Use the anglicized form of city names, e.g. 'Vienna' not 'Wien'. For more information about place names see Citing Medicine: General rules for place of publication.

If a book has been assigned an International Standard Book Number (ISBN) that number may be inserted into the 'Other ID' field. Begin with 'ISBN' followed by a space then the number, ignoring all hyphens in the number, e.g. 'ISBN 9780071463898'.

With personal author(s)


With editor(s), compiler as author

### Reference type
- Book

### Authors
- Diener HC, Wilkinson M, editor(s)

### Journal/book/source
- Drug-Induced Headache

### Date of publication
- 1988

### Publisher name
- Springer-Verlag

### City of publication
- New York (NY)

With organization as author and publisher


<table>
<thead>
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<tr>
<td>Authors</td>
<td>Virginia Law Foundation</td>
</tr>
<tr>
<td>Journal/book/source</td>
<td><em>The Medical and Legal Implications of AIDS</em></td>
</tr>
<tr>
<td>Date of publication</td>
<td>1987</td>
</tr>
<tr>
<td>Publisher name</td>
<td>The Foundation</td>
</tr>
<tr>
<td>City of publication</td>
<td>Charlottesville (VA)</td>
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</table>

Chapter in an edited book


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<thead>
<tr>
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<th>Section of book</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors</td>
<td>Weinstein L, Swartz MN</td>
</tr>
<tr>
<td>English title</td>
<td>Pathologic properties of invading microorganisms</td>
</tr>
<tr>
<td>Journal/book/source</td>
<td><em>Pathologic Physiology: Mechanisms of Disease</em></td>
</tr>
<tr>
<td>Date of publication</td>
<td>1974</td>
</tr>
<tr>
<td>Edition</td>
<td>5th</td>
</tr>
<tr>
<td>Pages</td>
<td>457-72</td>
</tr>
<tr>
<td>Editor(s)</td>
<td>Sodeman WA Jr, Sodeman WA</td>
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<tr>
<td>Publisher name</td>
<td>Saunders</td>
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<tr>
<td>City of publication</td>
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Dissertation or thesis


<table>
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<th>Book</th>
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</thead>
<tbody>
<tr>
<td>Authors</td>
<td>Hayden C</td>
</tr>
</tbody>
</table>
Towards an Understanding of the Role of Cranial Osteopathy in the Treatment of Infantile Colic [Masters thesis]

Date of publication: 2007
Publisher name: European School of Osteopathy
City of publication: Maidstone (UK)

Internet references

When citing a website, consider whether the reference is a 'dynamic' web page that may be updated intermittently or a dated publication posted on a web page. The former type needs an 'accessed' date so that the citation reflects the state of the website at the time it was referred to. The Reference ID in such cases will usually be the year of the access date. For dated publications (e.g. reports) hosted on websites, there is no access date needed, and the Reference ID will include the year of the publication date. See also: Scientific or technical reports.

General guidance

- When writing the URL, do not include the preceding "http://" or "https://".
- If the date of access is unknown, use '(accessed prior to DD Month YYYY)' using the date on which the review is being edited.
- Keep URLs as short as possible; it is often possible to trim characters from the end. Aim for the simplest version of the url that delivers the page being cited.


<table>
<thead>
<tr>
<th>Reference ID</th>
<th>WHO 2019</th>
</tr>
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<tbody>
<tr>
<td>Reference type</td>
<td>Other</td>
</tr>
<tr>
<td>Authors</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>English title</td>
<td>Occupational health</td>
</tr>
<tr>
<td>Journal/book/source</td>
<td><a href="http://www.who.int/occupational_health">www.who.int/occupational_health</a></td>
</tr>
<tr>
<td>Date of publication</td>
<td>(accessed 10 February 2019)</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Wikipedia 2019</th>
</tr>
</thead>
<tbody>
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<td>Reference type</td>
<td>Other</td>
</tr>
<tr>
<td>Authors</td>
<td>Wikipedia</td>
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<tr>
<td>English title</td>
<td>Archie Cochrane</td>
</tr>
<tr>
<td>Date of publication</td>
<td>(accessed 1 March 2019)</td>
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</thead>
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<tr>
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<td>Other</td>
</tr>
<tr>
<td>Authors</td>
<td></td>
</tr>
<tr>
<td>English title</td>
<td></td>
</tr>
<tr>
<td>Journal/book/source</td>
<td></td>
</tr>
<tr>
<td>Date of publication</td>
<td></td>
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</tbody>
</table>
### Software

**In this section:** RevMan | GRADEpro GDT | Covidence | R | Stata

#### RevMan


**Note:** although we now refer to ‘Review Manager 5’ and ‘RevMan 5’ in text, the reference ID that should be used for this program remains ‘Review Manager 2014’.

<table>
<thead>
<tr>
<th>Reference type</th>
<th>Computer program</th>
</tr>
</thead>
<tbody>
<tr>
<td>English title</td>
<td>Review Manager 5 (RevMan 5)</td>
</tr>
<tr>
<td>Date of publication</td>
<td>2014</td>
</tr>
<tr>
<td>Edition</td>
<td>5.3</td>
</tr>
<tr>
<td>Publisher name</td>
<td>Nordic Cochrane Centre, The Cochrane Collaboration</td>
</tr>
<tr>
<td>City of publication</td>
<td>Copenhagen</td>
</tr>
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</table>

#### GRADEpro GDT


<table>
<thead>
<tr>
<th>Reference type</th>
<th>Computer program</th>
</tr>
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<tbody>
<tr>
<td>English title</td>
<td>GRADEpro GDT</td>
</tr>
<tr>
<td>Date of publication</td>
<td></td>
</tr>
<tr>
<td>Note: when computer programs are browser-based and do not have an explicit version number, supply an accessed date instead of a version number.</td>
<td></td>
</tr>
<tr>
<td>Note: do not add 'Version' in Edition field; it is added automatically</td>
<td></td>
</tr>
<tr>
<td>Publisher name</td>
<td>McMaster University (developed by Evidence Prime)</td>
</tr>
<tr>
<td>City of publication</td>
<td>Hamilton (ON)</td>
</tr>
<tr>
<td>Medium</td>
<td>Available at gradepro.org</td>
</tr>
</tbody>
</table>
## Covidence


<table>
<thead>
<tr>
<th>Reference type</th>
<th>Computer program</th>
</tr>
</thead>
<tbody>
<tr>
<td>English title</td>
<td>Covidence</td>
</tr>
<tr>
<td>Date of publication</td>
<td></td>
</tr>
<tr>
<td>Edition</td>
<td>accessed 10 January 2017</td>
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<tr>
<td></td>
<td>Note: when computer programs are browser-based and do not have an explicit version number, supply an accessed date instead of a version number.</td>
</tr>
<tr>
<td></td>
<td>Note: do not add 'Version' in Edition field; it is added automatically</td>
</tr>
<tr>
<td>Publisher name</td>
<td>Veritas Health Innovation</td>
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<tr>
<td>City of publication</td>
<td>Melbourne, Australia</td>
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<td>Medium</td>
<td>Available at covidence.org</td>
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## R


<table>
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<tbody>
<tr>
<td>English title</td>
<td>R: A language and environment for statistical computing</td>
</tr>
<tr>
<td>Date of publication</td>
<td>2017</td>
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<tr>
<td>Edition</td>
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<tr>
<td>Publisher name</td>
<td>R Foundation for Statistical Computing</td>
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<tr>
<td>City of publication</td>
<td>Vienna, Austria</td>
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<tr>
<td>Medium</td>
<td>Available at <a href="http://www.R-project.org">www.R-project.org</a></td>
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## Stata

**Example:** Stata [Computer program]. Version 15. College Station, TX, USA: StataCorp, 2017. Available from www stata.com.

<table>
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</thead>
<tbody>
<tr>
<td>English title</td>
<td>Stata</td>
</tr>
<tr>
<td>Date of publication</td>
<td>2017</td>
</tr>
<tr>
<td>Edition</td>
<td>15</td>
</tr>
</tbody>
</table>
### Other reference types

In this section: Personal communication: email message; letter; other (e.g. conversation) | Unpublished data | Figure, table or appendix in a journal article | Study listed in a trial register | Ongoing study (not listed in trial register) | Scientific or technical report | Supplementary materials

#### Personal communication: email message

**Example:** Smith A. Allocation concealment used in our trial [personal communication]. Email to: C Keystone 27 November 2009.

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Smith 2009 [pers comm]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference type</td>
<td>Other</td>
</tr>
</tbody>
</table>
| Authors | Smith A  
**Author of the email** |
| English title | Allocation concealment used in our trial [personal communication]  
**Email subject line** |
| Journal/book/source | Email to: C Keystone  
**Email recipient** |
| Date of publication | 27 November 2009  
**Date email sent** |

#### Personal communication: letter


<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Smith 2009 [pers comm]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference type</td>
<td>Other</td>
</tr>
</tbody>
</table>
| Authors | Smith A. (Vaccine Research Group, London, UK)  
**Letter author (letter author’s affiliation)** |
| English title | [personal communication]  
**Letter subject line** |
**Letter recipient (letter recipient’s affiliation)** |
| Date of publication | 27 November 2009  
**Date letter sent** |
| Volume | Located at: [insert archive name and address] |
**Personal communication: other communication (e.g. conversation)**


<table>
<thead>
<tr>
<th>Reference type</th>
<th>Smith 2009 [pers comm]</th>
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</thead>
<tbody>
<tr>
<td>Authors</td>
<td>Smith A. (Vaccine Research Group, London, UK)</td>
</tr>
<tr>
<td>Person contacted for conversation (person's affiliation)</td>
<td></td>
</tr>
<tr>
<td>English title</td>
<td>[personal communication]</td>
</tr>
<tr>
<td>Person who initiated conversation or citing conversation (person's affiliation)</td>
<td></td>
</tr>
<tr>
<td>Date of publication</td>
<td>27 November 2009</td>
</tr>
<tr>
<td>Date conversation held</td>
<td></td>
</tr>
</tbody>
</table>

**Unpublished data**

**Example:** UK/Asia trialists. Individual patient data (as supplied 1 April 1995). Data on file.

<table>
<thead>
<tr>
<th>Reference type</th>
<th>Unpublished data</th>
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</thead>
<tbody>
<tr>
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<td>UK/Asia trialists</td>
</tr>
<tr>
<td>English title</td>
<td>Individual patient data (as supplied 1 April 1995)</td>
</tr>
<tr>
<td>Journal/book/source</td>
<td>Data on file</td>
</tr>
</tbody>
</table>

**Figure, table or appendix in a journal article**

Use this format when referencing a figure, table or appendix within a journal article, or when reproducing such material in a Cochrane Review.


<table>
<thead>
<tr>
<th>Reference type</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors</td>
<td>Osrin D, Vaidya A, Shrestha Y, Baniya RB, Manandhar DS, Adhikari RK, et al</td>
</tr>
<tr>
<td>English title</td>
<td>Effects of antenatal multiple micronutrient supplementation on birthweight and gestational duration in Nepal: double-blind, randomised controlled trial</td>
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</tbody>
</table>
**Study listed in a trial register**


<table>
<thead>
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<tbody>
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<tr>
<td></td>
<td>Trial registration number</td>
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<tr>
<td>Authors</td>
<td>NCT00119132</td>
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<tr>
<td></td>
<td>Trial registration number</td>
</tr>
<tr>
<td>English title</td>
<td>Effectiveness of intermittent preventive treatment for malaria in children</td>
</tr>
<tr>
<td></td>
<td>Use ‘Brief title’ or ‘Public title’ of trial as given in register (in sentence case)</td>
</tr>
<tr>
<td>Original title</td>
<td>Study of impact of intermittent preventive treatment in children with amodiaquine plus artesunate versus sulphadoxine-pyrimethamine on hemoglobin levels and malaria morbidity in Hohoe District of Ghana</td>
</tr>
<tr>
<td></td>
<td>Use any other title that may be included in the register (in sentence case)</td>
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<tr>
<td>Journal/book/source</td>
<td>clinicaltrials.gov/show/NCT00119132</td>
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<tr>
<td></td>
<td>Website address showing trial registration form</td>
</tr>
<tr>
<td>Date of publication</td>
<td>(first received 10 August 2005)</td>
</tr>
<tr>
<td></td>
<td>‘Date first received’ for the registry record</td>
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</tbody>
</table>

**Ongoing study (not in trial register or journal)**


<table>
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<tbody>
<tr>
<td>Study ID</td>
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</tr>
<tr>
<td></td>
<td>Contact person’s family name plus word ‘ongoing’</td>
</tr>
<tr>
<td>Authors</td>
<td>Der Hoeven EJRJ, Schonewille WJ, Vos JA.</td>
</tr>
<tr>
<td></td>
<td>Listed contact people</td>
</tr>
<tr>
<td>English title</td>
<td>Basilar artery international cooperation study (BASICS) trial</td>
</tr>
<tr>
<td>Original title</td>
<td>Main title of trial as given in document (in sentence case)</td>
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<td>---------------</td>
<td>----------------------------------------------------------</td>
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<tr>
<td>Description of source where ongoing study located (e.g. website address)</td>
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<tr>
<td>Date of publication</td>
<td>(accessed 1 June 2016)</td>
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<td>Date above website accessed, given in brackets</td>
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</tbody>
</table>

**Scientific or technical report**


<table>
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<tr>
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<tbody>
<tr>
<td>Authors</td>
<td>Akutsu T</td>
</tr>
<tr>
<td>English title</td>
<td>Total heart replacement device</td>
</tr>
</tbody>
</table>

**Supplementary materials**

Supplementary materials could refer to data or other resources that are published as part of an article (so would have the same authors, date, and underlying source, but would be designated as supplementary material) or could refer to accompanying or linked materials (with different authors, title, date, etc). Therefore, when citing supplementary materials consider whether the materials are presented as part of the main article or as work that has been published independently from the main article.

For supplementary materials that are part of an article, cite the article as usual, but add the section name/number and title of the supplementary materials to the end of the reference. For further guidance and examples, refer to [Citing Medicine: examples of citations to parts of journal articles](#).

For supplementary materials that are independent of the article, locate the primary source for the supplementary material and cite according to the reference type.

**Differences between Cochrane and NLM style**

In this section: [Overview](#) | [Reference types](#) | [Reference fields](#) | [Formatting differences](#) | [Useful sections in Citing Medicine](#)

**Overview**

The US National Library of Medicine (NLM)'s [Citing Medicine](#) is a useful resource that covers a wide range of referencing specificities. It is largely compatible with Cochrane style.

For certain [reference types](#), [reference fields](#), and [formatting details](#), Cochrane style differs from Citing Medicine, and authors should stick to recommendations in the Cochrane Style Manual. These differences are listed below.

There are some [useful sections in Citing Medicine](#) that may be helpful for handling non-standard reference types or other aspects not specified by the Cochrane Style Manual.

**Reference types**

Reference types for which authors should follow the Cochrane Style Manual regardless of recommendations from Citing Medicine:
• Cochrane documents;
• letters, emails, and personal communication;
• computer programs;
• ongoing studies;
• publications on the Internet.

Reference fields

This table gives details of reference fields for which authors should follow Cochrane Style Manual regardless of recommendations from Citing Medicine.

<table>
<thead>
<tr>
<th>Authors</th>
<th>Cochrane Style Manual (correct)</th>
<th>Citing Medicine (incorrect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only the first six should be listed, and followed by ‘et al’ as described in Reference fields. Note: when entering information in the Cochrane Register of Studies (CRS), it is preferable to enter as many authors as possible.</td>
<td>Citing Medicine asks for all authors to be listed.</td>
<td></td>
</tr>
</tbody>
</table>

| Date of publication | When entering a date in Review Manager 5 (RevMan 5), include only the year of publication for most reference types. Note: except for conference proceedings event dates, newspaper articles, websites, and correspondence. Note: when entering references in the Cochrane Register of Studies (CRS), month - and even day of publication - can be entered when available. In Cochrane Reviews and protocols, only write '(in press)' without writing the expected date of publication. If the article is an electronic publication ahead of print, add the date of electronic publication followed by '[Epub ahead of print]'. If the article is now fully published, do not add '[Epub ahead of print]' and simply enter the year the article was published. | When a study is in press, Citing Medicine recommends writing the publication date as 'forthcoming YYYY' where YYYY is the year of expected publication. For publications that are published, but were available online before publication (i.e. electronic publication (Epub)), Citing Medicine recommends writing both the date of electronic publication and the full date of publication. |

| City and country of publication | Write country names in full, except for countries listed in the table Common abbreviations that do not need to be defined (i.e. UK, USA). | Citing Medicine permits country names to be written in full (e.g. Germany), or international abbreviations to be used (e.g. DE). |

| Journal names | Journal names should always be written in full and selected from the journal pick list. | Citing Medicine asks for journal names to be written in the abbreviated form (e.g. Proc Natl Acad Sci USA). |

Formatting differences

There are some differences between the styles of Cochrane and Citing Medicine, due to software limitations, or to promote consistency across different reference types.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Summary of <em>Citing Medicine</em> guidance</th>
<th>Citing Medicine sections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citing websites without titles</td>
<td>If no title can be determined, construct a title with the first words present on the page.</td>
<td>Chapter 25. Web sites. Box 15: Determining the title</td>
</tr>
<tr>
<td>Missing page numbers</td>
<td>In general for online journals, use the pagination written on the PDF article including any added letter (e.g. 1-18 or e34-7). For missing page numbers, count the average number of pages or screens, and place the number in square brackets followed by 'p.' (e.g. [3 p.]).</td>
<td>Chapter 23. Journals on the Internet. Location (Pagination) for Journal Articles on the Internet&lt;br&gt;Chapter 23. Journals on the Internet. Box 54. No numbers appear on the pages of the article&lt;br&gt;Chapter 25. Web sites. Box 83. No page numbers appear on the pages of the part</td>
</tr>
<tr>
<td>Journal with changing names (e.g. <em>British Medical Journal</em> to <em>BMJ</em>)</td>
<td>Use the name of the journal at the time of the first publication of the article cited (e.g. write 'British Medical Journal' for a paper of 1983, but 'BMJ' for a paper of 2013).&lt;br&gt;Note: do not abbreviate the journal titles. See section on reference fields above and the general section on Reference fields.</td>
<td>Chapter 1. Journal Titles for Journal Articles</td>
</tr>
<tr>
<td>Ambiguities with names and surnames</td>
<td>Capitalize surnames according to how they appear in the original article cited.</td>
<td>Chapter 1. Journals. Author for Journal Title&lt;br&gt;Chapter 1. Journals. Box 1. Surnames with hyphens and other punctuation in them&lt;br&gt;Chapter 1. Journals. Box 3. Given names containing punctuation, a prefix, a preposition, or particle</td>
</tr>
</tbody>
</table>

**Useful sections in *Citing Medicine***

This table lists some useful sections in *Citing Medicine* that offer additional guidance.

<table>
<thead>
<tr>
<th>Cochrane Style Manual (correct)</th>
<th>Citing Medicine (incorrect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edition and editors of books</td>
<td>editor(s)</td>
</tr>
<tr>
<td></td>
<td>editor(s)</td>
</tr>
<tr>
<td></td>
<td>edition</td>
</tr>
<tr>
<td></td>
<td>ed.</td>
</tr>
<tr>
<td>Punctuation between year of publication and journal or publisher</td>
<td>Oxford University Press, 2013</td>
</tr>
<tr>
<td></td>
<td>Lancet 2012;377:783-4</td>
</tr>
<tr>
<td></td>
<td>Lancet. 2012;377:783-4</td>
</tr>
</tbody>
</table>
Tables and figures

In this section:

**General guidelines for figures and tables**

Each figure and table must have a caption providing a brief description (or explanation) of the figure and must be referred to in the review text (via a link in RevMan).

To ensure the best presentation of published reviews (particularly in the PDF version), Cochrane Reviews should include a maximum of six figures, but ideally between three and five. Only the most important tables should remain as ‘Additional tables’ and other additional tables should be moved to the Appendices and referenced with a hyperlink.

Further guidelines about figures and tables are available via support for user of RevMan 5.

**Tables**

In this section: Types of tables | Formatting: cell alignment | Width and height | Title | Column headings | Row headings | Table body | Footnotes: examples; positioning; multiple footnotes

Additional guidance on how to present text in tables in Cochrane Reviews is in development and will be added to this section.

**Types of tables in Review Manager 5**

There are five types of table available in Review Manager 5 (RevMan 5).

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Permitted formatting</th>
<th>Footnotes permitted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tables in main text</td>
<td>Used for presenting limited amounts information in tabular format within the main body of text</td>
<td>Same as available within main text plus heading cells, cell alignment, and cell merge</td>
<td>No</td>
</tr>
<tr>
<td>‘Characteristics of studies’ tables</td>
<td>Used for recording the characteristics of studies that are included, excluded, awaiting classification, or</td>
<td>Same as available within main text</td>
<td>Yes</td>
</tr>
<tr>
<td>Table</td>
<td>Description</td>
<td>Permitted formatting</td>
<td>Footnotes permitted?</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Each type of study has a number of predefined attributes (methods, participants, interventions, outcomes), and users can include additional attributes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Risk of bias’ tables</td>
<td>Used for additional characteristics of included studies, such as details of allocation concealment. (These are called ‘Assessment of methodological quality tables’ in diagnostic reviews.)</td>
<td>Same as available within main text</td>
<td>Yes</td>
</tr>
<tr>
<td>‘Summary of findings’ tables</td>
<td>Can be generated with GRADEproGDT software and imported into RevMan 5</td>
<td>See Grade Profiler software</td>
<td>Yes</td>
</tr>
<tr>
<td>Additional tables</td>
<td>Used for tables that are too large or not sufficiently important to be in the main body of text. Each table has a title and can be linked to the main text.</td>
<td>Same as available within main text plus heading cells, cell alignment, and cell merge</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Formatting options

In addition to the formatting that is available within all of the main text, some tables (see [Types of tables in Review Manager 5](#)) have three further options: heading cells, which applies heading style to the cell (shown as bold in RevMan 5); **cell alignment**, which allows a choice of horizontal and vertical alignments; and cell merge, which allows adjacent cells to be merged together to create a single cell.

Formatting should be consistent within a single table. As with other parts of a Cochrane Review, the visual presentation of tables will change during the publication process; for example, it is important not to use the ‘Enter key’ within a single block of text (e.g. in a single word if the word runs over two lines) because the text layout will also change during the publication process.

#### Cell alignment examples

<table>
<thead>
<tr>
<th>Align left</th>
<th>Align top</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Align centre</strong></td>
<td><strong>Align middle</strong></td>
</tr>
<tr>
<td><strong>Align right</strong></td>
<td><strong>Align bottom</strong></td>
</tr>
</tbody>
</table>

#### Width and height

The width and height of tables or individual cells cannot be specified. Instead, cells (and thereby row, columns, and tables) expand automatically to fit the content.

### Table title
The title should be concise and reflect the table content. Use sentence case without a full stop at the end.

**Column headings**

Column headings should be in sentence case and formatted using ‘Toggle heading/cell’, which applies heading formatting to the cell. This also applies if there are nested column heads (i.e. two rows of column headings); the top heading in nested column heads is likely to be in a series of merged cells that span the relevant columns.

**Horizontal alignment:** in general, the heading cells should be left aligned. If the table contains nested column heads (see above), then the top row should be centre aligned.

**Vertical alignment:** column headings should be bottom aligned (instead of top or middle aligned).

**Row headings**

Tables may or may not have headings for each row. If so, these should be in sentence case and formatted using ‘Toggle heading/cell’, which applies heading formatting to the cell.

**Horizontal alignment:** the row headings should be left aligned unless there is good reason to do otherwise.

**Vertical alignment:** in general, row headings should be top aligned.

**Table body**

Use sentence case if the content is all or mainly text. Use numbers instead of words in tables (see Exceptions to basic rules for numbers and ordered events less than 10). Only use full stops to end blocks of text when the block ends with a full sentence.

**Horizontal alignment:** in general, the body cells should be left aligned.

**Vertical alignment:** vertical alignment of the body cells should be top (instead of middle or bottom). There may be occasions when the cells should be bottom aligned, but this should only be done when it makes sense visually.

**Blank cells:** avoid blank cells in a table. Insert an em-dash or ellipsis if the column heading does not apply to the cell, or use NA (not applicable) or ND (no data available) if a distinction is needed. Remember to explain these two abbreviations in the footnotes.

**Footnotes**

Footnotes are a convenient way to define abbreviations and acronyms or display other explanatory notes (see Examples of table footnotes below). Use superscript lower-case letters to denote footnotes. Where a footnote symbol follows punctuation, place the footnote symbol immediately after the punctuation mark unless it is a dash or closing bracket. Where a footnote refers to a specific point within a sentence, place the footnote symbol immediately after the relevant phrase (see Examples of correct and incorrect positioning of footnote symbols below). The placement of the footnote symbol should go from left to right, followed by top to bottom. When a footnote refers to the whole table, for example referencing the source of the table content, the footnote symbol should go at the end of the table title.

Each footnote needs to be explained. Repeat the superscript letter immediately under the table and follow it with the explanatory text. There is no space between the superscript letter and the explanatory text. Start each footnote on a new line, using a soft return between footnotes (i.e. hold the shift key when pressing return). Footnotes may or may not be full sentences, but if they are full sentences they should end with a full stop.

**Examples of table footnotes**

<table>
<thead>
<tr>
<th>Use a superscript letter for a footnote.(^a)</th>
<th>The order of footnotes should go left to right, followed by top to bottom.(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A third footnote could be used here.(^c)</td>
<td>—</td>
</tr>
</tbody>
</table>

\(^a\)Use the same superscript letter in the footnote text below the table.  
\(^b\)Footnotes that are full sentences should finish with a full stop.  
\(^c\)Start each footnote on a new line. Use a soft return (i.e. hold the shift key when pressing return) between new lines.
Examples of correct and incorrect positioning of footnote symbols

<table>
<thead>
<tr>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>The analysis does not include the full study. The doses were inconsistent from 0.5 mg to 10 mg) and reported only once a day. The doses were inconsistent (from 0.5 mg to 10 mg).</td>
<td>Correct</td>
</tr>
</tbody>
</table>

aFootnote referring to the full sentence
bFootnote referring to the information in parentheses
cFootnote referring specifically to the word ‘doses’

How to format multiple footnotes

If you need to add multiple footnotes to one statement, use commas to separate the footnote letters but do not add spaces after the commas.

Here is an example. 

In cases where there are a large number of footnotes to be applied, it is acceptable to display a range with a hyphen. This will be a judgement based on the context in the table and should be applied consistently within the table.

Here is another example. 

If there are a large number of footnotes but the range is not continuous, then a mix of commas and hyphens is necessary.

Sometimes you may need to take this approach.

Figures

Figures in Cochrane Reviews

Review Manager 5 (RevMan 5) allows for the inclusion of additional figures in the main content of a Cochrane Review: these may be items produced in RevMan 5 or be graphs or images from other sources (e.g. photographs).

Use the guidance provided in the Considerations and recommendations for figures in Cochrane reviews: graphs of statistical data and the RevMan 5 User Guide to ensure the published figures are appropriate. Please ensure that any figures you insert in the review are legible and clear and have an appropriate and accurate title.

About this manual

In this section:

Using the manual

Style manuals exist to improve consistency and clarity of text, and to ensure that terminology, names, and usage reflect current best practice and branding. They also work as a repository of decisions on usage, thus reducing duplicated or conflicting decision-making efforts for authors and editors.

The Cochrane Style Manual is different from some other style manuals, in that it allows for some flexibility in style, reflecting the distributed nature of Cochrane editorial and author teams, but it also aims to bring unity and a recognizable journal style where there may be unhelpful variation.

All Cochrane Reviews and protocols must adhere to the guidance contained in the Cochrane Style Manual. The Cochrane Style
Manual does not explain how to prepare a Cochrane Review and does not cover every word choice or every context. Authors and editors will need to use their knowledge and judgement when applying the guidance, but any deviation should be for a good reason rather than personal preference.

This manual is primarily for use with Cochrane Reviews and associated content, but it may be applicable to other Cochrane content. You should also refer to the Cochrane Brand Guidelines.

Revising the manual

The Cochrane Style Manual is revised in response to suggestions from users or from the Cochrane Style Manual Working Group. Updates response to changes within Cochrane or to incorporate new standards. Major changes are recorded on the Latest changes page. A log of changes made between 2010 (version 4.1 of the Cochrane Style Guide) and July 2016 (when the Cochrane Style Manual was released in this format) is available at What's new.

Suggestions for additions, clarifications or other improvements should be submitted via the Cochrane Style Manual Ideas and Feedback forum. This is a tool for collecting and prioritizing feedback from Cochrane contributors. Users can post issues or suggestions, and others can comment on these suggestions.

Once an idea is submitted, it will be visible immediately to other users of the forum, who may vote on the idea. All ideas are reviewed soon after submission and contributors may be asked for clarification.

Some suggestions will be implemented quickly, whereas others may need further discussion by the Cochrane Style Manual Working Group or input from subject specialists. Ideas that have merit, but are not seen as priorities, may be stay open for comments.

Contributors

The Cochrane Style Manual is overseen by the Cochrane Style Manual Working Group and is maintained by the Cochrane Editorial & Methods Department in collaboration other contributors.

The Cochrane Style Manual Working Group is supported by core funding from Cochrane, initially through the Quality Advisory Group (until April 2009) and then through the Cochrane Editorial Unit (from April 2009; now the Cochrane Editorial & Methods Department)

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To suggest changes or additions to the Style Manual, please use the Cochrane Style Manual Ideas and Feedback forum.

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Thanks also to previous Working Group members and other contributors to past versions: Susanne Abraham, Alison Beamond, Kate Cahill, Mandy Collingwood, Lesley Gillespie, Sonja Henderson, Rachael Jowett, Laura Mellor, Dimitrinka Nikolova, Nancy Owens, Reive Robb, Vicki Sparkes, Emma Tavender.

Latest changes

For recent changes to the Cochrane Style Manual see: https://community.cochrane.org/style-manual/latest-changes

History of the manual

The current format of the Cochrane Style Manual was launched in July 2016, replacing the Cochrane Style Guide, which was published as a PDF document and updated intermittently until October 2010. The Cochrane Style Guide was originally developed by the participants of project called the ‘Prospective copy edit pilot’, that was approved for use within Cochrane on 6 December 2002.

On this page we list the substantive edits and changes that were made to the Style Manual in its July 2016 version compared with its previous major edition (i.e. Cochrane Style Guide 4.1 edition; October 2010). For changes made since July 2016, a list of latest changes is continuously updated.

Changes to between Style Guide version 4.1 and July 2016 edition of Style Manual

General changes

- Moved from a static PDF version to a dynamic online version
- Name changed from ‘Cochrane Style Guide’ to ‘Cochrane Style Manual’
- Chapters organized thematically rather than alphabetically
- Chapters organized into smaller units with more links
- Table of contents giving a visual overview of the Style Manual
- Addition of information about how users may give feedback via ideas.cochrane.org

Abbreviations and acronyms

When to use abbreviations and acronyms

- New guidance on usage of abbreviations: use only if the term has three or more words; use if the term is used frequently in a section or in the review, or if the abbreviation or acronym is more familiar than the full name
- New guidance on redefining abbreviations and acronyms in the ‘Abstract’, ‘Plain language summary’, ‘Main text’, and ‘Authors’ conclusions’ sections of reviews, and in the legends of tables or figures
- New guidance on the use of abbreviations in titles and headings
- New guidance permitting the use of abbreviations at the start of sentences

Common abbreviations

- New guidance on common abbreviations that do not need to be defined
- New guidance on formatting of ‘i.e.’, ‘e.g.’ and ‘etc.’: always use internal full stops and do not follow with a comma

Abbreviations to avoid

- New section on avoiding Latin abbreviations for dosing and some other abbreviations

Cochrane Review specific

Abstracts
New brief guidance on abstracts, with links for further information

Headings
- Revised guidance on the use of predefined headings and drop-down heading styles

Search methods
- Updated and expanded section on how to describe search sources and search dates

Formatting

Italics
- Updated section with examples to illustrate how to present species names in an abbreviated form after their first mention

Ligatures
- New guidance about avoiding the use of ligatures (e.g. æ, œ, ß, ff)

Lists
- New examples added to section on formatting of lists

Paragraph break
- New guidance that soft returns are recommended in footnotes

Symbols and special characters
- New guidance about how to access special characters in Review Manager (RevMan) 5

Grammar and writing style

Active and passive voice
- Expanded section on the use of active and passive voice

Adjectives as nouns (new section)
- New guidance to avoid the use of adjectives (e.g. overweight) as nouns

And/or
- Guidance changed to allow 'and/or' in cases where reformulation would be awkward

Compared to/compared with
- New section outlining the potential difference in meaning between 'compared to' and 'compared with', and guidance that a distinction between these is not needed in Cochrane Reviews

Prefixes
- New guidance for the prefixes 'micro' and 'self'

Punctuation
- Expanded section includes the use of square brackets (used in chemical and mathematical formulae and in edits or comments on quotations) and presentation of quotations

Simple and accessible English
• **New section** about the importance of readability in Cochrane Reviews, with examples and links to other resources

**Tautology**

• **Expanded section** with more examples

**Verbs: single or plural**

• **Expanded section** with more specific guidance about group and plural nouns (e.g. data) and the verb forms they should take

**International considerations**

**English Language: regional differences**

• **Guidance added** about the use of ‘-ise’ and ‘-ize’ word endings, with reference to the Cochrane brand guidelines

**Country names**

• **New section** with guidance about how to refer to countries and regions in Cochrane Reviews and protocols

**Ethnic group names**

• **New section** with guidance about how to describe ethnic groups

**Names and common terms**

**Common terms**

• **Expanded guidance** on usage of common terms (e.g. ‘double-blind’, ‘dropout’ (noun), ‘drop out’ (verb), ‘postoperative’) and the terms ‘participant’, ‘patient’ and ‘person’

**Names**

• **Section updated** to reflect branding changes and add further examples and resources
  • **New guidance** on frequently used names
  • **Expanded guidance** on family names, including formatting of designation of rank within a family, such as ‘Jr’ or ‘3rd’
  • **New guidance** on virus names
  • **New guidance** on pharmaceutical drug names and trademark symbols

**Numbers, statistics, and units**

**Numbers**

• **Guidance expanded and reorganized** with additional examples and minor corrections
  • **New guidance** on number hyphenation (when written as words - not as numerals - in text)
  • **New guidance** about the use of the terms million, billion, and trillion

**Statistical and mathematical presentation**

• **New or updated guidance** on use and presentation of P values, decimal places, equals and other signs, and summary statistics

**Units and systems of measurement**

• **Expanded guidance** on commonly used units (e.g. added microgram (µg), guidance on second as a unit of time and as an angle measurement)
  • **New guidance** that the abbreviation L (not l) should be used for litre (also applies to mL, nL, etc.)
  • **New guidance** for use of units as modifiers before a noun: write out the name of the metric quantity and use a hyphen between the numeral and unit, e.g. a 20-liter container

**References**
• Guidance has been adapted to correspond where possible with the referencing style of the National Library of Medicine (NLM)'s *Citing Medicine*, so that authors have an external resource to consult when particular cases are not covered by the Style Manual.
• **New section** on differences between Cochrane and NLM style
• New guidance on references entered in the Cochrane Register of Studies (CRS)

Citing references

• **New guidance** on: citing references in chronological order (cite from the earliest to the latest date); how to include multiple citations that refer to separate items of information; and avoiding using 'et al' in the text (only for use in references)

Reference fields

• **New guidance**:
  - Enter up to six authors into references in RevMan but enter all authors (where possible) when importing a reference into the CRS
  - Use a comma before 'et al'.
  - Italics should not be used in article or book titles, or for species names
  - Journal titles should be picked from the journal pick list
  - Exclude 'The' at the beginning of journal titles (e.g. 'The Lancet' should be inserted as 'Lancet')
  - Inclusion of digital object identifiers (DOIs)

Journal articles

• **Expanded guidance** adapted in the light of general changes
• Strengthened recommendation to include a DOI for journal articles in press.
• New guidance to use parentheses around ‘in press’.

Cochrane publications

• **Section expanded** with new examples and updates in line with recent changes to Cochrane publications and minor changes to bring Cochrane publications more in line with other publications
• **New guidance** on best practice for citing the *Cochrane Handbook for Systematic Reviews of Interventions*
• **New guidance** on how to cite the *Cochrane Handbook for Systematic Reviews of Diagnostic Test Accuracy* and its chapters

Conference proceedings

• **Section updated** with new examples
• **New guidance** on how to complete each field when entering references
• **New guidance** for conference proceedings as journal supplements and conference abstracts in a journal supplement

Other reference types

• **Section updated** with new examples
• **New guidance** on citing GRADEpro GDT
• Guidance on citing maps and newspaper articles removed
• **New guidance** on how to reference figures, tables or appendices from an article (e.g. for reuse in Cochrane Reviews)

Differences between Cochrane and NLM style

• **New section** explaining differences between Cochrane style and NLM's *Citing Medicine*, including information on some frequently occurring issues in referencing: websites without titles; missing page numbers; changes in journal names; ambiguities with authors' names and surnames; references with errata or articles that have been retracted; discontinuous page numbering; dates crossing months in conference proceedings

Tables and figures

Tables in Cochrane Reviews

• **New guidance** on formatting body text in tables, including the use of numerals (instead of words) and full stops (used to end
About this manual

- New sections on how to use the manual, how the manual is updated, and who contributed to its development

How to cite

How to cite the Cochrane Style Manual


Note: change the date shown above to the date you accessed the manual.

How to cite Cochrane Style Basics


Note: change the date shown above to the date of the version you used.

Cochrane Style Basics

Cochrane Style Basics is a collection of 'style essentials' designed to provide Cochrane Review authors and editors with a useful list of some of the key points from the Cochrane Style Manual. It is in PDF format and includes links to relevant sections of the Cochrane Style Manual.

Cochrane Style Basics can work as a guide for new authors or as a refresher for more experienced authors and editors, and it can be used at the start of the writing process or to prepare reviews for copy-editing. If you have suggestions for how Style Basics could be improved or how it could be used, please let us know via the Cochrane Style Manual Ideas and Feedback forum.

Cochrane Style Basics is updated periodically. The current version was published in April 2019.
Cochrane Style Basics was created by the Cochrane Style Manual Working Group.