

Instructions For Authors

JACC: Heart Failure publishes peer-reviewed articles on all aspects of heart failure, including original clinical studies, experimental investigations with clear clinical relevance, and state-of-the-art papers. Case reports will not be considered for publication. The journal will be predominantly focused on human heart failure, including heart failure clinical trials (Phases I to IV); heart failure registries (including methodology and design papers); and personalized medicine (including the areas of pharmacogenetics, biomarkers, and metabolomics). We also believe that interdisciplinary relationships with neuroscience, pulmonary medicine, nephrology, electrophysiology, and surgery as they relate to heart failure will be of particular interest.

We request that all manuscripts be submitted online at <https://www.jaccsubmit-heartfailure.org>.

Manuscript submissions should conform to the guidelines set forth in the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals,” available from <http://www.icmje.org/recommendations> and most recently updated in December 2016.

English language help service: Upon request, Elsevier will direct authors to an agent who can check and improve the English of their paper (before submission). Please contact authorsupport@elsevier.com for further information.

AUTHOR ENQUIRIES

For enquiries relating to the submission of articles or to articles currently being reviewed, please contact the Journal’s editorial office at jacchf@acc.org. For information on articles that have been accepted for publication, please visit Elsevier’s Authors Home at <https://www.elsevier.com/authors/journal-authors>. Elsevier’s Authors Home also provides the facility to track accepted articles and set up e-mail alerts to inform you of when an article’s status has changed, as well as detailed artwork guidelines, copyright information, frequently asked questions, and more. Authors can order copies of the issue in which their article appears at a discounted rate; please contact Elsevier Health Sciences Division, Subscription Customer Service, 3251 Riverport Lane, Maryland Heights, MO 63043. Tel: 1-800-654-2452, E-mail: journalscustomerservice-usa@elsevier.com.

EXCLUSIVE SUBMISSION/PUBLICATION POLICY

The manuscripts are considered for review only under the conditions that they are not under consideration elsewhere and that the data presented have not appeared on the internet or have not been previously published (including symposia, proceedings, transactions, books, articles published by invitation, and preliminary publications of any kind except abstracts not exceeding 400 words). On acceptance, transfer of copyright to the American College of Cardiology Foundation will be required. Elsevier will maintain copyright records for the College. The Published Journal Article cannot be shared publicly, for example on ResearchGate or Academia.edu, to ensure the sustainability of peer-reviewed research in journal publications.

OPEN ACCESS

This journal offers authors a choice in publishing their research:

OPEN ACCESS

- Articles are freely available to both subscribers and the wider public with permitted reuse.

- An open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution.

SUBSCRIPTION

- Articles are made available to subscribers as well as developing countries and patient groups through our <https://www.elsevier.com/about/open-science/science-and-society/access> universal access programs.
- No open access publication fee payable by authors.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards. For open access articles, permitted third party (re)use is defined by the following <http://www.elsevier.com/openaccesslicenses> Creative Commons user licenses.

OPEN ACCESS FEE

The open access fee for this journal is \$3000, excluding taxes. Learn more about <http://www.elsevier.com/openaccesspricing> Elsevier’s pricing policy.

FUNDING BODY AGREEMENTS AND POLICIES

CC BY for funded authors only. Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder’s open access policies. Some funding bodies will reimburse the author for the Open Access Publication Fee. Details of <http://www.elsevier.com/about/open-science/open-access/agreements> existing agreements are available online. After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

CC_BY-NC-ND

CC BY-NC-ND license. For non-commercial purposes, let’s others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

PERMISSIONS

No part of materials published in *JACC: Heart Failure* may be reproduced without written permission of the publisher. Some materials qualify for gratis usage. See STM Guidelines for details: <http://www.stm-assoc.org/documents>. Permission may be sought directly from Elsevier’s Global Rights Department. Phone: (215) 239-3804 or 44-1865-843-830. Fax: 44-1865-853-333. Requests may also be completed online via the Elsevier home page (<https://www.elsevier.com/authors/permission-request-form>).

RELATIONSHIP WITH INDUSTRY POLICY

The Editors require authors to disclose any relationship with industry and financial associations from within the past 2 years that might pose a conflict of interest in connection with the submitted article in both the cover letter and on the title page. All sources of funding for the work should be acknowledged on the title page, as should all institutional affiliations of the authors (including corporate appointments). Other associations, such as consultancies, stock ownership, or other equity interests or patent-licensing arrangements, should be disclosed to the Editors in the cover letter at the time of submission. If no relationship with industry exists, please state this in the cover letter and on the title page. Relationship with industry

guidelines apply to authors of all the following: Original Research Papers, State-of-the-Art Papers, Expedited Reviews, Letters to the Editor, and Editorial Comments.

ALL FORMS ARE NOW SIGNED AND SUBMITTED ELECTRONICALLY. Once a manuscript is accepted, the authors will be sent links to complete electronic Copyright Transfer and Relationship with Industry forms. Only the corresponding author may electronically sign the copyright form; however, ALL AUTHORS ARE REQUIRED TO ELECTRONICALLY SIGN A RELATIONSHIP WITH INDUSTRY FORM. Once completed, a PDF version of the form is e-mailed to the author. Authors can access and confirm receipt of forms by logging into their account online. Each author will be alerted if his or her form has not been completed by the deadline.

Only authors appearing on the final title page will be sent a form. YOU CANNOT ADD AUTHORS AFTER ACCEPTANCE OR ON PROOFS. After a paper is sent to the publisher, the links to the electronic forms will no longer be active. In this case, authors will be sent links to download hard copy forms that they may e-mail or fax to the JACC: Heart Failure office.

ETHICS

Studies should be in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines.

Human studies must be performed with the subjects' written informed consent. Authors must provide the details of this procedure and indicate that the institutional committee on human research has approved the study protocol. If radiation is used in a research procedure, the radiation exposure must be specified in the Methods.

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in your paper. Patients have a right to privacy. Therefore, identifying information, including patients' images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and you have obtained written, informed consent for publication in print and electronic form from the patient (or parent, guardian, or next of kin where applicable). If such consent is made subject to any conditions, the editorial office must be made aware of all such conditions.

Written consents must be provided to the editorial office on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Animal investigation must conform to the "Position of the American Heart Association on Research Animal Use," adopted by the AHA on November 11, 1984. If equivalent guidelines are used, they should be indicated. The AHA position includes: 1) animal care and use by qualified individuals, supervised by veterinarians, and all facilities and transportation must comply with current legal requirements and guidelines; 2) research involving animals should be done only when alternative methods to yield needed information are not possible; 3) anesthesia must be used in all surgical interventions, and all unnecessary suffering should be avoided and research must be terminated if unnecessary pain or fear results; and 4) animal facilities must meet the standards of the American Association for Accreditation of Laboratory Animal Care (AAALAC).

The JACC Journals have an ethics committee comprised of 7 members, which oversees quality control and will look into the issues of concern, if any.

AUTHORSHIP/COVER LETTER

Each author must have contributed significantly to the submitted work. If there are more than 4 authors, the contribution of each must be substantiated in the cover letter. If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship. To save space, if group members have been listed in JACC: Heart Failure, the article should be referenced rather than reprinting the list. The Editors consider authorship to include all of the following: 1) conception and design or analysis and interpretation of data, or both; 2) drafting of the manuscript or revising it critically for important intellectual content; 3) final approval of the manuscript submitted (Participation solely in the collection of data does not justify authorship but may be appropriately acknowledged in the Acknowledgment section); and 4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).

Manuscripts must be submitted with a cover letter stating that: 1) the paper is not under consideration elsewhere; 2) none of the paper's contents have been previously published; 3) all authors have read and approved the manuscript; and 4) the full disclosure of any relationship with industry (see "Relationship with Industry Policy"). Exceptions must be explained.

The corresponding author should be specified in the cover letter. All editorial communications will be sent to this author. The corresponding author will be our contact for submission queries. A short paragraph telling the editors why the authors think their paper merits publication priority may be included in the cover letter. Potential reviewers may be suggested in the cover letter, as well as reviewers to avoid.

GENERAL GUIDELINES FOR SUBMISSION OF ORIGINAL RESEARCH PAPERS

Original research papers should present original research conducted by the investigators that resulted in reportable findings. Such papers should contribute new information that is important to the field of study. Original research papers should include an introduction, hypothesis and purpose, methods, results, discussion, and implications for clinical practice. Because of the printed page limitations, the Editors require that manuscripts not exceed 4,500 words (the word count begins at the Introduction of the text and includes references and figure legends). Note that if you are asked to revise your paper, an alternate word limit may be specified by the Editors. Illustrations and tables should be limited to those necessary to highlight key data. Please provide sex-specific data, when appropriate, in describing outcomes of epidemiologic analyses or clinical trials, or specifically state that no sex-based differences were present. For original research dealing with genetic associations, authors should refer to the following article: Ginsburg GS, Shah SH, McCarthy JJ. Taking cardiovascular genetic association studies to the next level. *J Am Coll Cardiol* 2007;50:930-2.

The manuscript should be arranged as follows: 1) title page, including author disclosures and acknowledgments (if applicable) and a title of no more than 15 words; 2) structured abstract and key words; 3) abbreviations list; 4) text; 5) Clinical Perspectives: Competencies in Medical Knowledge and Translational Outlook; 6) references; 7) figure titles and legends; and 8) tables.

Page numbering should begin with the title page.

OTHER PAPER CATEGORIES

The following information should be noted for these paper types:

STATE-OF-THE-ART PAPERS. State-of-the-Art review papers should focus on a specific topic and review original research on that topic. Authors should summarize the state of current research on a topic, provide analysis and comparison, identify gaps and inconsistencies, and suggest future steps to solve identified problems. The Editors will consider both invited and uninvited review articles. Manuscripts should be no more than 5,000 words and require an unstructured abstract of no more than 250 words (the word count begins at the Introduction of the text and includes references and figure legends). Authors should detail in their cover letters how their submission differs from existing reviews on the subject.

NEW FEATURE. In addition to the unstructured abstract for the State of-the-Art Review, please provide a list of 3-4 brief bullet points (85 characters, 15 words or fewer per bullet) that highlight the main messages of the review. The first bullet should provide the translational/clinical context or background that establishes the relevance or need for this review. The second bullet should speak to the main message and focus of the review, including any recommendations made by the authors. The final bullet should summarize where the field needs to move forward from this point.

Example

- Cardiovascular aging is a biological phenomenon, leading to a progressive decline in function and structure.
- Calorie restriction and adjusted diurnal rhythm of feeding are powerful interventions for the prevention of cardiovascular disease.
- Lowered intake of protein and nutritional modulation of the gut microbiome can have additional cardioprotective roles.
- Regular exercise, stress-reduction programs, and calorie-restriction mimetic medications can potentiate the effects of a healthy diet.

CENTRAL ILLUSTRATION. All Original Research Papers and State-of-the-Art Reviews must develop 1 Central Illustration, which summarizes the main point of the manuscript or at least a major section of the manuscript. If one of the Figures already provided in your manuscript is a key figure summarizing the major findings, you may designate that figure as the Central Illustration in the legend. The figure may incorporate multiple panels including key figures or graphics, or short text lists summarizing key points or variables. The purpose of these illustrations is to provide a snapshot of your paper in a single visual, conceptual manner. This illustration must be accompanied by a legend (title and caption). The Central Illustration must be an original image and, for copyright reasons, cannot be adapted or reprinted from another source.

EXPEDITED PUBLICATIONS. Manuscripts in this category should report important original findings of high-potential clinical impact or research significance. Authors must apply for expedited publication consideration in their cover letter at the time of submission. The Editors commit to a decision regarding suitability for expedited publication processing within 5 days, and will make an effort to provide an initial decision within 14 days. Those manuscripts not deemed appropriate for the expedited publication track will be eligible for consideration according to the standard review process. Online publication will occur within 10 days of receiving the approved galley prints.

EDITORIAL COMMENTS. The editors invite all Editorial Comments published in the Journal. Editorial Comments should have no more than 1,500 words, 5 references, and 1 figure/table.

LETTERS TO THE EDITOR. A limited number of letters will be published. Letters to the Editor should have no more than 500 words, 5 references, 1 figure/table, and no more than 5 authors. They should focus on a specific article that has appeared in *JACC: Heart Failure*. Letters must be submitted within 3 months of the print issue date of the article. No original data may be included. Type letters double-spaced and include the cited article as a reference. Provide a title page that includes authors' names and institutional affiliations and a complete address

for correspondence. These can be submitted online at <https://www.jaccsubmit-heartfailure.org>. Replies will generally be solicited by the Editors.

MANUSCRIPT CONTENT

TITLE PAGE

Include the title (no more than 15 words), authors' names (including full first name and middle initial and degrees), total word count, and a brief title of no more than 45 characters. List the departments and institutions with which the authors are affiliated, and indicate the specific affiliations if the work is generated from more than one institution (use the footnote symbols given under "Tables"). Also provide information on grants, contracts, and other forms of financial support, and list the cities and states of all foundations, funds, and institutions involved in the work. Include any relationship with industry (see "Relationship with Industry Policy"). If there are no relationships with industry, this should be stated. Under the heading, "Address for correspondence," give the full name and complete postal address of the author to whom communications, printer's proofs, and reprint requests should be sent. Also provide telephone and fax numbers and an e-mail address.

STRUCTURED ABSTRACT

Provide a structured abstract of no more than 250 words, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Objectives, Background, Methods, Results, and Conclusions. Use complete sentences. *All data in the abstract must also appear in the manuscript text or tables.* For general information on preparing structured abstracts, see Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardner MJ. More informative abstracts revisited. *Ann Intern Med* 1990;113:69-76. A nonstructured abstract is appropriate for review articles.

TEXT

The text should be structured as Introduction, Methods, Results, and Discussion. Use headings and subheadings in the Methods, Results, and, particularly, Discussion sections. Every reference, figure, and table should be cited in the text in numerical order according to order of mention.

To save space in the Journal, up to 10 abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used throughout the manuscript. On a separate page following the abstract, list the selected abbreviations and their definitions (e.g., TEE = transesophageal echocardiography). The Editors will determine which lesser known terms should not be abbreviated. Consult "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" available from <http://www.icmje.org/recommendations> and most recently updated in December 2016, for appropriate use of units of measure.

STATISTICS

All publishable manuscripts will be reviewed for appropriateness and accuracy of statistical methods and statistical interpretation of results. We subscribe to the statistics section of the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" available from <http://www.icmje.org/recommendations> and most recently updated in December 2016. In the Methods section, provide a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if any), and the level of significance used for hypothesis testing. When using more sophisticated statistical methods (beyond *t* tests, chi-square, simple linear regression), specify the statistical package, version number, and nondefault options used. For more information on statistical review, see Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835-7.

ACKNOWLEDGMENTS

Acknowledgments or appendices must contain 100 words or less. Anything exceeding this limit will appear in the online version only. Letters of permission from all individuals listed in the acknowledgments are the responsibility of the corresponding author.

CLINICAL PERSPECTIVES

The authors of original research papers should outline the clinical relevance and translational outlook recommendations for their manuscripts. These should be listed in the manuscript after the Text and before the Acknowledgments and References. The perspectives describe the implications of the study for current practice. The translational outlook places the work in a futuristic context, emphasizing directions for additional research, or clinical utility of the work. These should be no longer than 1 paragraph (i.e. 3 to 4 sentences).

Authors are asked to consider the clinical implications of their paper and identify areas of clinical relevance that could be used by clinician readers as professional caregivers.

This applies not only to physicians in training, but to the sustained commitment to education and continuous improvement across the span of their professional careers.

TRANSLATIONAL OUTLOOK

Translating biomedical research from the laboratory bench, clinical trials or global observations to the care of individual patients can expedite discovery of new diagnostic tools and treatments through multidisciplinary collaboration. Effective translational medicine facilitates implementation of evolving strategies for prevention and treatment of disease in the community. The Institute of Medicine identified 2 areas needing improvement: testing basic research findings in properly designed clinical trials and, once the safety and efficacy of an intervention has been confirmed, more efficiently promulgating its adoption into standard practice (Sung NS, Crowley WF, Genel M. The meaning of translational research and why it matters. *JAMA* 2008;299:3140-8).

The National Institutes of Health (NIH) has recognized the importance of translational biomedical research, emphasizing multifunctional collaborations between researchers and clinicians to leverage new technology and accelerate the delivery of new therapies to patients (<http://www.ncats.nih.gov/about/about.html>).

Authors are asked to place their work in the context of the scientific continuum, by identifying impediments and challenges requiring further investigation and anticipating next steps and directions for future research.

REFERENCES

Identify references in the text by Arabic numerals in parentheses on the line. The reference list should be typed double-spaced on pages separate from the text; references must be numbered consecutively in the order in which they are mentioned in the text.

Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; these may be cited in the text in parentheses. *Do not cite abstracts that are older than 2 years.* Identify abstracts by the abbreviation "abstr" in parentheses. If letters to the editor are cited, identify them with the word "letter" in parentheses.

Use *Index Medicus* (National Library of Medicine) abbreviations for journal titles. It is important to note that when citing an article from the *JACC: Heart Failure*, the correct citation format is *J Am Coll Cardiol HF*.

Periodical

List all authors if 6 or fewer, otherwise list the first 3 and add et al.; do not use periods after the authors' initials. Please do provide inclusive page numbers as in example below.

5. Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993; 21:835-7.

DOI-based citation for an article in press

If the ahead-of-print date is known, provide as in example below.

16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. *J Am Coll Cardiol* 2010 Sept 28 [E-pub ahead of print], <https://doi.org/10.1016/j.jacc.2010.09.028>.

If the ahead-of-print date is unknown, omit as in example below.

16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. *J Am Coll Cardiol* 2010 [E-pub ahead of print], <https://doi.org/10.1016/j.jacc.2010>.

Chapter in book

Provide authors, chapter title, editor(s), book title, publisher location, publisher name, year, and inclusive page numbers.

27. Meidell RS, Gerard RD, Sambrook JF. Molecular biology of thrombolytic agents. In: Roberts R, editor. *Molecular Basis of Cardiology*. Cambridge, MA: Blackwell Scientific Publications, 1993:295-324.

Book (personal author or authors)

Provide a specific (not inclusive) page number.

23. Cohn PF. *Silent Myocardial Ischemia and Infarction*. 3rd edition. New York, NY: Marcel Dekker, 1993:33.

Online media

Provide specific URL address and date information was accessed.

10. Henkel J. Testicular Cancer: Survival High With Early Treatment. *FDA Consumer magazine* [serial online]. January-February 1996. Available at: http://www.fda.gov/fdac/features/196_test.html. Accessed August 31, 1998.

Material presented at a meeting but not published

Provide authors, presentation title, full meeting title, meeting dates, and meeting location.

20. Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of Medical Colleges; October 28, 1995; Washington, DC.

FIGURE LEGENDS

A maximum of 5 figures will be permitted in print; however, additional figures can be submitted for an online-only supplement. Figure legends should be typed double-spaced on pages separate from the text; figure numbers must correspond with the order in which they are mentioned in the text.

ALL FIGURES MUST HAVE A TITLE AND CAPTION

The title should be short and followed by a 2 to 3 sentence caption. For example, Figure 1: Title - Caption, etc.

All abbreviations used in the figure should be identified either after their first mention in the legend or in alphabetical order at the end of each legend. All symbols used (arrows, circles, etc.) must be explained.

If previously published figures are used, written permission from the original publisher is required. See STM Guidelines for details: <http://www.stm-assoc.org/copyright-legal-affairs/permissions/permissions-guidelines/>. Cite the source of the figure in the legend.

FIGURES

Figures and graphs submitted in electronic format should be provided in EPS or TIF format. Graphics software such as Photoshop and Illustrator, NOT presentation software such as PowerPoint, CorelDraw, or Harvard Graphics, should be used to create the art. Color images must be at least

300 DPI. Gray scale images should be at least 300 DPI. Line art (black and white or color) and combinations of gray scale images and line art should be at least 1200 DPI. Lettering should be of sufficient size to be legible after reduction for publication. The optimal size is 12 points. Symbols should be of a similar size. Figures should be no smaller than 13 cm × 18 cm (5 in × 7 in).

Please do not reduce figures to fit publication layout. If the manuscript is accepted for publication, the publisher will re-size the figures accordingly.

THERE IS NO FEE FOR THE PUBLICATION OF COLOR FIGURES. Our editors encourage authors to submit figures in color, as we feel it improves the clarity and visual impact of the images. If your original submission contains any line art or black and white figures that you would like to change to color, please e-mail all color figures to the *JACC: Heart Failure* editorial office during the revision process. Be sure to include correspondence, with the manuscript number, explaining the change.

Decimals, lines, and other details must be strong enough for reproduction. Use only black and white—not gray—in charts and graphs. Place crop marks on photomicrographs to show only the essential field. Designate special features with arrows. All symbols, arrows, and lettering on half-tone illustrations must contrast with the background.

TABLES

A maximum of 5 tables will be permitted in print; however, additional tables can be submitted for an online-only supplement. Tables should be typed double-spaced on separate sheets, with the table number and title centered above the table and explanatory notes below the table. Use arabic numbers. Table numbers must correspond with the order cited in the text. Information in the tables is not included in the manuscript word count.

ALL TABLES MUST HAVE A TITLE

Abbreviations should be listed in a footnote under the table in alphabetical order. Footnote symbols should appear in the following order: *, †, ‡, §, ||, ¶, #, **, ††, etc.

Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures. If previously published tables are used, written permission from the original publisher and author is required. Cite the source of the table in the footnote.

VIDEO REQUIREMENTS

Inclusion of videos in the published paper is at the discretion of the Editors.

1. Video submissions for viewing online should be one of the following formats: Audio Video Interleave (.avi), MPEG (.mpg), or Quick Time (.qt, .mov).

AVI files can be displayed via Windows Media Player

MPEG files can be displayed via Windows Media Player

<https://support.microsoft.com/en-us/help/18612/windows-media-player>

<http://www.microsoft.com/windows/windowsmedia/players.aspx>

Quick Time files require Quick Time software (free) from Apple, <http://www.apple.com/quicktime/download/index.html>

2. Videos should be brief whenever possible (<2-5 min). Longer videos will require longer download times and may have difficulty playing online. Videos should be restricted to the most critical aspects of your research. A longer procedure can be restructured as several shorter videos and submitted in that form.

3. It is advisable to compress files to use as little bandwidth as possible and to avoid overly long download times. Video files should be no larger than 5 megabytes. This is a suggested maximum. If files are larger please contact the *JACC: Heart Failure* office.

4. A video legends page giving a brief description of the video content should be provided for each video.

5. If your paper is accepted for publication you may wish to supply the editorial office with several different resolutions of your video files. This will allow viewers with slower connections to download a lower resolution version of your video.

It is important to note that when citing an article from *JACC: Heart Failure*, the correct citation format is *J Am Coll Cardiol HF*