Blood, the Journal of the American Society of Hematology, published online and in print, provides an international forum for the publication of original articles describing basic laboratory, translational, and clinical investigations in hematology. Acceptance of manuscripts is based on the originality and importance of the observations or investigations, the quality of the work and validity of the evidence, the clarity of presentation, and the relevance to our readership and field. Membership in the American Society of Hematology is not required for submission. All articles are expected to be concise, well organized and clearly written. Authors submit a manuscript with the understanding that the manuscript (or its essential substance) has not been published other than as an abstract in any language or format and is not currently submitted elsewhere for print or electronic publication.

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Primary research articles will be published under the following scientific categories: Clinical Trials and Observations; Gene Therapy; Hematopoiesis and Stem Cells; Immunobiology; Myeloid Neoplasia; Lymphoid Neoplasia; Phagocytes, Granulocytes and Myelopoiesis; Platelets and Thrombopoiesis; Red Cells, Iron and Erythropoiesis; Thrombosis and Hemostasis; Transfusion Medicine; Transplantation; and Vascular Biology.

Authors are invited to contact the Editor-in-Chief (bloodeditor@hematology.org) prior to submission if they are uncertain whether their work falls within the general scope. Immunobiology encompasses a wide spectrum of research, and Blood can accommodate only papers that have clear and important implications for hematology. Preference is given to papers focusing on human immunobiology and which have significant implications for understanding of normal or malignant hematologic processes. Papers on tumor immunology and tumor vaccine development may be appropriate if the target cells are hematologic malignancies, but Blood can no longer accommodate tumor immunology papers that focus solely on nonhematologic tumor models. Papers focusing on autoimmunity and utilizing nonhematologic models are not within the scope of Blood. Papers on the immune response to specific microbe-logic pathogens are also generally outside the scope of Blood, except those focusing on the direct links of Epstein-Barr virus, hepatitis virus, or HTLV to hematologic malignancies. These and other papers felt to be outside the scope of Blood and more appropriate for an immunology, infectious diseases, or tumor immunology Journal will be returned to the author without full peer review.

Regular Articles. Maximum length for a Regular Article is 5,000 words of text, not counting the abstract, tables, figure legends, and references; abstracts must not exceed 200 words and should be constructed as a single narrative paragraph with no subheadings or references. Submissions are limited to a total of 7 figures and digital images are required. There is no limit on the number of tables. References should be limited to 50. The sections of a Regular Article should be ordered Abstract, Introduction, Methods, Results, Discussion, Acknowledgments, Authorship Contributions and Disclosure of Conflicts of Interest, References, Tables, Figure Legends, and Figures. Supplemental files to be published online-only may include additional information regarding methodology, supplemental figures or tables, or primary data sets. Any involvement of medical writers/researchers, particularly those employed or supported by the pharmaceutical industry, in the writing of an article must be clearly defined and disclosed in the Authorship and/or the Acknowledgments section as appropriate. This type of involvement must also be disclosed to the Editor-in-Chief in the cover letter. Definitive original research articles of exceptional scientific importance may be considered for designation as Plenary Papers. The decision to highlight an article as a Plenary Paper rests entirely with the Editors.

Brief Reports. Short manuscripts definitively documenting either experimental results or informative clinical observations will be considered for publication in this category. Single-case reports or case series can almost never be accommodated, unless they elucidate novel and important disease biology or approaches to therapy. Brief Reports are not intended to allow publication of incomplete or preliminary findings. The review process is equally rigorous as for Regular Articles and the acceptance rate is lower. Brief Reports may not exceed 1,200 words of text not counting the abstract, figure legends, and references; abstracts must not exceed 150 words and should be a single paragraph with no subheadings. Only 2 figures/tables and 25 references may be included. The sections of a Brief Report should be ordered Abstract, Introduction, Methods sufficiently informative to allow reproduction of the data, followed by a combined Results and Discussion section, Acknowledgments, Authorship Contributions and Disclosure of Conflicts of Interest, References, Tables, Figure Legends, and Figures.

e-Blood. e-Blood is a new manuscript category for publication of very well designed systems biology work (e.g., genomics, proteomics etc.) that is largely descriptive. Such work will be published as an online-only paper if utilization of the data by others will significantly advance the field. e-Blood articles will be fully citable, and will represent genuine Blood publication. They will undergo standard rigorous peer review if deemed potentially appropriate for publication by Blood Editors. Accepted e-Blood articles will be published in First Edition and then copyedited and composed identical to other Blood papers, but will not be included in a print edition of the Journal, although they will be listed in a printed Table of Contents when their final typeset version is available online. Papers may be submitted by authors directly for consideration as e-Blood articles, or may be recommended by Editors for publication as an e-Blood article after being considered for publication as a Regular Article, if deemed more appropriate for the e-Blood article type. The maximum length for an...
Review Articles. Review Articles are welcomed by the Journal and are generally solicited by the Editor-in-Chief; however, authors wishing to submit an unsolicited Review Article are invited to contact the Editor-in-Chief prior to submission, in order to screen the proposed topic for relevance and priority, given other Review Articles that may already be in preparation. Review Articles should focus on recent scientific or clinical advances in an area of broad interest to those in the field of hematology. Such articles must be concise and critical and should include appropriate references to the literature. All Review Articles, even those solicited by the Editors, are rigorously peer reviewed before a final publication decision is made. Review Articles should not exceed 5,000 words in length, must include an abstract of 200 words or fewer, and may not have more than 100 references. The use of tables and color figures to summarize critical points is encouraged; the Journal offers assistance with preparation or improvement of figures by professional illustrators, once the article is accepted. Any involvement of medical writers/researchers, particularly those employed or supported by the pharmaceutical industry, in the writing of a Review Article must be clearly defined and disclosed in the Authorship section. For Review Articles, this type of involvement must be discussed with the Editor-in-Chief before the submission of the article. Generally, involvement of medical writers/researchers supported by the pharmaceutical industry is not acceptable for Review Articles published in Blood.

How I Treat. The Journal welcomes articles written by expert clinicians offering up-to-date information and guidance regarding diagnosis and treatment of hematological diseases and clinical situations. Clear distinctions should be made between evidence-based versus experience-based recommendations. The pieces can be constructed as a standard narrative or be structured around a case or cases illustrating specific clinical situations. These pieces are generally solicited by the Editor-in-Chief, but any interested author is invited to correspond with the Editor-in-Chief prior to submission to discuss the suitability of the proposed subject matter. The length should not exceed 5,000 words; the abstract must not exceed 200 words; and references are limited to 100.

Any involvement of medical writers/researchers, particularly those employed or supported by the pharmaceutical industry, in the writing of an article must be clearly defined and disclosed in the Authorship section. For How I Treat articles, this type of involvement must be discussed with the Editor-in-Chief before the submission of the article. Generally, involvement of medical writers/researchers supported by the pharmaceutical industry is not acceptable for How I Treat articles published in Blood.

Perspectives. Perspectives are articles discussing significant topics and controversies relevant to hematology, generally from a more personal or opinion-based standpoint than a Review Article. Interested authors should correspond with the Editor-in-Chief prior to submission to discuss the suitability of the proposed subject matter. The length should not exceed 5,000 words; the abstract must not exceed 200 words; and references are limited to 100. Typically, Perspectives should state the topic and background information concisely, discuss opposing viewpoints, and make recommendations for further investigations or actions.

Inside Blood. The Editors invite experts in the field to write brief commentaries introducing and placing into context several selected primary research articles included in each issue of Blood.

Plenary Papers. Definitive original research articles of exceptional scientific importance may be considered for designation as Plenary Papers. The decision to highlight an article as a Plenary Paper rests entirely with the Editors.

Data Supplements. The Journal encourages the submission of Data Supplements linked to primary research articles, including videos and short movies, that enhance the understanding of the science discussed in the manuscript. Data Supplements must be submitted for peer review during the initial submission of the manuscript. The Editors will review the supplemental material along with the manuscript, but acceptance of the manuscript does not guarantee ultimate acceptance of the supplement.

Blood Work. Blood welcomes submissions of photo micrographs and brief case descriptions to serve as a regular teaching feature and comprehensive reference accessible to physicians and hematology students around the world. These images and cases are published by the Journal monthly in the Blood Work section, in the first issue of each month. Each submission must contain a single, or at most two related, high-resolution figure(s) formatted as TIFFs (minimum 300 dpi) and a discussion of no more than 200 words describing the clinical case linked to the image(s). Generally each piece should have a single or very few authors and no references. If your submission is accepted, your figure(s) will also be submitted for consideration to the ASH Image Bank. All other policies governing submissions to the Journal also apply to Blood Work. There will be no submission fee and no color figure charges for publication if accepted.

Letters to the Editor. Constructive comments on published articles or on current topics in hematology are welcome and will be published if appropriate and based on priority and interest to readership. Letters should include no more than 500 words of text, 5–10 references, and 1 figure or table. No abstract is required, but please include a brief title. Submission fees and page charges do not apply to Letters. Letters are screened by the Editor-in-Chief and, if deemed appropriate and relevant, may also be peer reviewed and/or accompanied by a Response from the authors of the initial article.

Public Access. The American Society of Hematology supports free access to Blood on the broadest possible basis, although ASH and Blood cannot adopt or support a publishing model that is not economically sustainable over a long horizon. Blood maintains a 12-month access embargo to non-subscribers while offering an inexpensive pay-per-view option; however, online content older than 12 months is free to all. Also, significant sections of each new issue are immediately free-to-all online, including abstracts and tables of contents. Inside Blood commentaries, How I Treat articles, and 5 clinically relevant research articles or Review Articles per issue selected by the Editor-in-Chief. In addition, Blood ensures that patients looking for pertinent information can access any article without charge by contacting the Journal. Any author (including, but not limited to, those supported by the Howard Hughes Medical Institute or Wellcome Trust) wishing immediate public access for their accepted paper may pay an additional Public Access manuscript fee of $2,000. Upon receipt of payment, Blood will also deposit on behalf of the author the final edition of the published paper into PubMed Central. This fee does not apply to research funded by the National Institutes of Health.