



W. L. Adams Center for Writing

AMA Style Series

FORMATTING PAPERS IN AMA STYLE

BASICS

“AMA style” refers to the *American Medical Association Manual of Style*, 11th edition. Some key features distinguish it from other documentation styles. Here are some guidelines from the *Journal of the American Medical Association (JAMA)* with corresponding section numbers of the *AMA Manual*.

- ✓ Use a conventional 10-, 11-, or 12-point font, Courier or Times New Roman. (AMA preface)
- ✓ Double-space entire text, including references. Do not indent paragraphs. (AMA preface)
- ✓ Use 1-inch margins. Do not justify the right margins; leave them “ragged.” (AMA preface)
- ✓ Use a separate title page. Include an abstract after the title page only if professors require it.
- ✓ For in-text citations, use superscripts in numerical order. All citations of a single source should be the assigned numeric superscript. (AMA 3.5-3.6)
- ✓ If quoting directly (not recommended) include page numbers in superscripts. (AMA 3.6)
- ✓ List each source in the reference list once, in the order in which you first referred to it in your paper, preceded by its assigned superscript. (AMA 3.2)
- ✓ Express medical journal titles in the reference list only by the abbreviations standardized by the National Library of Medicine for medical journals. (AMA 13.10)
- ✓ Writers submitting for publication should follow the specific guidelines provided by the journal or publisher.

TITLE PAGE

<p>Micronutrients in Early Life: A Systematic Review</p> <p>Mary Smith</p> <p>October 22, 2024</p> <p>NTDT 40300 – Nutritional Science</p> <p>Dr. Jane Doe</p> <p>Texas Christian University</p>
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AMA style does not specify guidelines for title pages, so many students follow APA guidelines for title pages.

Paper title, author, and institutional affiliation (if required by the professor) should be centered mid-page.

SUPERSCRIPTS / IN-TEXT CITATIONS

Cite sources in AMA by assigning consecutive superscript numerals, based on the order in which you first cite them in the paper. For subsequent citations of a source after first mention, use the same superscript you first assigned it. Position superscripts outside periods and commas but inside colons and semicolons. (AMA 3.6)

PACP was first isolated from bovine hypothalamic extracts based on its ability to stimulate cyclic AMP production in anterior pituitary cells.¹ It is a highly conserved member of the IP/secretin/glucagon peptide family.²

DIRECT QUOTATIONS

The AMA Manual of Style 11th edition discourages use of direct quotations. However, if you must reproduce the exact language of a source, use the appropriately sequenced superscript to close the quote, plus the page number formatted also in superscript. (AMA 3.6, 8.6.1) Notice that there is no period or space between the “p” and the numbers in the example here:

According to Denier and Silverstein, “Good basic care demands identification of at-risk patients, awareness of common perioperative aggravating factors, simple prevention interventions, recognition of the disease states, and basic treatments.”^{22(p7)}

BLOCK QUOTATIONS

If a direct quotation extends beyond 4 lines of your text, set it off in a single-spaced block (5 spaces over) in a smaller font size and omit quotation marks. Add a space above and below the block quotation. As with all direct quotations in AMA, include the page number in the superscript. (AMA 8.6.14)

Writing in the July 11, 2012, issue of the *Journal of the American Medical Association*, Pasternak et al asserted,

This nationwide cohort study in Denmark found no significant associations between exposure to an AS03-adjuvanted influenza A(H1N1)pdm09 vaccine in pregnancy and risk of adverse fetal outcomes including major birth defects, preterm birth, and growth restriction. Although the data provide robust evidence of safety with respect to outcomes associated with second- or third-trimester exposure, results from analyses of first-trimester exposure should be viewed as preliminary and need confirmation.^{22(p174)}

Given that prior research on the topic has been limited,¹³ the group’s original objective in this registry-based cohort study was to investigate any potential association between exposure to an adjuvanted influenza A(H1N1)pdm09 vaccine during pregnancy and increased risk of adverse fetal outcome.²²



REFERENCES PAGE

An AMA references list is essentially a list of your sources, numbered consecutively in the order they first appear in the document. List a source only once, after its assigned number. (AMA 3.2)

References must include minimum acceptable data with standardized publication information such as author, publication details, or standardized electronic identification systems such as DOI, or URLs.

Some journals include PMID (PubMed) numbers, but they are not an AMA requirement in general.

Do not use a URL if a DOI or PMID number is available. (AMA 3.4, 3.15.1, 3.15.2)

Do not use a hanging indent.

NATIONAL LIBRARY OF MEDICINE JOURNAL ABBREVIATIONS

When citing journal articles in an AMA reference list, use the journal abbreviations standardized in the US National Library of Medicine Catalog.

These abbreviations are listed in the *AMA Manual* (13.10) and on an open-source list available at <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. No periods are necessary after the abbreviations, except “No.” for “number” or “St.” as in St. Louis. Do not abbreviate single-word titles.

Here are some examples of commonly used journals and their NLM abbreviations:

<i>American Journal of Nursing</i>	<i>Am J Nurs</i>
<i>American Journal of Clinical Nutrition</i>	<i>Am J Clin Nutr</i>
<i>American Journal of Public Health</i>	<i>Am J Public Health</i>
<i>Anesthesia & Analgesia</i>	<i>Anesth Analg</i>
<i>Lancet</i>	<i>Lancet</i>
<i>Southern Medical Journal</i>	<i>South Med J</i>
<i>New England Journal of Medicine</i>	<i>New Engl J Med</i>
<i>Nursing Research</i>	<i>Nurs Res</i>

References
1. Lamisil [package insert]. Sandoz Pharmaceutical Corp.; 1993.
2. International Society for Infectious Diseases. ProMED-mail Web site. Accessed April 29, 2004. http://www.promedmail.org
3. Wen XJ, Kanny D, Thompson WW, Okoro CA, Town M, Balluz LS. Binge drinking intensity and health-related quality of life among U.S. adult binge drinker. <i>Prev Chronic Dis.</i> 2012;9110204.
4. Spence K, Barr P. Nasal versus oral intubation for mechanical ventilation of newborn infants. Cochrane Neonatal Group, The Cochrane Library. doi: 10.1002/14651858.CD000948
5. Moran DT, Rowley JC. <i>Visual Histology Atlas</i> . IHC World;2012. Accessed July 16, 2012. http://www.visualhistology.com/products/atlats/index.html
6. Jeon YT, Oh AY, Park SH, Hwang JW, Park HP. Optimal remifentanyl dose for lightwand intubation without muscle relaxants in healthy patients with thiopental coadministration: a prospective randomized study. <i>Eur J Anaesthesiol.</i> 2012;29(11):520-523. PMID:22801581



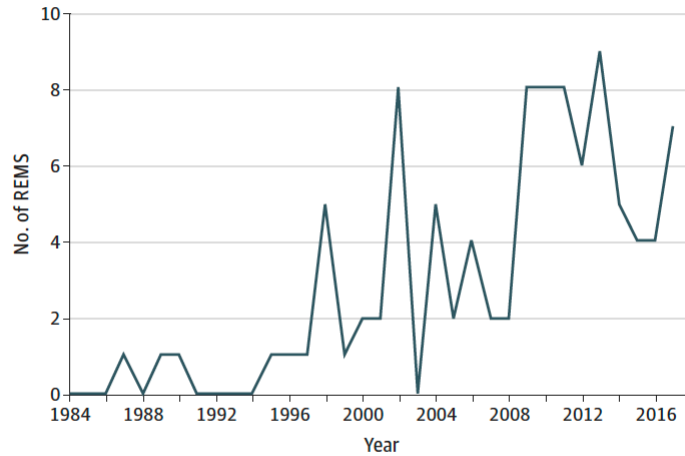
FIGURES

A figure is any graphic image incorporated into a paper in AMA style. It can be a graph, scatterplot, photograph, decision tree, flowchart, pie chart, sketch, architectural rendering, or other visual evidence.

Number figures consecutively and title them clearly above or below the image. Use regular-size bold font for the figure number and use title case (no italics) for the figure title. Refer to them only by their assigned number or title in the body of your paper.

If you reproduce or quote someone else's data, you must acknowledge the source below the graphic. (AMA 4.2.7 - 4.2.9)

Figure 7. Risk Evaluation and Mitigation Strategies With Elements to Ensure Safe Use, by Year of Drug Approval



Source: US Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategies (REMS) data files. A REMS was applied to 1 drug approved before 1984 (methadone [Dolophine], 1947).

TABLES

A table is a display that orders and condenses data in rows and columns. Tables present supplementary information, so they should not duplicate text within the paper but amplify it. Number all tables consecutively and refer to them in your paper only by their assigned number or title. A table title may be placed above or below the table itself; it must contain key words that reflect the content. Use bold font without italics. Acknowledge any source or explanatory notes below the table. (AMA 4.1, 4.2.7.1)

Table 4. Ten-Year Prevalence of Fractures, Falls, or Musculoskeletal Injuries Among Beneficiaries With Disorders of Binocular Vision

End point	Univariable analysis		Multivariable analysis ^a	
	HR (95% CI) ^b	P value	HR (95% CI)	P value
All-cause mortality	2.40 (1.30-4.43)	.005	2.59 (1.39-4.85)	.003
Cardiovascular mortality	2.68 (1.24-5.81)	.01	2.87 (1.30-6.30)	.009
Rehospitalization	2.27 (1.34-3.83)	.002	2.27 (1.31-3.94)	.003
Composite of mortality and rehospitalization	2.35 (1.52-3.62)	.001	2.36 (1.50-3.69)	<.001
Aortic valve reintervention	13.14 (3.39-50.85)	<.001	NA	NA

Abbreviations: HR, hazard ratio; NA, not applicable; PVR, paravalvular regurgitation; STS, Society of Thoracic Surgeons.

^aAdjusted for age, sex, body mass index, STS score, diabetes, at least moderate baseline aortic regurgitation, and at least moderate baseline mitral regurgitation.

^bHazard ratio is for at least moderate PVR vs less than moderate PVR. Multivariable analysis was not performed for aortic valve reintervention because there were only 10 events.

