

- normal values, for selection of blood donors, and for patients with chronic hepatitis C. MULTIVIRC Group. *Hepatology* 1998;**27**:1213–19.
- 11 **Prati D**, Taioli E, Zanella A, et al. Updated definitions of healthy ranges for serum alanine aminotransferase levels. *Ann Intern Med* 2002;**137**:1–10.
 - 12 **Pratt DS**, Kaplan MM. Evaluation of abnormal liver-enzyme results in asymptomatic patients. *N Engl J Med* 2000;**342**:1266–71.
 - 13 **Rochling FA**. Evaluation of abnormal liver tests. *Clin Cornerstone* 2001;**3**:1–12.
 - 14 **Clark JM**, Brancati FL, Diehl AM. The prevalence and etiology of elevated aminotransferase levels in the United States. *Am J Gastroenterol* 2003;**98**:960–7.
 - 15 **Karemyi YV**, Favorov MO, Khudyakova NS, et al. Serological evidence for hepatitis E virus infection in Israel. *J Med Virol* 1995;**45**:316–20.
 - 16 **Aggarwal R**, Krawczynski K. Hepatitis E: an overview and recent advances in clinical and laboratory research. *J Gastroenterol Hepatol* 2000;**15**:9–20.
 - 17 **Tietz NW**. *Clinical guide to laboratory tests*, 3rd ed. Washington, DC: AACC Press, 1995.
 - 18 **Landaas S**, Skrede S, Steen JA. The levels of serum enzymes, plasma proteins and lipids in normal infants and small children. *J Clin Chem Clin Biochem* 1981;**19**:1075–80.
 - 19 **Gomez P**, Coca C, Vargas C, et al. Normal reference-intervals for 20 biochemical variables in healthy infants, children, and adolescents. *Clin Chem* 1984;**30**:407–12.
 - 20 **Jorgensen MH**, Ott P, Juul A, et al. Does breast feeding influence liver biochemistry? *J Pediatr Gastroenterol Nutr* 2003;**37**:559–65.
 - 21 **Iorio R**, Sepe A, Giannattasio A, et al. Hypertransaminasemia in childhood as a marker of genetic liver disorders. *J Gastroenterol* 2005;**40**:820–6.
 - 22 **Bravo AA**, Sheth SG, Chopra S. Liver biopsy. *N Engl J Med* 2001;**344**:495–500.

BMJ Clinical Evidence—Call for contributors

BMJ Clinical Evidence is a continuously updated evidence-based journal available worldwide on the internet which publishes commissioned systematic reviews. *BMJ Clinical Evidence* needs to recruit new contributors. Contributors are healthcare professionals or epidemiologists with experience in evidence-based medicine, with the ability to write in a concise and structured way and relevant clinical expertise.

Areas for which we are currently seeking contributors:

- Secondary prevention of ischaemic cardiac events
- Acute myocardial infarction
- MRSA (treatment)
- Bacterial conjunctivitis

However, we are always looking for contributors, so do not let this list discourage you.

Being a contributor involves:

- Selecting from a validated, screened search (performed by in-house Information Specialists) valid studies for inclusion.
 - Documenting your decisions about which studies to include on an inclusion and exclusion form, which we will publish.
 - Writing the text to a highly structured template (about 1500–3000 words), using evidence from the final studies chosen, within 8–10 weeks of receiving the literature search.
 - Working with *BMJ Clinical Evidence* editors to ensure that the final text meets quality and style standards.
 - Updating the text every 12 months using any new, sound evidence that becomes available. The *BMJ Clinical Evidence* in-house team will conduct the searches for contributors; your task is to filter out high quality studies and incorporate them into the existing text.
 - To expand the review to include a new question about once every 12 months.
- In return, contributors will see their work published in a highly-rewarded peer-reviewed international medical journal. They also receive a small honorarium for their efforts.

If you would like to become a contributor for *BMJ Clinical Evidence* or require more information about what this involves please send your contact details and a copy of your CV, clearly stating the clinical area you are interested in, to CECommissioning@bmjgroup.com.

Call for peer reviewers

BMJ Clinical Evidence also needs to recruit new peer reviewers specifically with an interest in the clinical areas stated above, and also others related to general practice. Peer reviewers are healthcare professionals or epidemiologists with experience in evidence-based medicine. As a peer reviewer you would be asked for your views on the clinical relevance, validity and accessibility of specific reviews within the journal, and their usefulness to the intended audience (international generalists and healthcare professionals, possibly with limited statistical knowledge). Reviews are usually 1500–3000 words in length and we would ask you to review between 2–5 systematic reviews per year. The peer review process takes place throughout the year, and our turnaround time for each review is 10–14 days. In return peer reviewers receive free access to *BMJ Clinical Evidence* for 3 months for each review.

If you are interested in becoming a peer reviewer for *BMJ Clinical Evidence*, please complete the peer review questionnaire at www.clinicalevidence.com/cweb/contribute/peerreviewer.jsp