NOTE:

This is a newsletter. The links and information are up-to-date when published and are NOT updated after the published date.

FROM THE ASSOCIATE DIRECTOR
By Naomi R. Adelman, Associate Director

No, we haven't heard about the RML contract. Yes, the current contract ends on April 30th. We did have our site visit on January 19th – incredibly stressful, but we've been told it went well. Now we're waiting for NLM to request our Best and Final Offer (actually, it's now called a FRP – Final Revised Proposal). This should be issued any day now. We then will have approximately 10 days in which to submit our final proposal (which will depend a lot on how much money we are allocated); NLM should let us know by Friday, April 28th. Unless they issue a no-cost extension…..NEWS FLASH! At press time it was announced that the current contract has been extended through May 31, 2006.

At our Town Meeting in Lake Placid it became clear to us that there was a need for a meeting of potential "GoLocalers" so that we could identify the barriers to their participation in the Go Local project. Representatives from CLIC-on-Health (Rochester, NY), Philly Health Info, HealthyNJ, NOAH, and CRDLI (Community Resource Database of Long Island) came together at the New York Academy of Medicine on March 22, 2006, to discuss their consumer health websites and their concerns about Go Local. In addition, P.J. Grier and Patty Hartmannsgruber from the Delaware Academy of Medicine attended the meeting and presented their experience thus far with becoming a Go Local site. It was a very productive meeting and many questions were generated that we will submit to NLM for clarification. All are hoping that we will be able to make it possible for these sites to be part of the Go Local project. We'll keep you posted.

I'm delighted to report that our Express Awards were a great success. We awarded 5 Exhibit Awards, 4 LinkOut Awards and 16 Technology Improvement Awards. The awardees are listed in a separate article in this issue of the newsletter. Congratulations to you all.

We'll let you know as soon as we hear from NLM. In the meantime, enjoy the onset of Spring!

Naomi

BHSL—20 YEARS OF MULTI-STATE NETWORKING: A SUCCESS STORY

by Pat Regenberg, Library Manager
Overlook Hospital, Summit NJ

The BHSL network began operation in June 1986, with 132 charter members. As it is important in understanding BHSL's success, a brief background follows:

The National Network of Libraries of Medicine (NN/LM), formerly the Regional Medical Library Network (RML), was established in 1967 by the National Library of Medicine to bring high quality information services to the nation's health professionals. The RML's goals include access and delivery of information, maintaining a network of health sciences libraries for resource sharing, and developing linkages to other information networks and organizations. In order to ensure equal access to medical information for health care professionals regardless of geographic location, NLM divided the country into 11 geographic regions and designated a major healthy sciences institution in each region as a Regional Medical Library (RML). Each RML, under a contract with NLM, received funding to administer and coordinate a variety of services, including document delivery. Today, there are 8 regions, each with a designated RML. The Middle Atlantic Region (Region 1) serves Delaware, New Jersey, New York, and Pennsylvania.

As federal funding diminished, cost containment measures for document delivery were instituted so that funding for other RML services would not be threatened. The RML encouraged local libraries to engage in resource sharing and imposed limits on the number of subsidized ILL transactions. At the start of the RML Program there were no quotas on ILL activity, but gradually the number of subsidized loans was set at 400, and later reduced to 200. In addition restricted journal title lists were developed. These titles, thought to be commonly available, could not be borrowed through the RML program. Despite these restrictions, the number of libraries participating in the RML system increased more than 200% from 1968 to 1972.

In 1978, a fee-for-services interlibrary loan program was instituted by the RML at a cost of $5.00 per loan. Each RML implemented the change gradually. In the Northeastern U.S., the RML charge of $5.00 per loan was implemented in 1982. ILL arrangements by local consortia expanded as basic health sciences libraries sought to minimize the impact of RML fees on already tight budgets. In some cases, the consortia expanded into statewide networks.

BHLS evolved from the extensive networking experience of health sciences librarians in NJ, NY and PA. It is interesting to note this evolution took place as the groups reached out to each other almost simultaneously. The charter members were the Health Sciences Library Association of NJ (HSLANJ), the Brooklyn, Queens and Staten Island Health Sciences Librarians (BQSI), the Medical and Scientific Libraries of Long Island (MEDLI), and the Consortium for Health Information (CHI), a Pennsylvania-based consortium.

Since 1981, HSLANJ has coordinated a state-wide ILL network called the New Jersey Health Sciences Network (NJHSN). It consisted of 7 consortia comprising 96 basic health sciences libraries, and was tremendously successful in cutting ILL costs for its members. Participating libraries were required to submit monthly statistics, choose a representative to the Networking and Interlibrary Loan Committee, agree to provide document delivery to other members at no charge and maintain current journal holdings in the Union Catalogue of Medical Periodicals (UCMP) the Region I locator tool.

Efficient ILL service required access to a locator tool. The Union Catalogue of Medical Periodicals (UCMP), produced by the Medical Library Center of New York, was available in microfiche format, was well-established, and considered a standard in health sciences libraries to locate journal titles held by local consortia as well as Resource libraries offering fee-based services through NLM's resource sharing program. It was updated quarterly and arranged by journal title.

Reconfiguration of the RML from 11 regions to 8 regions occurred in 1982, placing New Jersey, New York and Pennsylvania together for the first time in

a greatly expanded Region 1. By 1983, the cost per loan obtained through the RML network had risen to $6.00. Given these external factors and the successful experience gained from NJHSN, the Networking and ILL Committee recognized the need for region-wide expansion. A document seeking other eligible consortia was distributed at state and regional meetings, and was published in the Region 1 newsletter during 1984 and 1985.

Simultaneously, in response to rising costs of ILLs, the MEDLI and BQSI consortia agreed to a joint project which would secure expanded access to member library collections on a no-charge basis. In early 1985 the MEDLI/BQSI network became operational with formalized guidelines, a participants' directory and a hierarchical borrowing structure with the smallest collections accessible first. Members agreed to provide free ILLs, to maintain holdings in the UCMP Quarterly, and to access the network through the established hierarchy. In August 1985, a letter was sent by MEDLI/BQSI to HSLANJ suggesting the possibility of interstate network cooperation. Remember—this was in the days of paper ILLs before DOCLINE® was established.

By 1985, the charter members had made contact with each other and an initial meeting was held. All participants agreed to accept the proposal developed by NJ, which included an interlibrary loan code clearly stating the responsibilities of both lending and borrowing libraries; procedures for the placement of loans; and detailed operational rules. The founding BHSL members agreed on UCMP as the official locator tool for direct and easy access to the holdings of BHSL libraries. The representatives of these charter consortia who attended this initial meeting determined what documents were to be developed for distribution to member libraries and divided the tasks among the group. A massive effort throughout the spring of 1986 resulted in the development of a detailed information packet and directory for each member. The packets were distributed and in June the network began operation. BHSL grew tremendously in the first few years from the 132 charter members from four consortia representing three states to 269 members from 21 consortia representing seven states by 1988. Current membership is approximately 450 members from 29 consortia

representing 10 states—all of the states in Regions 1 and Region 8. In the first six months of operation the members exchanged 54,000 loans; this number is now over 350,000 per year.

The primary purpose of BHSL is NOT for libraries to receive and fill more loans than it had before, but to increase the number of FREE loans it transacts with other participants. The original proposal stated that if free loans increased by 2% the network would be deemed successful. The number of free loans increased by 6% in the first year, and this trend has continued.

BHSL membership is currently restricted to library consortia within Region 1 and Region 8. Membership is open to consortia of any size and it is not required that every consortium member join BHSL. Some consortia have been established for the sole purpose of joining BHSL. Most of the members of BHSL are hospital libraries and these hospitals vary in size from fewer than 100 beds to more than 1,000 beds. Members also include schools of nursing, college and university libraries, medical society libraries, and technical college libraries.

The BHSL guidelines include using your local consortia first, following established hierarchy (levels) when accessing the BHSL network, avoiding concentrating requests on any one library, and updating SERHOLD at least annually. Each consortium appoints a network coordinator who is a member of the BHSL Board of Directors and serves as network liaison for the individual consortium. The best monitoring mechanism for a network of this size is the collection and analysis of statistics. Statistics are submitted by all member libraries on a monthly basis. These forms are compiled, summarized and submitted to the network coordinator twice a year.

The hierarchy levels are determined, not by size of library, but by borrowing and lending statistics. If a library is a net lender, meaning they lend much more than they borrow, they get increased weight. It is hoped that no library becomes so overwhelmed it must withdraw from the BHSL network. BHSL has established a suggested cell placement which is just that, suggested. Each

library has special needs and special arrangements which need to be taken into consideration. In order to make maximum use of the network it is suggested a library prefix whenever time permits. There are 450 libraries and only 180 cells in the routing tables. The largest libraries should be used only for unique holdings, so they don't become overwhelmed and need to withdraw from the network.

I have seen many changes in ILL, especially the reduction of turnaround time with the routine use of scanning. Very few articles are mailed and requests are routinely filled within 24 hours. With the average cost now at $11.00 per ILL, many libraries are joining other networks, such as FreeShare, to expand their base of free, reciprocal interlibrary loans. Interlibrary loan and resource sharing remain an integral part of health sciences library operations and may even be more important as journal costs skyrocket, budgets decrease, and patrons demand greater access to electronic journals.

HEALTH SCIENCES LIBRARIANS ASSIST DOCTORS, PATIENTS
by Kimberly Barlow, Staff Writer
University of Pittsburgh University Times

Far from a career consisting of shushing noisy patrons or spending long hours amid dusty stacks of books, the reference librarians of the Health Sciences Library System (HSLS) are never bored.

Their expertise in research has manifested itself in a variety of ways, from helping a local author get his medical facts straight for a period novel set in the Civil War era, to helping doctors save lives.

HSLS, which has libraries in Scaife Hall, Western Psychiatric Institute and Clinic, UPMC Shadyside and Children's Hospital of Pittsburgh, has 15 reference librarians on its staff of 65.

They routinely are called upon to delve into the nearly half-million print volumes and electronic books and journals in response to inquiries from consumers, students, faculty members, clinicians and researchers. Their expertise is increasingly relied upon by

library patrons — especially doctors — who are in search of information but pressed for time.
"There are a lot more resources available, but people are busy," said HSLS associate director for information services Nancy Tannery. Because much of the research being done at Pitt involves molecular biology and genetics, the library hired two information specialists with Ph.D.s in molecular biology to offer special assistance to researchers. Only a handful of libraries nationwide offer this service, Tannery said.

Some HSLS searches are simple, some complicated. Others are distressing. "There's some sadness when you have to find information about a disease where you know the outcome might not be so good, when you know someone's sick," said Tannery.

While health care professionals may be able to request information in a detached way, it can be tougher to field questions from family members of hospital patients.

"Some searches you do for parents are emotional," said reference librarian Renae E. Barger, who divides her time between the Falk Library of the Health Sciences in Scaife Hall and HSLS's Children's Hospital library.

"I keep it in perspective," she said. "As long as I've given them something that's helped in some way, it sort of eases it a little bit."

Her colleagues have found themselves providing facts and research that have helped doctors make diagnoses, influenced court cases and prompted insurance reimbursements.

At Shadyside Hospital, reference librarian Michele Klein-Fedyshin's electronic research on pacemaker contact sensitivity helped a doctor diagnose a case of pacemaker dermatitis for a patient who had the puzzling symptom of generalized itching but no rash.

At Children's, librarian Andrea Ketchum found facts on starvation that provided important evidence during a child-neglect criminal trial.
Charles Wessel helped a UPMC physician go to bat for an ovarian cancer patient whose insurer refused

to pay for chemotherapy it deemed experimental. Wessel found journal articles that provided information to the contrary and the patient received her reimbursement.

"Sometimes you don't know what happened," Barger said. "You don't know if it impacted someone's life."

Other times, it is very clear.

In July, Barger's work helped emergency room doctors treat the victim of an industrial accident involving a meat grinder.

She took an urgent cell phone call from an emergency room trauma team member who was racing toward Falk Library from the adjoining UPMC Presbyterian Hospital.

"He was pretty high strung because he was coming from the OR," she recalled.

The patient, whose arm had been trapped in a commercial meat grinder, faced losing the limb.

The team found in the on-line Medline database a reference to a 30-year-old case in which the patient's arm was freed from a similar grinder without further damage. They needed the 1975 Journal of Trauma immediately.

"You could tell on the phone he was urgently needing the article," she said. She found the publication on the shelf amid the library's collection of more than 2,000 medical journals.

"As I was opening the journal, he was coming through the door." Although reference materials usually don't travel, an exception was made. Later, Barger learned that the patient had undergone emergency surgery. Part of the limb could not be saved, but the journal article helped doctors extricate the patient's arm in a way that preserved as much as possible.

"It was nice to know everything turned out as good as could be expected on account of the article," Barger said.

THE NLM-HOSTED GO LOCAL SYSTEM: AN OPPORTUNITY FOR MEDICAL LIBRARIES

by Naomi Miller, Manager, Consumer Health Information Public Services Division, National Library of Medicine

Background

The National Library of Medicine's MedlinePlus is a high-quality gateway to consumer health information from NLM, the National Institutes of Health (NIH), and other government, professional and voluntary organizations creating authoritative health information. The core of MedlinePlus is over 700 Health Topic pages: highly selective collections of links to Web documents. Health topic pages organize the documents into categories such as overviews, diagnosis, treatment, and prevention[1]. Licensed content supplements the health topic pages in areas where authoritative Web content is not available. MedlinePlus licenses drug information, a medical encyclopedia, health news, a medical dictionary, and interactive health tutorials. Special features include webcasts of surgical procedures, collections of health check tools, and subject lists of easy-to-read materials. MedlinePlus is the most heavily used government-sponsored consumer health portal. In October 2005, over 8.6 million unique visitors viewed nearly 67 million pages.

What MedlinePlus does not include is information on local health services. Early in the development of MedlinePlus, NLM staff recognized that local organizations would be the best source of information about services in their states or regions. MedlinePlus concentrates on linking to information about diseases, conditions and wellness issues from national sources. Providing the information on facilities, health care professionals, programs and services, is the goal of MedlinePlus Go Local. The ultimate goal is to integrate the two complementary

services. MedlinePlus provides the health information and link users to Go Local sites for information about services. Go Local sites would provide the links to local community services and connect residents to MedlinePlus for health information.

In the beginning: Locally hosted Go Local sites

The University of North Carolina at Chapel Hill created the pilot Go Local site, NC Health Info. The site was several years in the making. A feasibility study in 2000/01 preceded the development of a web-based input system, vocabulary for services, mappings between the services and MedlinePlus health topics, and resource collection. NC Health Info debuted in February 2003[2]. In 2004, the University of Missouri became the second Go Local site with Missouri's Community Connection. Community Connection linked the health portions of an already existing database. Their effort involved re-indexing of records as well as mapping their service vocabulary to MedlinePlus topics. Each of these sites built their own database systems, and each continues to maintain their own local hardware and software.

Based on the experience of these two sites, it is clear that building a locally hosted system requires considerable effort. To assist those areas that do not have the resources or expertise to undertake a Go Local site, NLM developed a system hosted by NLM. The NLM system provides the hardware, vocabulary mapping, user interface, and technical infrastructure, leaving local areas free to concentrate on collecting and indexing local service information. Table 1 outlines Go Local responsibilities using the NLM or locally hosted model.

Table 1. Go Local Responsibilities

	NLM-hosted	Locally hosted
Web servers, content management system	NLM	Local
Services vocabulary management	NLM	Local
Map MedlinePlus to/from local vocabulary	NLM	Local
Geography, mapping, zip code lookup	NLM	Local
Reports and statistics	NLM	Local
Web accessibility, usability	NLM	Local
Search software	NLM	Local
Project manager	Local	Local
Collect, index, maintain local services information	Local	Local
Outreach and promotion	Local	Local
Customer service	Local	Local
Quarterly reports to NLM, RML	Local	Local

As this table clearly illustrates, using the NLM system has advantages for organizations that cannot or do not wish to expend much technical effort in developing a Go Local site.

A Tour of the NLM-hosted system

The NLM-hosted Go Local input system is a web-based database application written in Flash. The input system lives on a server at NLM. The system allows local areas to modify templates to customize their area's header, footer links, and colors, upload images, create the "About Us" page, provide contact information, and create a featured site for the homepage. It also includes a local map module to customize a local area map, which NLM supplies. These features allow local areas to "brand" their sites. Figure 1 shows some of the logos of NLM-hosted Go Local participants.

Figure 1. Go Local Headers and Logos

The heart of the system is the site record module. Using a web-based form, selectors create records for local services. The records include information such as the site name, address, city, state and zip. Optional information may include a web site URL, telephone number, and description of the resource. Figure 2 shows a typical record.

Figure 2. Sample site record

The second part of the form allows the selector to choose the geographic area that the resource serves. Options include zip code, individual counties, or the entire go local area. The selector chooses whether a resource should display to the public in a third section.

The fourth section allows the selector to choose services and health topic lists under which the resource will display. Adding topic information is the most complex step in creating a record. NLM provides vocabulary mappings to help selectors associate service terms (healthcare providers, health facilities, and health programs and services) and health topics (diseases, conditions, wellness issues.) Figure 3 displays topic information from the same record as Figure 2 above.
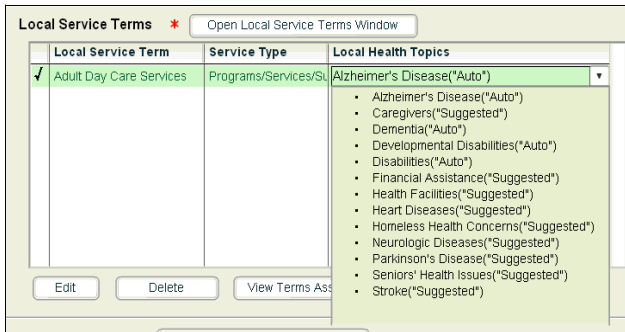

Figure 3. Service terms for a record, with associated health topics for the service term Adult Day Care Services

A preview module allows local participants to view their pages. This feature allows each area to see how records will appear to the public and to gauge its readiness for public release. Using the resource above, here are the steps to preview this record.

Step 1: Choose Internal Preview, Services by Providers, Facilities and Services.

A preview menu option allows users to drill down through their Go Local records in the same way that a consumer would on the public site. In Figure 4, the selector has chosen to preview services by providers, facilities and services.
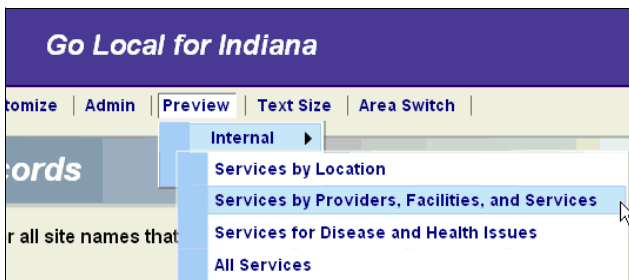

Figure 4. Choosing the Preview option

Step 2: Choose the specific service

The preview shows a list of the terms for health care providers, facilities and services. The selector chooses Adult Day Care Services.

Figure 5. Choosing the service term to preview

Step 3: Choose within 10 miles of zip code 46202

In Figure 6, the selector types in the zip code to display. Other options are to select from the map or a list of counties and cities.
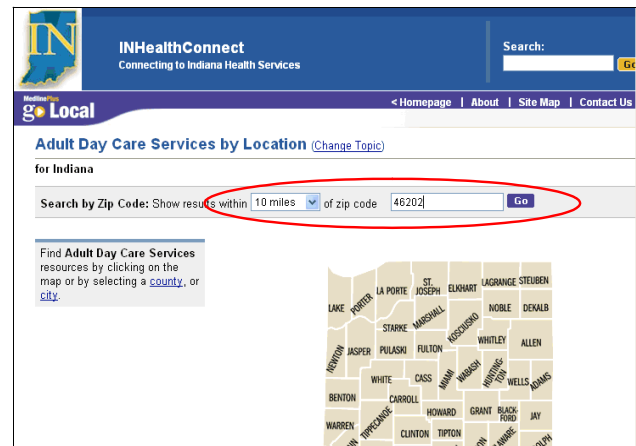

Figure 6. Drilling down geographically

Step 4: View page

The preview displays the page of Adult Day Care Services in the specified geographic area. The record for the Lockefield Village Health and Rehabilitation Center is on the page.
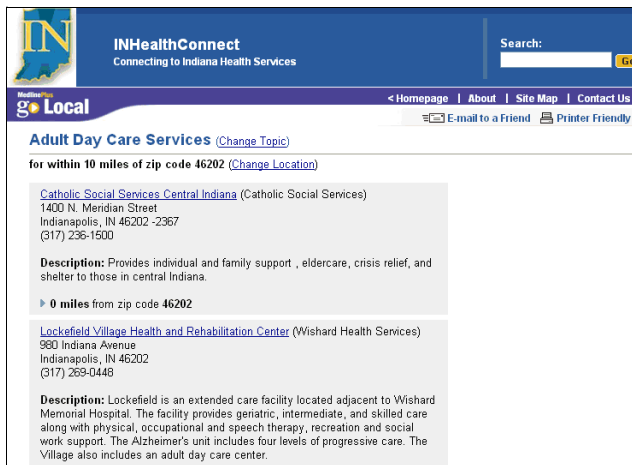
Figure 7. Information for Lockefield Village on Adult Day Care Services page

When a Go Local site determines that its service records have reached a critical mass to be truly useful to the public, it tests its site using scenarios developed by NLM. NLM also tests the site, as may the appropriate Regional Medical Library. Testing is an iterative process. When all parties are satisfied with the site, NLM makes the site available to the public, and, typically, the sponsor holds a launch event and creates press releases.

Participating in Go Local

Libraries and other groups interested in creating and maintaining a "Go Local" site for their state or region can submit a proposal. Go Local Participation Guidelines are available on the MedlinePlus web site <http://www.nlm.nih.gov/medlineplus/golocaldocs/ Go_Local_Participation.doc>. To help organizations with start-up costs for Go Local projects, NLM is providing one-time funding of up to $25,000 per project through the National Network of Libraries of Medicine.

Seventeen areas currently use the NLM-hosted Go Local system. Four of these areas are currently available to the public: Alabama, Indiana, Massachusetts, and Tribal Four Corners. Using the NLM system leaves local areas free to concentrate on collecting and indexing local service information. NLM encourages librarians to take advantage of this opportunity to provide service information to their local communities.

References:
[1] Miller N, Tyler RJ, Backus JEB. MedlinePlus: The National Library of Medicine brings quality information to health consumers. Library Trends. 2004 Fall;53(2):375-88.
[2] Hilligoss B, Silbajoris C. MedlinePlus goes local in NC: the development and implementation of NC Health Info. Journal of Consumer Health on the Internet 2004;8(4): 9-26.

TECHNOLOGY CORNER: NLM-CENTRIC
by Denise O'Shea, Technology Coordinator

The Internet has become a valuable, often indispensable, information and collaboration tool for modern medical libraries. Keeping the library's web-based resources available is considered critical to ensure the quality of core library services. Providing web-based resources is a very technology-dependent endeavor, but it still requires humans doing the planning, problem-solving, monitoring and management of those resources. Today, there are many commercial tools available that help cope with technology management issues. However, these tools can be very expensive and difficult to install and configure.

The National Library of Medicine (NLM) is committed to providing good, reliable access to electronic resources for the medical library community and the general public. To that end NLM has developed software and web-based reports that assist medical libraries with Internet performance monitoring. Theses tools are being tested as part of pilot project known as the NLM-Centric project. The NLM-Centric project is an NLM initiative that enables the monitoring of the web performance of NLM electronic resources such as DOCLINE and MedlinePlus from participating medical libraries.

On Friday, March 24, twenty-five participants in the NLM-Centric project gathered in New York City at the New York Academy of Medicine for a day-long workshop hosted by NN/LM's Middle Atlantic Region. Staff members from each of the eight Regional Medical Libraries attended and were accompanied by representatives from one Resource Library in each region.

Victor Cid, a senior computer scientist with NLM's Division of Specialized Information Services (SIS) led off with a discussion of why monitoring the health and availability of NLM's web presence is important. He discussed how other organizations monitor web performance and described in detail the features of NNPM, NLM's monitoring client. The NNPM software, which runs on personal computers located at medical libraries, periodically downloads NLM web pages and reports the download times to NLM. Servers at NLM produce reports with these data, making charts available on the Web almost immediately <http://nnpm.nlm.nih.gov/nnpm/index2.php>. The software is free to the libraries and very easy to install and use.

Dr. Fred Wood, of the NLM Office of Health Information Program Development, followed with a look at the history of the project and a discussion of government web evaluation. The keynote speaker was Richard Carlson, a network engineer for the Performance Architectures and Technologies group at Internet2, who delivered an insightful presentation on end-to-end Internet performance monitoring and discussed why it is so hard to find and fix problems. He thankfully provided some very useful scripts for trouble-shooting and fixing performance bottlenecks and recommended some FREE Internet2 tools that can be found at <http://e2epi.internet2.edu/>.

The workshop wrapped up with brief presentations from each of the libraries participating in the NLM-Centric workshop and with an open forum where we discussed how NNPM can be more useful to the medical library community.

More information on the NLM-Centric project can be found at <http://nnpm.nlm.nih.gov/nnpm/>.

NEWS FROM THE NATIONAL TRAINING CENTER AND CLEARINGHOUSE
by Maureen Czujak, Assistant Director
National Training Center and Clearinghouse

New MeSH® Video

A new 12-minute MeSH® Video is available from the NLM website <http://www.nlm.nih.gov/bsd/disted/video/>. An introduction to the development,

structure, and use of the MeSH® vocabulary. The video is available in the Windows Media Player, Flash and Quicktime formats.

TOXSEEK

NLM has recently unveiled a new toxicology information search tool—ToxSeek—a meta-search engine that enables simultaneous searching of many different information resources on the World Wide Web.

The ToxSeek interface allows selection of resources from a wide range of authoritative sources in these categories:

- **TOXNET® (NLM):** A series of databases on hazardous chemicals, toxic releases, and environmental health from the National Library of Medicine (NLM).
- **NLM:** Additional selected resources from the National Library of Medicine (NLM), including PubMed.
- **NIH:** Resources from other institutes of the National Institutes of Health (NIH).
- **U.S. Government:** Toxicology/environmental health information from other United States government agencies, including CDC, EPA, FDA, and USDA.
- **International:** Other selected international resources, such as the World Health Organization (WHO).
- **Resources/Societies:** Other topic-specific information resources.

This URL <http://toxseek.nlm.nih.gov/toxseek/inc/help/toxseek> will direct users to the HELP area of ToxSeek for additional information.

TOXNET now can dynamically generate specific "multi-database" searches via simple Web links. Information about creating these links can be found in the TOXNET FAQ — <http://www.sis.nlm.nih.gov/toxnet_faq.html>.

Specific "chemical links" to records in a TOXNET database can also be created. Information on

creating these links is located at <http://sis.nlm.nih.gov/toxnet_faq.html#recordlink>.

Systematic Reviews Subset Strategy 2006

The strategy used to create PubMed's ® systematic reviews subset was revised to address changes to MeSH® vocabulary for 2006. The URL for the subset strategy is at <http://www.nlm.nih.gov/bsd/pubmed_subsets/sysreviews_strategy.html>.

New Link Capabilities in PubMed

MeSH® Database and Links to Search Headings as Major Topic

A new option on the Links Menu in the Entrez MeSH® database allows you to select and retrieve PubMed® citations where the heading has been designated as a major topic of the article. It is no longer necessary to go to the Full display and create a search using the Send to Search box feature if you simply want to search the term as a major topic.

Journal Abbreviation as a Link

The journal abbreviation displayed on PubMed's® Abstract and Citation formats is available as a search link. If you click on a journal abbreviation search link, a menu will display three options.

New Printer Format Option Added to PubMed®

PubMed has a new way to print citations. Use the Printer Option under the Send To menu on the search results screen. Choose the items you want to print and the display format before using the Send to Printer option. If you do not make any selections, the "print page" that is created will include the items in the display format currently shown on the search results screen. The Send to Printer option creates a print page. Click "Print this page." Use the Print Dialog box of your operating system to choose your printer and print. Click "Close this window" to return to your search results after printing. For additional information on this new print capability,

see *NLM Technical Bulletin,* November-December, 2006.

If you have a "Pop-Ups" blocker enabled, turn it off to allow this function to work properly.

New Indicator for PubMed® Clipboard Contents

The PubMed® Clipboard tab now displays an asterisk (*) when you have contents in your Clipboard.
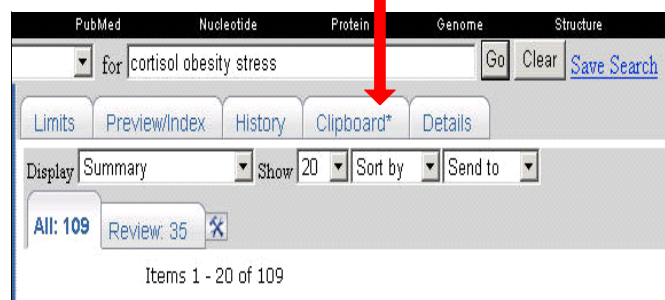
A mouseover on the Clipboard tab will show you how many items are stored in the Clipboard.

Skill Kits

The *NLM Technical Bulletin* has a new feature entitled "Skill Kit." The articles that will be featured in this area will supply and discuss search hints, review system features, and cover data and indexing issues for NLM® databases, which will expand your search skills and knowledge.

MEDLINE®/PubMed® Baseline Repository (MBR)

A freely accessible Web site, the MEDLINE/PubMed Baseline Repository (MBR), developed by staff at NLM's Lister Hill Center is now available. The MBR, at <http://mbr.nlm.nih.gov/>, contains various resources derived from or pertaining to the MEDLINE/PubMed baseline files which are produced after the records have undergone annual maintenance. One MBR resource, the MBR Query Tool, is restricted to use by NLM's registered MEDLINE/PubMed licensees. MEDLINE/PubMed licensees may prefer to search the baseline files via this Web-based Query Tool rather than, or in addition to, locally mounting all the baseline files obtained from NLM's ftp server.

MeSH® Vocabulary – 2006 Overview

The following statistics provide the totals for the 2006 MeSH® by type of terminology:
· 23,880 Descriptors including 136 Publication Types
· Qualifiers (Subheadings)
· 154,371 Supplemental Concept Records.

2006 MeSH® Highlights

· The introduction of the 2006 MeSH® vocabulary contained
· 935 Descriptors added;
· 130 descriptors were replaced with terminology that is more current;
· 50 Descriptors were deleted from the MeSH®

and, for the first time, Publication Types have been assigned tree numbers. They are now part of the hierarchical arrangement. You will find Publication Types in a new Tree category—the "V" category.

There were several new Publication Types added: Publication Components; Publication Formats; Study Characteristics; Support of Research; Research Support, N.I.H., Extramural; and Research Support, N.I.H., Intramural.

Many supplemental concept records (Chemicals) were promoted to MeSH® Descriptors. This is an ongoing project at NLM to redefine the scope of protein concepts in the supplemental concept records.

For a complete overview of all the changes to the MeSH® vocabulary, see the *NLM Technical Bulletin,* November-December, 2006, <http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html>, and <http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html>.

RECIPIENTS OF NN/LM MAR EXPRESS AWARDS

We congratulate the following librarians and institutions who are the recipients of Express Awards in the following areas:

Express Exhibit Awards for Public Libraries—to be used to promote awareness of health information resources, specifically highlighting NLM's consumer databases, by exhibiting within the library, at meetings, or at health fairs.

Mary Donne, Head of Information Services
South Brunswick Public Library
Monmouth Junction, NJ

Patricia Lawson, Director
Phillipsburg Free Public Library
Phillipsburg, NJ

Glennys Button, Electronic Resources Coordinator
Hershey Public Library
Hershey, PA

Julie Kuchta, Consumer Health Coordinator
Carnegie Library
Pittsburgh, PA

Diane Langley, Project Manager
LSTA Health Literacy Grant & Business Development Strategist
James V. Brown Library
Williamsport, PA

Express LinkOut Awards—to encourage Network members to register for LinkOut, input holdings information, and to promote LinkOut to their patrons.

Jeannine Creazzo
Saint Peter's University Hospital
New Brunswick, NJ

Barbara S. Reich
Hackensack University Medical Center
Hackensack NJ

Halyna Liszczynskyj
St. Elizabeth Medical Center
Utica, NY

Mary Jo Russell
Vassar Brothers Medical Center
Poughkeepsie, NY

Express Technology Improvement Awards—for the purchase, installation, and/or upgrading of information technologies that improve information services to health professionals and health care consumers.

Rosemary Figorito
St. Francis Hospital
Wilmington, DE

Patricia May
St. Joseph's Regional Medical Center
Paterson, NJ

Barbara Reich
Hackensack University Medical Center
Hackensack, NJ

Susan Bretscher
Our Lady of Lourdes Memorial Hospital
Binghamton, NY

Michael K. Chartrand
Samaritan Medical Center
Watertown, NY

Margaret Cirillo
Kingston Hospital
Kingston, NY

Grace Di Virgilio
WCA Hospital
Jamestown, NY

Lydia Friedman
Maimonides Medical Center
Brooklyn, NY

Colleen M. Kenefick
Stony Brook University
Stony Brook, NY

Kim Mitchell
St. Peter's Hospital
Albany, NY

Stuart Moss
Nathan Kline Institute for Psychiatric Research
Orangeburg, NY

Alena Ptak-Danchak
Columbia University Medical Center
New York, NY

Valerie Rankow
Brookhaven Memorial Hospital
Patchogue, NY

Tim Roberts
Hospital for Special Surgery
New York, NY

Helen Tannenbaum
HealthCare Chaplaincy
New York, NY

Betty Wagoner
National Development & Research Institutes (NDRI)
New York, NY

Yvette L. Walton
New York Downtown Hospital
New York, NY

Sr. Elizabeth Brandreth
Mercy Hospital
Scranton, PA

Swaran Chopra
Children's Hospital of Philadelphia
Philadelphia, PA

Carrie Everstine
Magee-Womens Hospital
Pittsburgh, PA

Michael Heyd
Susquehanna Health System
Williamsport, PA

Susan Hoehl
Allegheny General Hospital
Pittsburgh, PA

Mary McCann
Pennsylvania Hospital
Philadelphia, PA

Jennifer Melinn
National Mental Health Consumer's Self-Help Clearinghouse
Philadelphia, PA

Rachel Resnick
Madlyn and Leonard Abramson Center for Jewish Life
Polisher Research Institute
North Wales, PA

Eileen Smith
Frankford Hospital School of Nursing
Philadelphia, PA 19124

FAQ—DOCLINE—ISO ILL PROTOCOL

Question: What is the ISO ILL Protocol?

Answer:

The ILL protocol allows users to exchange messages (requests) between proprietary interlibrary loan systems.

- This will allow DOCLINE libraries that are using a Protocol-compliant ILL system to send, receive, and fill DOCLINE requests without logging into DOCLINE. DOCLINE requests will not need to be manually receipted, exported, or imported.

- The library only logs in to DOCLINE to get more information on the status of requests, update serial holdings, update the institution record, or retrieve statistical reports.

- When using a Protocol-compliant system, DOCLINE libraries can include DOCLINE as just one stop in their string

of lenders. A lender string can include systems (such as DOCLINE) and individual libraries that use the Protocol.

See general information about the ISO ILL protocol at the following Web site:

- "Using Standards to Share Resources Globally: Implementing the ISO ILL Protocol" Presentation by Mary E. Jackson, Association of Research Libraries. Available at: <http://www.arl.org/access/naildd/ipig/res/portugal.shtml>

Question: What issues should my library consider when deciding whether to use the Protocol with DOCLINE?

Answer:

- Borrowing as an ISO DOCLINE Library
- Lending as an ISO DOCLINE Library
- Receiving Patron Requests as an ISO DOCLINE Library
- Vendor Specific Issues

Borrowing as an ISO DOCLINE Library

The Borrowing function is performed in your ILL management system. You do not log in to DOCLINE to send requests. Requests are sent directly from your ILL system to the DOCLINE server and then processed and routed.

The Borrow, Receipt, and Lend menu options in DOCLINE will not be available to an ISO ILL Library.
Citation Info:
- Serial requests must be submitted with one of the following identifying numbers: PubMed ID, NLM Unique ID, ISSN, or OCLC number (for serials only).
- Monograph requests must be sent using NLM Unique ID or ISBN. Monograph requests cannot be submitted using an OCLC number.
- An ISO Library cannot send a "manual" request.

Routing Instructions:
Borrow requests sent to DOCLINE will be auto-matically routed based on the default Borrowing Preferences values from your library's institution record for the fields listed below. These fields cannot be modified within your ILL system. Changes to these values must be made in DOCLINE (go to Institutions / Update LIBID / DOCLINE Options). ISO libraries cannot check / uncheck routing cells for individual requests.

- Authorized By
- NLM Delivery Method
- Routing instructions - (Refer to resource libraries, Route to NLM, Refer on after NLM
- Routing table default cells
- M/A/N map cells

The following Borrowing Preferences can be modified in your ISO client on a request by request basis. If no value is sent by the ISO client, DOCLINE will use the default value in your institu-tion record.

- Form (copy, color copy, original)
- Copyright compliance
- Maximum cost
- Network Delivery Method
- Comments to Lenders
- Ship to address
- Bill to address
- Delivery address (e.g. Ariel, email, fax)

Prefixing:
Requests cannot be prefixed by ISO libraries. This is a DOCLINE only function. Requests will route according to the Borrowing Preferences in your institution record. However, DOCLINE has a mechanism for sending a clinical emergency request to NLM.

Resubmit:
ISO libraries cannot resubmit a retired unfilled request from the same transaction record in the ILL system. A new request must be created with a new transaction number in order to send a previously unfilled request back to DOCLINE.

Borrower Messaging:
The following messages no longer appear on the home page for ISO libraries. A message will be sent directly to the ISO client: "There is one more day to update this request." The NLM overdue message is sent directly to the ISO client.

- ## DOCLINE requests awaiting RE-CEIPT
- ## DOCLINE requests have not been acted on for 2 or more days
- ## Requests were removed this morning for non-action
- ## DOCLINE requests received awaiting completion
- ## NLM Overdue Notices

Change Requestor:
An ISO ILL Library cannot submit a DOCLINE request for another library. In addition, a DOCLINE library cannot enter requests on behalf of a library using the ISO ILL Protocol.

Status:
A modified version of Status is available for viewing request status. Only the final DOCLINE action is sent back to the ISO client. In DOCLINE, a bor-rower can view the status of pending requests. Borrowers can also view the History of a request, including routing and lender actions. The cancel request function is performed in your ISO client.

Lending as an ISO DOCLINE Library

The Lend function is performed in your ILL man-agement software.

Receipt:
All requests routed to an ISO library in DOCLINE are automatically receipted and sent to your ILL system client. The same rule for acting on requests within three business days applies. See the FAQ How does "Time-triggered Actions" work? for more information.

Cancel:
When a borrower requests to cancel a request, DOCLINE will send a "cancel" message to your ISO ILL management system. The ISO library

should respond 'Yes' to the cancel request. This will generate messaging between DOCLINE and the ISO ILL management system. DOCLINE will update the request as "not filled" with rejection reason of "CAN" (canceled at borrower's request).

Rejection reasons:
All DOCLINE rejection reasons are supported by the ISO Protocol. Any rejection reasons sent by an ISO client not supported by DOCLINE will be recorded as "OTH" or Other.

Receiving Patron Requests as an ISO DOCLINE Library

A DOCLINE library choosing to use the ISO ILL Protocol with DOCLINE can no longer provide Loansome Doc service. The ISO ILL Protocol standard currently supports interlibrary loan messaging between libraries only. The Protocol does not support sending patron-initiated requests from patrons to providing libraries. Therefore, DOCLINE cannot package and send Loansome Doc requests to a DOCLINE ISO Library.

If your library is a Loansome Doc provider and you would like to use the Protocol with DOCLINE, you must register a Document Delivery Service with PubMed. The conversion of all Loansome Doc patrons to the Document Delivery Service must take place before your library can register to use the ISO ILL Protocol. See the FAQ How will Loansome Doc requests be handled using the ISO ILL Protocol? Vendor Specific Issues

Please contact your ISO ILL management system vendor for details regarding their implementation. Your vendor can identify any additional issues to consider.

Question: How can my library begin using the ISO ILL Protocol with DOCLINE?

Answer:

If your library is using an ILL management system that is ISO-compliant and has been tested with

DOCLINE, your library is eligible to begin using the ISO ILL Protocol to communicate between your ILL system and the DOCLINE system.

If your library is a Loansome Doc provider, see the FAQ *How will Loansome Doc requests be handled using the ISO ILL Protocol?* (below)

To submit a request to use the Protocol, fill out the "Suggest a DOCLINE Enhancement" Contact DOCLINE form. Select "ISO ILL Protocol" as the subject and enter your institution's ISO IP address and/or email transport, ISO symbol, and the name of your ILL Management system software in the Notes field. Contact your ILL management system vendor and local IT support to assist you in gathering this information. NLM will register your library and add your IP address to our firewall settings. Registration can take up to one week. See your vendor's instructions for setting up ISO processing in your ILL system.

Once the registration process is complete, NLM will set your library to inactive and exchange test messages between your library and a DOCLINE demo library. After successful testing, NLM will reset your library to active.

NLM will then schedule a date and time to set your library's status to 'Inactive' to prevent new requests from routing to you. We will change your library to 'ISO' in DOCLINE. Prior to deactivating, we ask that the library complete and update as many requests as possible to make the transition a short process. Once the library has ISO status in DOCLINE, all user accounts associated with your LIBID will be modified to view those DOCLINE functions available to ISO DOCLINE libraries. NLM will require DOCLINE libraries converting to ISO to be deactivated for at least one business day to convert existing transactions. Libraries will manually "convert" each pending transaction to ISO which will generate an ISO ILL request in their own system and NLM's ISO ILL server, thus allowing these transactions to be completed using ISO ILL protocol communication.

While your library is inactive:

·   No requests will route to your library.

- Convert your pending DOCLINE lend requests to ISO lend requests instead of importing them. Go to Requests / ISO Status and click the 'Convert' button next to each request. You must process each request individually so an ISO request transaction can be created and sent to your ILL management system.
- In-process DOCLINE borrow requests can be tracked in the ISO Status window.
- New borrow requests should be sent directly from the ISO ILL management client.

Once all of your library's pending DOCLINE lend requests are converted to ISO lend requests, your library will be made 'Active'. Once your library is active, new lend requests will route to your library and will be sent directly to the ISO ILL management client.

Question: Which interlibrary loan management systems use the ISO ILL Protocol to communicate with DOCLINE?

Answer:

- NLM released an enhanced Protocol-compliant version of DOCLINE, version 2.6, on November 1, 2005. DOCLINE 2.6 is compatible with Atlas-ILLiad, Fretwell-Downing's VDX (Virtual Document eXchange), RLG's ILL Manager, and Relais International.

- Testing and implementation with other vendors will be considered during open windows in our development schedule. For information or to request interoperability testing with the DOCLINE system, please use Contact DOCLINE and select 'ISO ILL Protocol' as the subject or send an email to custserv@nlm.nih.gov.

Question: How will Loansome Doc requests be handled using the ISO ILL Protocol? Answer:

A DOCLINE library choosing to use the ISO ILL Protocol to communicate between a third-party interlibrary loan management system, such as Atlas-ILLiad and DOCLINE, can no longer provide Loansome Doc service. The ISO ILL Protocol standard currently supports interlibrary loan messaging between libraries only. It does not support messaging of patron-initiated requests between patrons and providing libraries.

If your library is a Loansome Doc provider and you would like to use the Protocol to communicate with DOCLINE, you must register your local ILL system as a Document Delivery Service (DDS) with PubMed. Using DDS, orders can be sent directly from PubMed to your ILL system via the "Send to Order" function. Your library will need to switch all Loansome Doc patrons to your local system before your library can register to use the ISO ILL Protocol.

Some benefits of using this method to receive patron-initiated requests are:

- Patron-initiated requests are sent directly into a library's ILL system for processing, reporting, and billing.

- Patrons can track all of their requests submitted to that library through the ILL system customer interface.

Note: At this time, none of the ILL management system vendors approved to use the Procotol with DOCLINE provide a PubMed Document Delivery Service solution. Libraries should contact their vendor about the availability of this functionality.

Instructions:

1. Evaluate your ILL system to determine whether it meets the criteria for registration as a DDS in PubMed. Evaluation instructions are available at <http://www.ncbi.nlm.nih.gov/entrez/linkout/doc/docdel.html#step1>.

2. If your service meets the criteria for evaluation, submit a registration request to lib-linkout@ncbi.nlm.nih.gov. Use the format described here: <http://www.ncbi.nlm.nih.gov/entrez/linkout/

doc/docdel.html#step2>. You will receive a reply from NCBI within one week.

3. If any of your Loansome Doc patrons do not have user records in your ILL system, you will need to create user accounts for them. For a list of your current Loansome Doc Patrons, go to the Loansome Doc Patrons tab in DOCLINE to export your LD patrons address information. Set "Display Results As:" to "Patron Address", "In Order To:" to "Download Results in ASCII", and "Records per Page" to a number higher than the total number of patrons registered with your library. Enter no search terms and click Search. When prompted, save the generated spreadsheet.

4. When registration with PubMed is complete, your DDS will be listed under 'Document Delivery' in "My NCBI" (formerly "Cubby"). NCBI will provide a URL that changes the user's DDS preference in PubMed. When users enter PubMed through this special URL, requests placed using the "Send To: Order" function will be directed to your ILL system.

5. Publicize the change from Loansome Doc to PubMed Document Delivery Service and train patrons to use PubMed's "My NCBI" or access PubMed via your institution's special URL to send requests from PubMed to your institution. At this stage, your library can receive requests from either Loansome Doc or the PubMed Document Delivery Service.

6. When you and your patrons are ready to stop using Loansome Doc and start using only the PubMed Document Delivery Service, set Loansome Doc Provider to 'No' on the Loansome Doc page of your DOCLINE institution record.

Note: Your library will no longer appear in the list of Document Delivery Providers during the Loansome Doc registration process.

7. Management of patrons and requests are completed in your ILL system, and these messages will stop appearing on the DOCLINE home page:

Loansome Doc requests received awaiting completion

Loansome Doc requests awaiting LD RECEIPT

New Loansome Doc Patrons registered with your library

When you have completed the transition from Loansome Doc to the PubMed Document Delivery Service, you can begin the registration process to use the ISO ILL Protocol with DOCLINE.

ILL system vendors that implement the Protocol with NLM are responsible for ensuring that their systems can interface with PubMed and meet the criteria for registration as a DDS in PubMed.

LINKOUT Animated Tutorials Available

Two new animated tutorials are now available on the LinkOut for Libraries webpage <http://www.ncbi.nlm.nih.gov/entrez/linkout/doc/liblinkout.html>. These brief, narrated demonstrations in Flash format are on the following topics:

- Displaying Icons Using a Special URL
- Implementing OpenURL-based Services in PubMed

All tutorials are available under the "Training & Promotion" menu on the LinkOut for Libraries webpage <http://www.ncbi.nlm.nih.gov/entrez/linkout/doc/liblinkout.html>. The tutorials require Macromedia Flash Player to view and were created using Quarbon's ViewletBuilder.

All questions or comments should be directed to the LinkOut Team at <lib-linkout@ncbi.nlm.nih.gov>.

DOCLINE LEGAL IN ALL 50 STATES!

The National Library of Medicine and the DOCLINE Team proudly acknowledge that March 15 marked 21 years of service to the health library community for DOCLINE.

DOCLINE was initially implemented in March 1985 as a command line, character based system for placing and routing interlibrary loan requests among

the National Network of Libraries of Medicine. In fiscal year 1987, borrowers entered 788,105 interlibrary loan requests into DOCLINE and there were 1,435 participating libraries.

Today, DOCLINE serves more than 3,200 libraries in the U.S., Canada, and Mexico. DOCLINE libraries currently report more than 1.4 million serial holdings. DOCLINE also provides select international medical libraries the ability to serve users in their regions via Loansome Doc. International libraries can also request ILL material via DOCLINE, primarily from NLM.

In fiscal year 2005, over 2.4 million interlibrary loan requests were entered into DOCLINE. The fill rate for requests was 91.2% and the average number of libraries a request must route to before completion was just 1.2.

To celebrate DOCLINE's birthday, new DOCLINE 21st Birthday desktop wallpaper has been created and the classic blue and gold wallpaper version has been updated. Download and enjoy your favorite DOCLINE wallpaper at: <http://www.nlm.nih.gov/docline/docline_wallpaper.html>

We thank our DOCLINE users for their dedicated service to health professionals and the public in need of biomedical literature and health information. And thanks for years of support of the DOCLINE system and your many ideas for improving DOCLINE.

Happy Birthday DOCLINE!

- The DOCLINE Team (Barbara, Brent, Cheri, Deena, Karen, Maria, Sulane, and Tugger)

"BOUND BY LAW"—COMIC BOOK ON FAIR USE

Duke University's Law School has just published "Bound by Law," a comic book designed to educate people about copyright and fair use. It is aimed specifically at misconceptions about clearances in documentary film making, but it uses that particular activity as a way to elucidate fair use doctrine more generally.

"Bound by Law" is available (1) free online under a CC license, (BY-NC-SA); (2) in hard copy from Amazon.com; and (3) from Duke directly at a heavily discounted subsidized price for orders above 50 ($4 per book including shipping). [All details at the links below.]

One of the authors' main goals in preparing this publication is to produce a high quality educational resource that people can use in classes from high school to grad school, from film school, to social studies to library school, as well as for the general public. <http://www.law.duke.edu/cspd/comics/>.

NIH ALMANAC CD-ROM AVAILABLE FOR LIBRARIES

The U.S. National Institutes of Health publishes the "NIH Almanac," an annual compendium of facts, statistics, and program information about its research activities. The NIH Almanac features a history of NIH research advances, profiles of NIH-supported scientists, photo galleries of the NIH campus, and more.

To request copies of the 2005-2006 CD-ROM for your collection, send an e-mail with your physical address to NIHAlmanac@z-techcorp.com and our contractor will fulfill your order in 4-6 weeks.

NIH Office of Communications & Public Liaison The National Institutes of Health (NIH)—the Nation's Medical Research Agency—includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services.

It is the primary Federal agency for conducting and supporting basic, clinical, and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <http://www.nih.gov/>.

NEW YORKERS CAN ACCESS STATE LIBRARY WITH DRIVER'S LICENSE

The New York State Library's electronic library (NOVEL)—which has offered access to subscription-based newspapers, magazines, and full-text scholarly articles through local libraries since 2001—is now available to state residents from their home computers using only their driver's license or non-driver ID card number.

The New York Online Virtual Electronic Library (NOVEL) is at <http://www.nysl.nysed.gov/library/novel/> and a listing of the available databases, including a number of Health Reference databases, can be found at <http://www.nysl.nysed.gov/library/novel/database/index.html>.

GOOD NEWS, BAD NEWS

EFTS

We are delighted to welcome the following to EFTS:

Clarkson University Physical Therapy Library (NYUIUF)
New York State Nurses Association (NYUCJO)
St. Peter's Hospital (NYUSPN)
Chester County Hospital (PAUCCB)
Heart of Lancaster Regional Medical Center (PAULOP)

BHSL NEWS

We regret that, due to staffing problems, Long Island Jewish Medical Center (NYULIJ), which had been

a BHSL 8 library, has been forced to withdraw from BHSL and will no longer be offering free interlibrary lending to non-local consortia members.

Lutheran Medical Center, NYULMB, which was a BHSL 6 library, has been upgraded to BHSL 7. Please adjust your DOCLINE Routing Tables accordingly, i.e., unless you are a member of BQSI/MB, please move it to cell 7.

Jersey Shore University Medical Center, NJUJS, which was a BHSL 6 library, has been upgraded to BHSL 8. Please adjust your DOCLINE Routing Tables accordingly, i.e., unless you are a member of the New Jersey Health Sciences Network (NJHSN), please move it out of cell 6.

BAD NEWS

We regret to announce the closings of the following libraries:

Hospital Information Services (NYUTWT)
Danville State Hospital (PAUDVN)
Methodist Hospital Division, TJUH (PAUMEC)

If any of these institutions are in your routing tables, please remove them.

NLM TECHNICAL BULLETIN

The following articles from the **January-February 2006** *Technical Bulletin (no. 348)* are available at: <http://www.nlm.nih.gov/pubs/techbull/jf06/jf06_issue_cover.html>

Technical Notes: e1

> New Clinical Advisory Issued
> *[Editor's Note Added January 06, 2006]*
> *[Editor's Note Added January 09, 2006*]
>
> PubMed®: Sweet 16
>
> Environmental Health Concerns on the Farm: The Newest Neighborhood for Tox Town

New Clinical Alert Issued by National Institute of Allergy and Infectious Diseases (NIAID)

MeSH® Video Available on the Web

New Status Tag for PubMed® Citations
[Editor's Note Added February 10, 2006]

Smallpox Added to PubMed® Special Queries

NLM® and NASA Collaborative Arrangement for Space Life Sciences Data Ceases

NLM Gateway Enhances Search and Display of Meeting Abstracts

Added Security During My NCBI Registration

PubMed® Subject Subset Strategies Updated

Search Tag [ab] Discontinued in PubMed®
[Editor's Note Added February 28, 2006]

New Animated Tutorials Available on the LinkOut for Libraries Web page

Articles:

PubMed Central®: New Journals Participating and New Content Added - e2
New journals participating and content from already participating journals has been added.

New LinkOut Homepage and Help Manual - e3
New tabbed format and new features improve access.

Transliterated/Vernacular Title Search Added to PubMed® - e4
[TT] tag for Non-English language titles.
[Article updated on February 10, 2006]
[Article updated on February 10, 2006]

Last Author Added to PubMed's® "Sort by" Menu and Single Citation Matcher - e5

New searching and sorting capabilities added to PubMed.

My NCBI Collections: Save PubMed® Search Results - e6
Save search results and create bibliographies.
[Article updated on February 28, 2006]

Skill Kit: Truncation in PubMed® - e7
Exploring this useful feature.

Issue Completed February 28, 2006