APPENDICES

APPENDIX A

Recommendations for manuscript sections

The following are recommendations developed by the International Committee of Medical Journal Editors (ICMJE) for preparing manuscript sections.

Introduction

Provide a context or background for the study (that is, the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation; the research objective is often more sharply focused when stated as a question. Both the main and secondary objectives should be clear, and any prespecified subgroup analyses should be described. Provide only directly pertinent references, and do not include data or conclusions from the work being reported.

Methods

The Methods section should include only information that was available at the time the plan or protocol for the study was being written; all information obtained during the study belongs in the Results section.

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat all the data in the tables or illustrations in the text; emphasize or summarize only the most important observations. Extra or supplementary materials and technical detail can be placed in an appendix where they will be accessible but will not interrupt the flow of the text, or they can be published solely in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess supporting data. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as “random” (which implies a randomizing device), “normal,” “significant,” “correlations,” and “sample.”

Where scientifically appropriate, analyses of the data by such variables as age and sex should be included.

Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them in the context of the totality of the best available evidence. Do not repeat in detail data or other information given in the Introduction or the Results section. For experimental studies, it is useful to begin the discussion by briefly summarizing the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results with other relevant studies, state the limitations of the study, and explore the implications of the findings for future research and for clinical practice.

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Avoid claiming priority or alluding to work that has not been completed. State new hypotheses when warranted, but label them clearly as such.

APPENDIX B
Coding Protocol

This coding protocol is developed for moves and steps identification. There are two parts in this protocol. The first part is instructions for the coder. The second part is codes for moves and steps identification.

I. Instructions for the coder

Generally, a research article consists of four sections: Introduction, Methods, Results, and Discussion. Each section has its own communicative purpose. In addition, within each, there are specific communicative purposes called moves and steps. The definitions of moves and steps are as below:

A move is identified as a text segment, which performs a specific communicative function that one can infer from the context and linguistic clues. In this study, the shortest move segment is a sentence.

A step is identified as a subunit of a move that is one of the writer's choices to support the move's communicative function. A move can consist of several steps. However, in some research articles, a particular move may have only one step.

From the above definitions, steps support the communicative function of a move, while moves support the communicative function of a particular section in a research article. For example, the Introduction section aims to introduce the research topic and prepare readers for the next sections, Methods and the rest. The Introduction section typically has three moves: *Move 1 Presenting background information*, *Move 2 Preparing for the present study*, and *Move 3 Introducing the present study*. These three moves support the communicative function of the Introduction section. For *Move 1*, there are three steps to support the communicative function of *Presenting background information*. These steps include *Step A Claiming centrality*, *Step B Making topic generalization(s)*, and *Step C Referring to previous research*.

The procedures for moves and steps identification are as follows:

1. Read the title and introduction of selected articles to comprehend the overview of the Introduction.
2. Read each sentence and identify its move. Main identification is inference from the text. Linguistics clues are used as supportive information. For each coding

unit, the coder writes down *Move 1*, *Move 2*, or *Move 3* in the Move column of the coding form.

3. In each sentence, identify step according to its move. Identification method is the same as that of move identification. For each coding unit, the coder writes down *Step A, Step B, Step C, Step D, Step E,* or *Step F* in the Step column of the coding form. Choices for step coding depend on the move that the coder has coded. For example, if the coder codes *Move 1* in the Move column, the coder will choose one step from the three steps to code in the step column. If the coder codes *Move 2* in the Move column, there will be four steps for the coder to choose. For *Move* 3, there are six steps. The coder can choose just one step to code in the Step column.
4. The coder can write down any comments in the coding form. If the coder thinks that the move and steps in the Coding protocol are not enough for identification, a new move and steps can be proposed.
5. Although a coding unit is a sentence, the coder should consider its function from understanding the coding unit as a connected unit with other sentences and paragraphs of the Introduction.
6. The entire research article is provided if the coder needs more information of any introduction during the coding.

II. Codes for Moves and Steps identification

Move	**Step**
Move 1 = Presenting background information	*Step A = Claiming centrality*
	Step B = Making topic generalization(s)
	Step C = Referring to previous research
Move 2 = Preparing for the present study	*Step A = Indicating gap*
	Step B = Giving positive justification
	Step C = Indicating contrastive result
	Step D = Counter-claiming
Move 3 = Introducing the present study	*Step A = Stating objective*
	Step B = Announcing present research
	Step C = Presenting research questions or hypotheses
	Step D = Describing procedure or research methodology
	Step E = Describing findings
	Step F = Stating the value of the present research

APPENDIX C

List of research articles in the corpora

I. Thai medical journal corpus

Text	Title	Journal	Year	No. of words
T1	Comparison of the dilute Russell's viper venom time by a conventional method with an automated kit assay for the detection of lupus anticoagulants	Thai Journal of Hematology and Transfusion Medicine	2005	294
T2	Frequencies of polymorphism associated with cytochrome P450 2C9 in Thais	Thai Journal of Hematology and Transfusion Medicine	2006	336
T3	Low dose rhG-CSF for prophylaxis of chemotherapy-induced neutropenia in non-hodgkin's lymphoma	Thai Journal of Hematology and Transfusion Medicine	2007	262
T4	Bortezomib Plus Dexamethasone as the Induction Therapy in Newly Diagnosed Multiple Myeloma Patients: A Phase II Study in Thai Patients	Thai Journal of Hematology and Transfusion Medicine	2008	391
T5	Evaluation of nucleated red blood cells in thalassemia by the Coulter LH 750 hematology analyzer	Thai Journal of Hematology and Transfusion Medicine	2009	535
T6	Serum Total Homocysteine Levels and Metabolic Control in Patients with Type 2 Diabetes	Thai Journal of Health Research	2005	379
T7	Caffeine intake and urine caffeine concentrations among Thai volunteers living in Nakhonnayok	Thai Journal of Health Research	2006	338
T8	Pesticide Use, Farmer Knowledge and Awareness in Thong PhaPhum Region, Kanchanaburi Province	Thai Journal of Health Research	2008	256
T9	Effectiveness of oral maintenance terbutaline therapy after threatened preterm labor	Thai Journal of Health Research	2009	353
T10	Effect of probiotics added goat and cow milk yogurt consumption on immunoglobulin A (IgA) induction in healthy adolescents	Thai Journal of Health Research	2009	320
T11	Comparative efficacy of low- and high-molecular weight intra-articular hyaluronic acids in patients with knee osteoarthritis	Thai Journal of Health Research	2009	274
T12	Zinc level in seminal plasma of infertile men	Srinagarind Medical Journal	2005	465

Text	Title	Journal	Year	No. of words
T13	Hormonal Receptors Status of Breast Cancer in Northeastern Thai Women : An Analysis of 241 cases at Srinagarind Hospital	Srinagarind Medical Journal	2006	302
T14	Hematologic Toxicities of Cisplatin Concurrent Chemoradiation in Cervical cancer at Ubonrajchathani Cancer Center	Srinagarind Medical Journal	2007	253
T15	The necessity of weekly hemoglobin level monitoring in cervical cancer patients receiving radiotherapy	Srinagarind Medical Journal	2007	261
T16	Prevalence and risk factors of Lithium toxicity at Srinagarind Hospital	Srinagarind Medical Journal	2008	355
T17	Patients' attitudes toward doctor-patient relationship after use of computerized technology during medical service	Songklanagarind Medical Journal	2005	410
T18	Effccts of rifampicin and ketoconazole on the pharmacokinetics of a single oral dose of diethylcarbamazine in healthy volunteers	Songklanagarind Medical Journal	2006	334
T19	Effects of the combination of small dose analgesic and music on labor pain	Songklanagarind Medical Journal	2007	304
T20	Intravenous ephedrine infusion for prophylaxis of hypotension during spinal anesthesia for cesarean section	Songklanagarind Medical Journal	2009	292
T21	The Effect of an Ascetic Exercise Program on the Physical Performance of the Elderly in TambonKukot, Lumlookka District, Pathumthani Province	Thammasat Medical Journal	2006	558
T22	Digenic Inheritance of Anion Exchanger 1 (SLC4A1) and Human Alpha Globin (HBA) Mutation Results in Distal Renal Tubular Acidosis and Hemolytic Anemia in a Thai Patient	Thammasat Medical Journal	2007	358
T23	Can 400 μg vaginal Misoprostol be used as the cervical priming agent in menopausal women?	Thammasat Medical Journal	2007	326

Text	Title	Journal	Year	No. of words
T24	Optimum cases for predicting the success rate of endotracheal intubation in Thammasat University's medical students	Thammasat Medical Journal	2008	264
T25	Effectiveness of Home Rehabilitation Program for Ischemic Stroke	Thammasat Medical Journal	2009	389
Average				**344.36**
(Min-Max)				**(253-558)**

II. International medical journal corpus

Text	Title	Journal	Year	No. of words
I1	Addition of clopidogrel to aspirin in 45852 patients with acute myocardial infarction: randomised placebo-controlled trial	The Lancet	2005	323
I2	Statins and sepsis in patients with cardiovascular disease: a population-based cohort analysis	The Lancet	2006	302
I3	A treatment protocol for infants younger than 1 year with acute lymphoblastic leukaemia (Interfant-99): an observational study and a multicentre randomised trial	The Lancet	2007	361
I4	Prevalence of primary hyperaldosteronism in resistant hypertension: a retrospective observational study	The Lancet	2008	301
I5	Timing of children's vaccinations in 45 low-income and middle-income countries: an analysis of survey data	The Lancet	2009	312
I6	Role of radiography in predicting progression of osteoarthritis of the hip: prospective cohort study	The British Medical Journal	2005	306
I7	Community based occupational therapy for patients with dementia and their care givers: randomised controlled trial	The British Medical Journal	2006	297

Text	Title	Journal	Year	No. of words
I8	Screening versus routine practice in detection of atrial fibrillation in patients aged 65 or over: cluster randomized controlled trial	The British Medical Journal	2007	336
I9	Supplementation with antioxidants and folinic acid for children with Down's syndrome: randomised controlled trial	The British Medical Journal	2008	556
I10	Fall prevention with supplemental and active forms of vitamin D: a meta-analysis of randomised controlled trials	The British Medical Journal	2009	466
I11	Antibiotic treatment of *Chlamydia pneumoniae* after acute coronary syndrome	The New England Journal of Medicine	2005	361
I12	A placebo-controlled trial of pioglitazone in subjects with nonalcoholic steatohepatitis	The New England Journal of Medicine	2006	298
I13	Effect of torcetrapib on carotid atherosclerosis in familial hypercholesterolemia	The New England Journal of Medicine	2007	505
I14	Noninvasive ventilation in acute cardiogenic pulmonary edema	The New England Journal of Medicine	2008	354
I15	Mortality results from a randomized prostate-cancer screening trial	The New England Journal of Medicine	2009	400
I16	Cytoprotective effects of nitrite during in vivo ischemia-reperfusion of the heart and liver	The Journal of Clinical Investigation	2005	586
I17	Role of different pathways of the complement cascade in experimental bullous pemphigoid	The Journal of Clinical Investigation	2006	515
I18	Targeting TACE-dependent EGFR ligand shedding in breast cancer	The Journal of Clinical Investigation	2007	545
I19	Cytoplasmic p21 expression levels determine cisplatin resistance in human testicular cancer	The Journal of Clinical Investigation	2008	339
I20	CCR1 and CCR5 promote hepatic fibrosis in mice	The Journal of Clinical Investigation	2009	494
I21	Acute illnesses associated with pesticide exposure at schools	The Journal of the American Medical Association	2005	412

Text	Title	Journal	Year	No. of words
I22	Hospital quality for acute myocardial infarction: correlation among process measures and relationship with short-term mortality	The Journal of the American Medical Association	2006	302
I23	Contemporary clinical profile and outcome of prosthetic valve endocarditis	The Journal of the American Medical Association	2007	269
I24	Pharmacogenetic association of the NPPA T2238C genetic variant with cardiovascular disease outcomes in patients with hypertension	The Journal of the American Medical Association	2008	334
I25	Risk of herpes zoster in patients with rheumatoid arthritis treated with anti-TNF-α agents	The Journal of the American Medical Association	2009	401
Average				**387.00**
(Min-Max)				**(269-586)**

APPENDIX D

A sample coding form

Title: Multicenter Analysis of Glucocerebrosidase Mutations in Parkinson's Disease
From: The New England Journal of Medicine, Vol. 361, No. 17, pp. 1651-1661.
Word counts: 474 words, 5 paragraphs, 20 sentences

Note: Some linguistic clues and essential details used in the identification were underlined. The symbol [R#] at the end of sentences refers to reference of that research article. The number after the letter R is the rank of the references. The gray row represents a separation between paragraphs.

No.	*Coding unit*	**Move**	**Step**
1	Several lines of evidence suggest an association between parkinsonism and mutations in the gene encoding the lysosomal enzyme glucocerebrosidase (GBA), which is deficient in patients with Gaucher's disease.	Move 1	Step C
2	In this rare mendelian disorder, lysosomal accumulation of glucocerebroside results in a broad spectrum of disease manifestations including hepatosplenomegaly, anemia, thrombocytopenia, bone disease, and, at times, neurologic involvement.[R1,2]	Move 1	Step A
3	Multiple independent studies have reported an increased frequency of GBA mutations in various cohorts of patients with parkinsonism.[R3-21]	Move 1	Step C
4	However, several genomewide association studies have not identified this locus, and the degree of association has remained somewhat unclear, as many studies were not large enough to unequivocally label GBA mutations as risk alleles associated with Parkinson's disease.	Move 2	Step A
5	Recognition of the association between GBA mutations and parkinsonism began in the clinic, with the identification of rare patients with Gaucher's disease who also had parkinsonian symptoms.	Move 1	Step B
6	Clinical descriptions appeared as case reports [R22,23], larger series of patients [R24,25] and prospective studies [R26].	Move 1	Step C
7	Pedigree analyses revealed that relatives of patients with Gaucher's disease, many of whom were obligate heterozygotes, had an increased incidence of Parkinson's disease [R27,28].	Move 1	Step C
8	Almost 300 GBA mutations have been identified in patients with Gaucher's disease, including missense, nonsense, and frameshift mutations as well as insertions, deletions, and complex alleles [R29].	Move 1	Step B

No.	*Coding unit*	**Move**	**Step**
9	Various expression studies have shown that many of these mutations result in a significant loss of glucocerebrosidase activity [R30].	Move 1	Step A
10	The GBA gene, located on 1q21–22, includes 11 exons and has a similar pseudogene 16 kb downstream.	Move 1	Step B
11	The 85-kb region surrounding GBA is particularly gene-rich, encompassing seven genes and two pseudogenes.[R31]	Move 1	Step B
12	Recombination within and around the GBA locus occurs relatively frequently [R32], complicating genotype analyses.	Move 1	Step B
13	The frequency and distribution of GBA mutations vary among populations.	Move 2	Step C
14	Among Ashkenazi Jews, for whom the carrier frequency is between 1 person in 12 and 1 in 16 [R1,6], one common mutation, N370S, accounts for approximately 70% of mutant alleles [R1].	Move 2	Step C
15	In other ethnic groups, the carrier frequency is usually less than 1%, and the associated mutations are more diverse.	Move 2	Step C
16	Although N370S is also common in European populations and is exclusively associated with non-neuronopathic Gaucher's disease, it has not been encountered among Asians [R33].	Move 2	Step C
17	A second relatively frequent and panethnic mutation associated with neuronopathic Gaucher's disease is L444P, which can be a point mutation or part of a complex allele encompassing a portion of the pseudogene sequence [R32].	Move 1	Step B
18	This international collaborative study of GBA mutations in patients with Parkinson's disease was undertaken to better ascertain the frequency of GBA mutations by pooling data for individual persons from 16 centers, representing 4 continents, including 5691 patients and 4898 controls.	Move 3	Step B
19	Findings based on the data from 13 of the 16 centers (4185 of the case patients and 3597 of the controls) have been published previously [R5-16,19].	Move 3	Step E
20	Our goals were to establish the combined frequency of GBA mutations among sites, to explore the range of GBA mutations encountered, and to identify clinical features shared among GBA mutation carriers.	Move 3	Step A

APPENDIX E

List of step patterns of the opening *Move 1* in the corpora

I. Thai medical journal corpus

No.	Step pattern	Number of articles (N=25)
Linear step pattern		**6**
1	1A>1B	3
2	1B>1A	1
3	1A>1B>1C	1
4	1A>1C>1B	1
Cyclical step pattern		**19**
	• **Repetition of 1 step**	**4**
5	1A>1C>1A	1
6	1A>1B>1A>1C	1
7	1B>1A>1B>1C	1
8	1B>1A>1B>1C>1B	1
	• **Repetition of 2 steps**	**9**
9	1A>1B>1C>1A>1B	2
10	1A>1B>1A>1B	1
11	1A>1B>1A>1B>1A>1B	1
12	1A>1B>1A>1C>1B	1
13	1A>1B>1C>1B>1C	1
14	1B>1A>1B>1A>1B>1A>1B>1A>1B	1
15	1B>1A>1B>1A>1C>1A>1B	1
16	1B>1A>1B>1C>1B>1A	1
	• **Repetition of 3 steps**	**6**
17	1A>1B>1C>1B>1C>1A	1
18	1A>1C>1B>1C>1B>1A>1B	1
19	1A>1C>1B>1C>1B>1C>1A	1
20	1B>1A>1B>1C>1A>1C	1
21	1B>1C>1B>1A>1B>1C>1B>1C>1A>1B>1A	1
22	1C>1A>1C>1B>1A>1C>1B>1A	1

II. International medical journal corpus

No.	Step pattern	Number of articles (N=25)
Linear step pattern		**11**
1	1A	2
2	1A>1B	4
3	1B>1C	1
4	1A>1B>1C	2
5	1B>1A>1C	2
Cyclical step pattern		**12**
	• **Repetition of 1 step**	**6**
6	1B>1A>1B	3
7	1B>1A>1C>1B	1
8	1A>1C>1B>1C	1
9	1A>1B>1A>1C>1A	1
	• **Repetition of 2 steps**	**5**
10	1A>1B>1A>1B	2
11	1B>1C>1B>1C>1B	1
12	1C>1A>1C>1B>1A	1
13	1A>1B>1C>1B>1C>1B>1C>1B>1C	1
	• **Repetition of 3 steps**	**1**
14	1A>1B>1A>1C>1A>1C>1B>1A>1B	1

CURRICULUM VITAE

NAME	Miss Naruemol Jirapanakorn
DATE OF BIRTH	29 October 1979
PLACE OF BIRTH	Bangkok, Thailand
EDUCATIONAL RECORD	
BACHELOR'S DEGREE	Doctor of Medicine (Medicine) Chulalongkorn University, Bangkok, 2004
MASTER'S DEGREE	Master of Arts (Translation and Interpretation) Chulalongkorn University, Bangkok, 2011
	Master of Arts (Applied Linguistics for English Language Teaching) King Mongkut's University of Technology Thonburi, Bangkok, 2013
SCHOLARSHIP	King Mongkut's Diamond Scholarship, 2009-2010
PUBLICATION	Jirapanakorn, N, Trakulkasemsuk, W. and Keyuravong, S., 2014, "A Move Analysis of English Research Article Introductions in Thai and International Medical Journals", **rEFLections**, Vol. 17.
PRESENTATION	Topic "A Move Analysis of Medical Research Article Introductions" at **the 32nd Annual Thailand TESOL International Conference** January 2012
	Topic "A Move Analysis of English Medical Research Articles Published in Thai and International Medical Journals" at **the CULI International Research Seminar** July 2014

King Mongkut's University of Technology Thonburi

Agreement on Intellectual Property Rights Transfer for Postgraduate Students

Date 1 August 2014

Name Naruemol Middle Name -

Surname/Family Name Jirapanakorn

Student Number 52400708 who is a student of King's Mongkut's University of Technology Thonburi (KMUTT) in ◯ Graduate Diploma ⊗ Master Degree ◯ Doctoral Degree

Program Master of Arts Field of Study Applied Linguistics for English Language Teaching Faculty/School School of Liberal Arts

Home Address 54 Soi Suksawat 28, Bangpakok, Radburana, Bangkok

Postal Code 10140 Country Thailand

I, as 'Transferer', hereby transfer the ownership of my thesis copyright to King Mongkut's University of Technology Thonburi which has appointed Assoc. Prof. Dr. Pornapit Darasawang, Dean of the Faculty of the School of Liberal Arts, to be the 'Transferee' of copyright ownership under the 'Agreement' as follows.

1. I am the author of the thesis entitled A Move Analysis of English Medical Research Articles Published in Thai and International Medical Journals under the supervision of Dr. Wannapa Trakulkasemsuk who is my supervisor, and Assoc. Prof. Sonthida Keyuravong who is my co-supervisor, in accordance with the Thai Copyright Act B.E. 2537. The thesis is a part of the curriculum of KMUTT.

2. I hereby transfer the copyright ownership of all my works in the thesis to KMUTT throughout the copyright protection period in accordance with the Thai Copyright Act B.E. 2537, effective on the approval date of thesis proposal consented to by KMUTT.

3. To have the thesis distributed in any form of media, I shall in each and every case stipulate the thesis as the work of KMUTT.

4. For my own distribution of thesis or the reproduction, adjustment, or distribution of thesis by the third party in accordance with the Thai Copyright Act B.E. 2537 with remuneration in return, I am subject to obtain a prior written permission from KMUTT.

5. To use any information from my thesis to make an invention or create any intellectual property works within ten (10) years from the date of signing this Agreement, I am subject to obtain prior written permission from KMUTT, and KMUTT is entitled to have intellectual property rights on such inventions or intellectual property works, including being entitled to take royalty from licensing together with the distribution of any benefit deriving partly or wholly from the works in the future, conforming with the Regulation of King Mongkut's Institute of Technology Thonburi Re the Administration of Benefits deriving from Intellectual Property B.E. 2538.

6. If the benefits arise from my thesis or my intellectual property works owned by KMUTT, I shall be entitled to gain the benefits according to the allocation rate stated in the Regulation of King Mongkut's Institute of Technology Thonburi Re the Administration of Benefits deriving from Intellectual Property B.E. 2538.

Signature.....Transferor

(Miss Naruemol Jirapanakorn)

Student

Signature.....Transferee

(Assoc. Prof. Dr. Pornapit Darasawang)

Dean

Signature.....Witness

(Dr. Wannapa Trakulkasemsuk)

Signature.....Witness

(Assoc. Prof. Sonthida Keyuravong)