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***MedCite™ Citation Verification and Abstract Linking Service Introduced***

North Andover, MA -- December 2, 1996. Aries Systems Corporation of North Andover, Massachusetts, USA (tel 508-975-7570; fax 508-975-3811, e-mail kfinder@ariessys.com), today unveiled *MedCite*, an exciting new Web service for interactive verification of medical bibliographies, and for online linking of bibliographies to MEDLINE® abstracts.

The *CiteVerify* feature of *MedCite* provides a quick and easy-to-use bibliographic citation verification service. An author or editor can copy-and-paste an article's bibliography into a *CiteVerify* Web page. The page is submitted to *MedCite*, which matches each citation against the MEDLINE database. Within seconds or minutes (depending on the length of the bibliography), a page is returned to the user confirming verified matches, and highlighting potentially erroneous mismatches. Where possible, the specific element of the mismatched citation is also highlighted. *CiteVerify* can significantly reduce the time and cost of citation verification, eliminating manual searches through library stacks or individual online searches.

Publishers who present their materials online on the World Wide Web can use the *CiteLink* component of *MedCite* to embed a link from their bibliography entries to the corresponding MEDLINE abstract maintained on Aries' *Knowledge Web* database server. After a bibliographic entry has been successfully verified, *MedCite* creates an encrypted URL (Uniform Resource Locator) reference link that is embedded in the user's source citation. The resulting HTML code is returned in a Web page to the publisher, who then copy-and-pastes the integrated citation and link back into their original Web document.

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The process of verifying and creating *MedCite* links is enhanced by several features - the user submits just the source citation, without having to further identify the document; multiple citations can be verified and linked in a single transaction; and the returned links are fully HTML-encoded, saving the publisher the time and cost of Web page makeup. *MedCite* is designed to support multiple bibliographic source formats, and will also accept National Library of Medicine Unique Identifier numbers as the source document identity.

When a visitor to the publisher's site activates the abstract link, the corresponding MEDLINE record and abstract are retrieved from Aries' *Knowledge Web* server. Since Aries maintains the MEDLINE database on a current basis (including correction annotations to earlier records), both the publisher and the publisher's visitors are assured of accessing the most accurate available data at all times. After an abstract has been retrieved through the *MedCite* link, the user can additionally retrieve further, related MEDLINE references and abstracts, based on either the authors or the Medical Subject Headings in the original linked reference.

*MedCite* services are priced on a per-transaction basis. *CiteVerify* transactions are charged at \$1 each, and *CiteLink* transactions are charged at \$2 each, with a \$250 account setup charge. Subsequent link activations or related reference retrievals by publisher's visitors are provided at no additional cost. After the original *MedCite* link has been created, the publisher incurs no further cost or effort to maintain the currency of the MEDLINE abstract and record.

Interested publishers can test and evaluate *MedCite* at <http://medcite.kfinder.com>. This demonstration environment lets users verify citations and simulate links against recent years of MEDLINE, all at no cost. *MedCite* uses JavaScript Web browser tools, and is presently compatible with Netscape® 3.0 (all platforms) and Microsoft® Internet Explorer (Windows™ only).

Aries Systems Corporation was founded in 1986, to develop innovative information retrieval and dissemination products, with special emphases in the fields of biomedicine and science. Aries Systems works cooperatively with other organizations in the information and health care industries, to identify and deliver improved knowledge access and delivery tools.

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