European Dental Research and Biomaterials Journal

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☐ ABSTRACT AND KEYWORDS
  - See the section Article Types for word

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  - Every named author must disclose their conflicts or lack thereof through ICMJE COI forms

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**MANUSCRIPT FORMAT**

**Article Types**

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<tr>
<td><strong>Original Article</strong></td>
<td>Up to 350 words (Structured: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions)</td>
<td>3 to 7 keywords</td>
<td>Up to 35 words</td>
<td>Approximately 5 tables/figures</td>
<td>Up to 40 references</td>
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<tr>
<td><strong>Brief Report</strong></td>
<td>Up to 200 words (Unstructured abstract)</td>
<td>3 to 7 keywords</td>
<td>Up to 35 words</td>
<td>Approximately 5 tables/figures</td>
<td>Up to 20 references</td>
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<tr>
<td><strong>Review Article</strong></td>
<td>Up to 400 words (Unstructured abstract)</td>
<td>3 to 7 keywords</td>
<td>Up to 35 words</td>
<td>Approximately 5 tables/figures</td>
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<tr>
<td><strong>Editorial</strong></td>
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• **Original Article**: These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3,500 words (excluding Abstract, References and Tables) should be divided into sections with the headings Abstract (**Structured format**: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions) up to 350 words, Key-words (3–7 MeSH words), Introduction, Materials and Methods, Results, Discussion, Conclusions, References (up to 40 references), Tables and Figure legends.

• **Brief Report**: These are similar to original research in that they follow the same format and guidelines, but are designed for small-scale research or research that is in early stages of development. These may include preliminary studies that utilize a simple research design or a small sample size and that have produced limited pilot data and initial findings that indicate need for further investigation. Brief reports are much shorter than manuscripts associated with a more advanced, larger-scale research project. The text of original articles amounting to up to 1,800 words (excluding Abstract, References and Tables) should be divided into sections with the headings: Abstract (**Structured**: Objectives, Materials and Methods, Statistical analysis, Results, Conclusions; up to 200 words), Key-words (3–7 MeSH words), Introduction, Materials and Methods, Results, Discussion, Conclusions, References (up to 20 references), Tables and Figure legends.

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- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
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- Each figure should be saved as its own separate file. **Do not** embed figures within the manuscript file. This requires special handling by Thieme's Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in American English.
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- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted as “Supplementary Material” and will be published only online (not in print).
MANUSCRIPT FORMAT continued

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- This journal adheres to a double-blinded peer-review policy. The title page should NOT be included in the main document.
- The title page should list the article title and the corresponding author's full name, highest academic degrees (up to maximum 3), title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degree, title, department, e-mail address and affiliation of every co-author.
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- Listing of each author’s role/participation in the authorship of the manuscript on the manuscript (on a separate page in the manuscript)
- Statement of institutional review board approval and/or statement of conforming to the Declaration of Helsinki

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See the section Article Types for word limits. Structured format (Objectives, Materials and Methods, Statistical analysis, Results, Conclusions) is necessary for original articles, not necessary for systematic reviews, and review articles.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be words a reader would be likely to use in searching for the content of the article.

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- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
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- Do not insert page or section breaks except where noted in the Author Instructions.
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- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.

Acknowledgments

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments. Please note that Acknowledgments should NOT include source of author’s identity.
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- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
- By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
- List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
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1. Citing a journal article:

2. Citing a chapter in a book:

3. Citing a book:
   Stryer L. Biochemistry. 2nd ed. San Francisco: WH Freeman; 1981:559–596

4. Citing a thesis:

5. Citing a government publication:

6. Citing an online article:

7. Citing a symposium article:
   Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC
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- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure legends) sequentially in the order they are cited in the text.
- Figure legends should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure legends should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
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- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
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- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
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- The following formats are acceptable: *.avi, *.mov and *.mpg.
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- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Acceptable figure file formats are .tif, .eps, .jpg, .pdf.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
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**Note:** Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

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- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
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Color Art

- All color artwork should be saved in CMYK, not RGB.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.
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- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Manuscripts must be submitted electronically at the following link: https://www.manuscriptmanager.net/edrbj
- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system. The Editor in Chief will inform you via email once a decision has been made.

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Please follow the standard Levels of Evidence for Primary Research and the reporting guidelines specified by this table:

<table>
<thead>
<tr>
<th>Type of Study</th>
<th>Guidelines</th>
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<td>Randomized controlled trials</td>
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<tr>
<td>Studies of diagnostic accuracy</td>
<td>STARD</td>
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<tr>
<td>Systematic reviews and meta-analyses</td>
<td>QUOROM/PRISMA</td>
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<tr>
<td>Observational studies in epidemiology</td>
<td>STROBE</td>
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<td>Meta-analyses of observational studies in epidemiology</td>
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