

Indian Journal of Cardiovascular Diseases in Women Author Instructions

Thank you for contributing to *Indian Journal of Cardiovascular Diseases in Women*. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

APC Type	2020 Article Processing Charge (APC)
Regular	None (Society Funded)

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SUBMISSION CHECKLIST

All manuscripts must be submitted at the following link:
<https://www.manuscriptmanager.net/ijcdw>

- AUTHOR INFORMATION**
 - All authors: full name, degrees, department, affiliation, e-mail address
 - Corresponding author: mailing address, telephone number
- MANUSCRIPT FILE**
 - Must be digital - hard copy submissions are not accepted
- ABSTRACT AND KEYWORDS**
 - See the section Article Types for word limit
- CONFLICT OF INTEREST**
 - Every named author must disclose their conflicts or lack thereof
- REFERENCES**
 - Cited sequentially in AMA style
- FIGURES AND TABLES**
 - Cited sequentially and included in the main document
- ART FILES**
 - Must be saved separately from the main document
- PERMISSIONS**
 - Required if you plan to reproduce content from a published source or include a photograph of a patient
 - Patient permission forms available at www.thieme.com/journal-authors

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Indian Journal of Cardiovascular Diseases in Women publishes articles related to research in and the practice of cardiovascular diseases, including observational studies, clinical trials, epidemiology, health services and outcomes studies, and advances in applied (translational) and basic research, especially information related to female patients.

MANUSCRIPT FORMAT

Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

Article Type	Abstract Limit	Keywords Limit	Title Limit	Tables/Figures Limit	References Limit
Review Article (up to 3,500 words) (By invitation only)	Up to 250 words	Up to 3 keywords	Up to 25 words	Up to 8 tables/figures	Up to 100 references
Original Article (up to 3,500 words)	Up to 250 words	Up to 3 keywords	Up to 25 words	Up to 6 tables/figures	Up to 50 references
Case Report (up to 1,500 words)	Up to 250 words	Up to 3 keywords	Up to 25 words	Up to 4 tables/figures	Up to 20 references
Editorial (up to 1,000 words)	n/a	n/a	No limit	n/a	Up to 5 references
Images in Cardiology (including ECG) (up to 500 words)	Up to 250 words	Up to 3 keywords	Up to 25 words	Up to 4 figures	Up to 20 references
Book Review (up to 1,500 words)	Up to 250 words	Up to 3 keywords	Up to 25 words	Up to 4 figures	Up to 20 references
Letter to the Editor (up to 1,000 words)	n/a	n/a	No limit	Up to 2 tables/figures	Up to 10 references
Clinical Diagnosis	n/a	n/a	No limit	See below for more details	n/a
Clinico-pathological conference					
Interventional rounds	By invitation only				
Clinical rounds	By invitation only				
Cardiovascular Case Series	By invitation only				
Short Communication	Up to 250 words	Up to 3 keywords	Up to 25 words	Up to 2 tables/figures	Up to 15 references
Annual Meeting Abstract	n/a	No limit	No limit	n/a	n/a

- **Original Article:**
 - Word limit 3500 words (excluding the abstract, tables, figure legends and references), with up to 6 tables/figures and up to 50 references.
 - Whole manuscript should be in 12 Front with 1.5 spacing and centering.
 - Organize article into Abstract (maximum 250 words),
 - Introduction, Materials and Methods, Results, Discussion, References, Tables, Legends to Figures and Figures.
 - Acknowledgements should go include before references in the manuscript. Author details should not include in the main manuscript file.
- **Case Report:**
 - The journal accepts exceptionally rare cases as case reports and all others, including unusual presentations of common diseases, rare complications etc.
 - Word limits 1500 words with up to 4 tables/figures and up to 20 references.

- The report should be organized into Introduction, Case Report, Discussion, References, Tables, Legends to Figures and Figures.
- Not more than 4 authors.
- **Review Article:**
 - Always invited by the Editor-in-Chief; authors interested in writing review articles should initially contact the Editor-in-Chief. Review Articles focus on recent scientific or advances.
 - They must be brief and critical yet comprehensive and should be appropriately referenced.
 - All Review Articles are rigorously peer reviewed before a final publication decision is made.
 - Involvement of any person or research directly supported by the pharmaceutical industry is not acceptable in writing of Review Articles.
 - Word limit 3500 words (excluding the abstract, tables, figure legends and references), with up to 8 tables/figures and up to 100 references.
- **Images in Cardiology (including ECG):**
 - This section is for unusual images that make an educational point. Since the aim of these articles is to stimulate the reader to think about the case, the title should be ambiguous and not give away the final diagnosis immediately.
 - Images displaying a single clinical / pathological case or entity and conveying a message or learning point can be published as image in cardiology.
 - Each image challenge will be presented in two parts:
 - a) The first part should contain a very brief clinical introduction to a case (maximum 200 words), followed by an image and a board-review format multiple choice question designed to stimulate the reader to think about what the image shows. In addition to cardiovascular imaging, other images, such as an ECG or histology, are appropriate. The legend should not indicate the diagnosis but should simply describe the nature of the image.
 - b) The second part (maximum 200 words) will appear separately from the case and should contain the answer. The answer should include a brief description of the key diagnostic features of the image, the outcome, and a teaching point. The answer should explain why the correct answer is correct and why the incorrect answers are not.
 - The quality of the image must be at least 300dpi and in TIF, JPEG, GIF or EPS format. Videos for online presentation are also welcomed and should be in .mov, .avi, or .mpeg format.
 - Word count: up to 500 words with up to 5 references
 - Up to 4 microscopic images, clinical photographs, radiological images, graphical/visual instrument outputs etc. may be included in each article. Images should be accompanied by a brief unstructured write-up.
- **Book Reviews**
 - Standard Book Reviews should be no longer than 1500 words although depending on the book being reviewed they may be shorter or long, book reviewers should discuss the length of the review with the General Editor before writing.
 - All book reviews should be prepared and submitted following the general Instructions to Authors of this journal.
 - The following information should be given about the book being reviewed at the start of each review:
 - Author / Editor Name, Book Title, Publisher, Year of Publication, ISBN: 000-0-00-000000-0, Number of Pages, Price
 - Book reviews should be timely and objective and should consider the following:
 - a) The intended audience for the book and who would find it useful
 - b) The main ideas and major objectives of the book and how effectively these are accomplished
 - c) The soundness of methods and information sources used
 - d) The context or impetus for the book - political controversy, review research or policy, etc
 - e) Constructive comments about the strength and weaknesses of the book
- **Editorial:**
 - Word limit 1000 words with up to 5 references.
 - Invited by the Editor-in-Chief, these are brief commentaries on important original articles published in that issue of the journal. Occasionally, Editorials may address major developments or happenings in the field of cardiology.
 - Figures and tables are usually not included in this article type
- **Letter to editor:**
 - Readers are encouraged to write about any topic that relates to cardiology: clinical, scientific, educational, social or economic and may include discussions on material previously printed in the Journal.
 - Letters may include up to 1000 words, 2 figures/tables and 10 references.
 - These should have no abstract and no sub-headings. Type double-spaced.
 - If the letter contains original research findings a short description of methods, results and conclusions is required. Letters reporting data obtained from research conducted in human subjects must include a statement of assurance that (1) informed consent was obtained from each patient and (2) the study protocol conforms to

the ethical guidelines of the 1975 Declaration of Helsinki as reflected in a priori approval by the institution's human research committee.

- Letters reporting experiments using animals must include a statement giving assurance that all animals received humane care and that study protocols comply with the institution's guidelines.
- **Clinical diagnosis:**
 - You can submit an interesting case like we see in out/in patient clinic.
 - It should be in ppt format and submit in PDF format
 - First slide should describe clinical summary of patient and give a multiple choice question.
 - Second/Third slide should give description of imaging (ECG,X-ray ..etc) and give a multiple choice question.
 - In the next slide 2D echo/ angiogram details with a question should be given.
 - Last slide should reveal the diagnosis, explanation for the diagnosis and outcome of the patient should be mentioned.
- **Clinico-pathological conference:**
 - Details of an interesting case along with the all investigations and possible discussion of imageologist (echocardiographer, radiologists etc...) should be submit in word format (2007 and higher).
 - Clinching investigative modality description with appropriate figures / slides or histopathological diagnosis by the pathologist along with the histopathological slides should be included.
 - If this case is selected then you will be informed before sending to a discussant.
 - Available on online only with DOI.
- **Interventional rounds:**

This is only by invitation from the editorial board. Then guidelines along with the request letter will be sent.

 - Always invited by the Editor-in-Chief; authors interested in writing interventional rounds should initially contact the Editor-in-Chief. Interventional rounds focus on recent scientific or advances.
 - They must be brief and critical yet comprehensive and should be appropriately referenced.
 - All Interventional rounds are rigorously peer reviewed before a final publication decision is made.
 - Involvement of any person or research directly supported by the pharmaceutical industry is not acceptable in writing of Interventional rounds.
 - No Word limit and no figures and tables limit and up to 100 references.
 - Available on online only with DOI.
- **Clinical rounds:**
 - Always invited by the Editor-in-Chief; authors interested in writing clinical rounds should initially contact the Editor-in-Chief. Clinical rounds focus on recent scientific or advances.
 - All clinical rounds are rigorously peer reviewed before a final publication decision is made.
 - No Word limit and no figures and tables limit and up to 100 references.
 - Available on online only with DOI.
- **Cardiovascular Case Series:**

This is only by invitation from the editorial board. Then guidelines along with the request letter will be sent. This case series will concentrate on genetics, autopsies etc.

General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- 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. Ensure consistency of abbreviations throughout the article.
- The manuscripts should be written in American English.
- Genus and species names should be in italics.
- The authors should use *Système International (SI)* measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- 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*

Title Page

- 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, degree, title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degree, title, department, and affiliation of every co-author.

Abstract and Keywords

See the section Article Types for word limits.

Please provide a structured abstract of 150 to 250 words which should be divided into the following section: Background and Aim, Methods, Results, Conclusions, Keywords.

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. Please provide 3 to 6 keywords.

Main Document

- Manuscripts should be submitted in Word format (Word 2007 or higher) in English language.
- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary. Please use no more than three levels of displayed headings.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- Do not insert page or section breaks except where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word and not spreadsheets .
- Use the equation editor or Math Type for equations.
- Use the automatic page numbering function to number the pages.
- Do not use field functions.
- Use tab stops or other commands for indents, not the space bar.

Footnotes

Footnotes can be used to give additional information, which may include the citation of a reference included in the reference list. They should not consist solely of a reference citation, and they should never include the bibliographic details of a reference. They should also not contain any figures or tables.

Footnotes to the text are numbered consecutively; those to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data). Footnotes to the title or the authors of the article are not given reference symbols.

Always use footnotes instead of endnotes.

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. Acknowledgments of people, grants, funds, etc. should be placed in a separate section on the title page. The names of funding organizations should be written in full.

Conflict of Interest

It is required that a list of disclosures from every named author is submitted alongside the manuscript. In it, each author should identify any financial or non-financial conflicts relevant to the article. If no conflicts exist, please state so in this section.

Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

Please click <http://www.ijmje.org/conflicts-of-interest> to download a Conflict of Interest form.

MANUSCRIPT FORMAT *continued*

References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- 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. e.g. [3] or [1-3, 7,8] etc.
- 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.
- References should be styled per the following examples:

1. Citing a journal article:
Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. *N Engl J Med* 1986;315:341-347
2. Citing a chapter in a book:
Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. *Renal Vascular Disease*. Philadelphia: WB Saunders; 1995:47-62
3. Citing a book:
Stryer L. *Biochemistry*. 2nd ed. San Francisco: WH Freeman; 1981:559-596
4. Citing a thesis:
Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994
5. Citing a government publication:
Food and Drug Administration. *Jin Bu Huan Herbal Tablets*. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22
6. Citing an online article:
Rosenthal S, Chen R, Hadler S. The safety of acellular pertussis vaccine vs whole-cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996;150:457-460. Available at: http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm. Accessed November 10, 1996
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

Figure Captions

- 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 captions) sequentially in the order they are cited in the text. Figures in online appendices (Electronic Supplementary Material) should, however, be numbered separately.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions 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. Figure captions begin with the term **Fig.** in bold type, followed by the figure number, also in bold type. No punctuation is to be included after the number, nor is any punctuation to be placed at the end of the caption.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.)

Tables

- All tables are to be numbered using Arabic/ roman numerals. Tables should always be cited in text in consecutive numerical order.
- For each table, please supply a table caption (title) explaining the components of the table.
- 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.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- 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.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, "Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357." ("Data from . . ." or "Adapted from . . ." may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

DIGITAL ARTWORK PREPARATION

General Guidelines

For the best quality final product, it is highly recommended that you submit all of your artwork – photographs, line drawings, etc. – in an electronic format. Your art will then be produced to the highest standards with the greatest accuracy to detail. The published work will directly reflect the quality of the artwork provided.

- 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.
- 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.
- Avoid effects such as shading, outlining letters etc.
- Do not include titles or captions within your illustrations.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

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.

Black-and-White Art

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

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.

SUBMISSION PROCEDURE

Submission Procedure

- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
- Manuscripts must be submitted electronically at the following link: <https://www.manuscriptmanager.net/ijcdw>
- 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.

Revision Procedure

- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- Log In to the submission system and find your article, which will be marked for revision.
- The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
- You will also be provided space in which to respond to the reviewers' and editors' comments. Please be as specific as possible in your response.

Peer Reviewing Process

The journal follows double blind peer-review process where neither the author nor the reviewer gets to know the identity of each other. This is ensured by masking the separate front-page file to the reviewers having author details.

At least three random reviewers based on their technical and clinical expertise are assigned by the Chief Editor on each manuscript and the decision is taken based on the comparative reviews which the manuscript receives during the review process.

Appointment of Reviewer Team for the journal

The reviewer team is being appointed based on the individual expertise and experience in publishing in the subject category. Individual publishing history as first and last authors is being taken into consideration before sending the invite to the individual. A mix of experienced and young researchers are being chosen to construct the reviewer panel.

PRODUCTION PROCEDURE

Page Proofs

Page proofs will be sent to you via email. The proofs will be in a PDF file format, which should be opened using Acrobat Reader software. You will receive further instructions with your proofs. Take this opportunity to check the typeset text for typographic and related errors. Elective alterations are difficult to accommodate owing to the associated time and expense of introducing them. Therefore, please be sure that when you submit your manuscript, it is accurate, complete, and final.

POLICY STATEMENTS

Statement on Liability

The legislation on product liability makes increased demands on the duty of care to be exercised by authors of scientific research and medical publications. This applies in particular to papers and publications containing therapeutic directions or instructions and doses or dosage schedules. We therefore request you to examine with particular care, also in your own interest, the factual correctness of the contents of your manuscript once it has been copyedited and returned to you in the form of galley proofs. The responsibility for the correctness of data and statements made in the manuscript rests entirely with the author.

Definition of Authorship

Authorship credit should be based on criteria established by the [International Committee of Medical Journal Editors](#). Each author should have made the following contributions towards the completion of the manuscript:

1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published

Copyright Statement

Submitted manuscripts must represent original research not previously published nor being considered for publication elsewhere. The editors and Thieme combat plagiarism, double publication, and scientific misconduct with the software [CrossCheck](#) powered by [iThenticate](#). Your manuscript may be subject to an investigation and retraction if plagiarism is suspected.

If you plan to reproduce text, tables, or figures from a published source, you must first obtain written permission from the copyright holder (usually the Society). This is required even if the material is from your own published work. For material never before published and given to you by another person, you must obtain permission from that person. Serious delays to publication can be incurred if permissions are not obtained.

As the author, it is your responsibility to obtain all permissions, pay any permission fees, furnish copies of permissions to Thieme with your manuscript, and include a credit line at the end of the figure caption, beneath the table, or in a text footnote.

Upon publication of an article, all rights are held by the Society, including the rights to reproduce all or part of any publication. The reproduction of articles or illustrations without prior consent from the publisher is prohibited.

Conflict of Interest Resolution

Conflict of any form which arises related to the content published is being resolved with an unbiased approach by letting both the whistleblower and the author to present due facts in support of their side of the argument and a decision to retain the content or reject/retract is being taken.

POLICY STATEMENTS *continued*

Statement of Ethics

This journal adheres to the ethical standards described by the [Committee on Publication Ethics](#) and the [International Committee of Medical Journal Editors](#). Authors are expected to adhere to these standards.

For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

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

Type of Study	Guidelines
Randomized controlled trials	CONSORT
Studies of diagnostic accuracy	STARD
Systematic reviews and meta-analyses	QUOROM/PRISMA
Observational studies in epidemiology	STROBE
Meta-analyses of observational studies in epidemiology	MOOSE

Patient Permission Policy

You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph. Patient permission forms are available at www.thieme.com/journal-authors

EDITORIAL CONTACTS

Please contact the Editors or Thieme Publishers with any questions.

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