

## VCOT – Open Author Instructions

Thank you for contributing to *VCOT- Open*. 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	2018 Article Processing Charge (APC)
PWYW	This journal implements a Pay What You Want model for APCs. This means that once your manuscript has been accepted for publication and it comes to paying the processing fee, you decide how much to pay. We are giving you the choice to pay any price you feel appropriate.

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### SUBMISSION CHECKLIST

All manuscripts must be submitted at the following link:

<https://mc.manuscriptcentral.com/vcotopen>

- 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 Page 3 for word limit
- 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 form included at the end of this document

## CONTENTS

<b>MANUSCRIPT FORMAT</b> -----	<b>3-9</b>
Article Types -----	3
General Guidelines -----	4
Title Page -----	5
Formatting -----	5
Blinding -----	5
Animal Care -----	5
Character Count -----	5
Author Contribution Form -----	5
Abstract and Keywords -----	5
Main Document -----	6
Formulas -----	6
Acknowledgments -----	6
Funding -----	6
Conflict of Interest -----	6
Style Specifics -----	7
References -----	8
Figure Captions -----	9
Tables -----	9
Videos-----	9
<b>DIGITAL ARTWORK PREPARATION</b> -----	<b>10-11</b>
General Guidelines -----	10
Black and White Art -----	10
Color Art -----	10
Convention for Radiographic Orientation -----	10
Art Labels -----	11
<b>SUBMISSION PROCEDURE</b> -----	<b>12</b>
Submission Procedure -----	12
Revision Procedure -----	12
Peer-review process-----	12
<b>PRODUCTION PROCEDURE</b> -----	<b>12</b>
Page Proofs -----	12
<b>POLICY STATEMENTS</b> -----	<b>13-14</b>
Reporting Guidelines-----	13
Authorship-----	13
Statement on Liability -----	13
Animal care Guidelines -----	13
Copyright Statement -----	14
Statement of Ethics -----	14
<b>EDITORIAL CONTACTS</b> -----	<b>15</b>

VCOT-Open is an open access international peer-reviewed companion journal to the renowned *Veterinary and Comparative Orthopaedics and Traumatology (VCOT)*, published online.

## 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	References	Figures/Tables
Review Articles (20,000 characters with spaces)	1,500 characters (with spaces)	5	50 words	Up to 40 references	n/a
Original Research (20,000 characters with spaces)	1,500 characters (with spaces)	5	50 words	Up to 40 references	n/a
Clinical Communications (20,000 characters with spaces)	1,500 characters (with spaces)	5	50 words	Up to 40 references	n/a
Case Reports (15,000 characters with spaces)	1,500 characters (with spaces)	5	50 words	Up to 30 references.	5 essential figures or tables (figures can have sub-parts)
Brief Communications (10,000 with spaces)	1,500 characters (with spaces)	5	50 words	Up to 10 references.	2 essential figures or tables
Letters to the Editor (6,000 with spaces)	NA	5	50 words		2 essential figures or tables
What is your Diagnosis (2,500 with spaces)	1,500 characters (with spaces)	5	50 words	Up to 6 references.	

Please note that the total character counts apply only to the main body of the text; starting with first word of the Introduction and ending with the last word of the Conclusion . Manuscripts exceeding these character counts will be returned to the authors for shortening before peer review.

- **Original Research:** papers documenting the finding of clinical or experimental investigations should contain a testable hypothesis or clear statement of purpose.
- **Clinical Communications:** Papers reporting the diagnosis, treatment or outcome in clinical patients that lack a testable hypothesis.
- **Brief Communications:** are short papers reporting on a clinical or research material of special interest.
- **Letters to the Editor:** can be a response to a previous article or a comment or observation which the author would like to address to the readership.
- **What is your Diagnosis:** are shorter articles presented in a Question-Answer format (submit as “Clinical Communication”).
- **Case Reports:** documenting one or several clinical cases will be considered for publication only if the disease, disorder, injury, or procedure is exceptionally unique and has not been reported previously. The report must provide new and clinically important information about the disorder, which must be well characterized by appropriate documentation of clinical findings, diagnostic pathology, diagnostic imaging, or preferably a combination of these. Similarly, longterm follow-up data must be included, as appropriate to the case(s). The reason(s) why the case is important, and the impact of this new

knowledge on furthering our understanding of the particular subject must be discussed. Reports that are primarily describing additional cases of a previously reported disorder, albeit rare or unusual, will not be considered for publication. Moreover, variations in the manifestation of a disorder are not considered sufficiently unique to warrant publication – for example the occurrence of a fracture, tumour, infection or foreign body in an atypical species of animal or anatomical location.

### **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.
- The manuscripts should be written in American English.
- 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.

## **MANUSCRIPT FORMAT *continued***

The following is a list of formatting requirements for submitted manuscripts. Papers that deviate from this will be returned with a request for changes, and will not undergo review until these changes have been made. Each of the following sections should be submitted as a separate document: Title Page, Summary + Main Text + References, Legends, Tables, Figures. Word or Rich Text Format files should be used for the manuscript files; gif, jpeg, tif, or eps should be used for all image files; and word or excel for all Tables. Do not embed Figures or Tables in the text of the manuscript.

### **Title Page**

Should include all author names and affiliations, correspondence author and contact information, Acknowledgments, Funding, Author Contributions and Conflict of interest statements.

### **Formatting**

Continuous line numbering should be used throughout the text along with double line spacing.

### **Blinding**

All identification information should be removed from the paper for double blind peer review. This includes author names, initials, institutions countries and cities, as well as information which may appear in radiographs or other images. Either “Blinded” or “XX” can be used in the text for any places where this information was.

### **Animal Care**

A section detailing the perioperative care which was given should be included, if relevant, as well as whether institutional approval was gained and what guidelines were followed. Please see the “Animal Care Guidelines”.

### **Character Count**

Total character count for your main text should not exceed the allowed limits. Please see the “Article Types” section for this.

### **Author Contributions Form**

Following the first online submission of your manuscript, the Corresponding Author should fill out the Author Contributions form on behalf of all

### **Abstract and Keywords**

See the section Article Types for word limits.

The abstract should briefly outline the content of the article and any conclusions it may reach. It should be structured as follows: Objective, Study Design, Results, Conclusion. The keywords should be words a reader would be likely to use in searching for the content of the article.

### **Main Document**

- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- 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.
- For Original Research, Clinical Communications, & Brief Communications, the manuscript should be divided into sections, including an Introduction, Materials and Methods, Results, and Discussion. The most important sections within each main section should be stressed by subheadings.
- Review Articles should have an Introduction, and then the appropriate section headings in bold.
- For Case Reports, please include an Introduction followed by a Discussion. Additional section headings can be included.

- What is your Diagnosis should be divided into a Question & an Answer and the 2 main sections should be Case History & Discussion/Diagnosis.

### **Formulas**

Special care should be taken with the presentation of formulas, especially complex ones. In order to save formulas into your document in a manner that will ensure their accurate appearance in the proof generated by the system, create the formulas as text or use the “Formula” toolbar. Alternatively, upload as a separate document and refer to the formula as you would a Figure or Table.

### **Acknowledgments**

Scientific advice, technical assistance, and credit for financial support and materials may be grouped in a section headed 'Acknowledgements'. Those who do not qualify for authorship should also be included here. This section will be placed at the very end of the text. For submission however, please place this information with the Title page.

### **Funding**

Authors should provide all relevant information regarding the funding which was received, including any provision of experimental materials, equipment, writing assistance, or related. It should also be stated what role the research funder had, for instance, whether they were also involved in other aspects of the study such as the design. This information will be published with the paper, should it be accepted. If no funding was received, please state this.

### **Conflict of Interest**

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

Upon Submission, it is required to indicate on the Title page for each author if there is, or has been a situation where a conflict of interest could be construed. This includes both financial and personal relationships that might bias or be seen to bias their work. Each author should also acknowledge the source of any extra-institutional funds or support. Any financial interests in companies that market material that are, or have been, the subject of research reported in the manuscript should be acknowledged. Such information may or may not be held in confidence while the paper is under review, and should the article be accepted for publication, this information will be published with the paper.

## Style Specifics

- Contributions should be submitted in UK English; this however is not a requirement, and if the paper is accepted, the Editorial Office will make all necessary changes. For non-English speaking authors, it may be of benefit to use a English editing firm to help in improving the English usage.
- Abbreviations should be spelled out for the first use followed by the abbreviation in parentheses; thereafter the abbreviation can be used. The use of abbreviations however should be kept to a minimum.
- Nomenclature should be done according to internationally approved rules. All anatomical nomenclature should be written in full and Anglicized.
- Units of measurement should be given in the metric system or in SI units and temperatures should be in °C.
- For instruments, specific equipment, or drugs which are referred to in your paper, please cite the specific information (model number if relevant, generic and trade name, manufacturer and their location) as a footnote using roman letters at the end of the paper or as footnotes in the text.
- Figures and Tables should be cited in sequential order, in parentheses, in the text. The actual file for each figure and table should be named according to its number in the text (i.e. Figure 1, Table 2).
- Greek letters, special characters, & mathematical symbols should be insert using the “Symbol” or “Formula” toolbar menu in your word processing program. Before submitting your manuscript, please verify in the system-created pdf that all have converted correctly.

## 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](http://www.nlm.nih.gov); Books in Print: [www.booksinprint.com](http://www.booksinprint.com); PubMed: [www.ncbi.nlm.nih.gov/PubMed/](http://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.
  - The Vancouver style should be used - references are numbered consecutively in order of appearance in the text, and identified by Arabic numerals in parentheses at the end of the sentence. 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](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

## MANUSCRIPT FORMAT *continued*

### 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.
- 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.
- 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

- 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.

### Videos

- The following formats are acceptable: \*.avi, \*.mov and \*.mpg.
- For supplementary videos, the length should not exceed 4 minutes, and a legend of no more than 40 words per video or per sequence is required (it should also be included in the main document).
- All videos should include a clear, English language voice over explaining the demonstration or operation being presented. Be precise, informative, and clear in your speech. Re-record audio in post-production for sound quality.
- Be slow and deliberate in all movements. Be cautious of bad lighting, and white balance the camera each time you turn it on. Place the camera on a tripod and obscure the faces of any patients, or obtain a signed Statement of Consent.

## DIGITAL ARTWORK PREPARATION

### General Guidelines

- 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.
- 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.

### Convention for Radiographic Orientation

For radiographic images, please follow the guidelines below. When preparing illustrations from native DICOM format, please note that most clinical DICOM viewers export images with the low resolution, typically 90–100 dpi, used by most operating systems. Use a program that maintains the original matrix to prepare illustrations, for example Image J, and thus meet or exceed the requirement of a minimum resolution of 300 dpi. Knowing the original acquisition matrix size allows a simple calculation to determine the number of dpi based on a width or height of the finished illustration of 12–15 cm.

**Radiographs:** Lateral views of any part should be orientated with the cranial or rostral part to the viewers left. Ventrodorsal or dorso-ventral images should be viewed with the left side on the reader's right. Images of extremities should have the proximal portion of the limb at the top of the image. There is not a convention as to whether the lateral or medial aspect of the limb should be to the right or the left, but the orientation should be consistent within the manuscript.

**Ultrasound:** For abdominal imaging with the patient in dorsal recumbancy, sagittal images should be orientated with the ventral surface at the top of the image, and the cranial aspect to the left. In the transverse plane, the patient's right side should be on the left of the image. If the transducer has been placed on the right side of the abdomen in a transverse plane, ventral should be on the right of the image and dorsal on the left. For images obtained from the left side of the abdomen, ventral should be on the left side of the image and dorsal on the right.

**Echocardiographic images:** Computed tomography and magnetic resonance images should be orientated in the following manner:

**Head and spine**

- Sagittal plane: cranial (rostral) to the left, dorsal at the top.
- Transverse plane: dorsal at the top, left to the reader's right.
- Dorsal plane: cranial (rostral) at the top, left to the reader's right.

**Thorax and Abdomen**

- Images should be displayed as they were acquired.

**References**

1. Thrall DE. Textbook of Veterinary Diagnostic Imaging (3rd Ed). Philadelphia, WB Saunders 1998; 26.
2. Nyland TG, Mattoon JS. Veterinary Diagnostic Ultrasound. Philadelphia, WB Saunders 1995; 11–12.
3. Thomas WP, Gaber CE, Jacobs GJ, et al. Recommendations for standards in transthoracic two dimensional echocardiography in dogs and cats. J Vet Intern Med 1993; 7: 247–252.
4. Anon. Instructions to authors. Vet Radiol Ultrasound 2000; 41: 584.

**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.
- Manuscripts must be submitted electronically at the following link:  
<https://mc.manuscriptcentral.com/vcotopen>
- 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

Please submit your revised manuscript before the deadline stated in your decision letter has been reached. Please also note that the deadline has actually expired by the end of the day (midnight), German time, on the day just before the deadline. For example, for a deadline of May 21, when the clock turns midnight and the date officially changes from May 20 to the 21, the deadline has expired. If more time is needed, please contact the Editorial Office. Revisions should be submitted as a revision under the original manuscript number - if the deadline has passed, inform the Editorial Office rather than submitting as a new manuscript. Do not forget to activate **Track Changes** when making revisions, or to highlighting the areas where text was changed, and to submit a **point by point** response to the reviewers comments along with your revision.

### Peer Review Process

All articles submitted to the Journal will first be checked by the Managing Editor to ensure they conform to the guidelines listed in this document. Manuscripts that fail to meet these requirements will not be sent for review and you will be asked to resubmit in an appropriate format. VCOT-Open reserves the right to reject any manuscript. Manuscripts that enter the peer review process will be examined by a minimum of two expert reviewers. They will be asked to comment on the scientific quality of the work, and its contribution to the field. The entire process is blinded: the authors do not know who is reviewing the paper, and the reviewers do not know who the authors are or where they come from. Based on the reviews, the Editor-in-Chief will then issue a decision concerning acceptance, major or minor revision, or rejection. Those which are accepted for publication are subject to the authors addressing all editorial and production concerns.

## PRODUCTION PROCEDURE

### Page Proofs

All accepted manuscripts are subject to editing by the Editor-in-Chief and the Managing Editor. The designated Correspondence Author will receive the final proofs for approval and corrections. All corrections must be returned within the stated time period; if this is not possible please inform the Managing Editor.

## POLICY STATEMENTS

### Reporting Guidelines

The following reporting guidelines may be of use when conducting and reporting your research:

- Standards for the reporting of diagnostic accuracy studies (STARD): <http://www.stard-statement.org>
- Consolidated standards for reporting randomized clinical trials (CONSORT): <http://www.consortstatement.org>
- Systematic reviews and meta-analyses (PRISMA): <http://www.prisma-statement.org>
- Animal Research: Reporting In Vivo Experiments (ARRIVE Guidelines): <https://www.nc3rs.org.uk/arrive-guidelines>
- MOOSE (for reporting of meta-analyses of observational studies)
- COREQ (for reporting qualitative research)
- Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals by the International Committee of Medical Journal Editors (ICMJE): [www.icmje.org](http://www.icmje.org)

### Authorship

VCOT-Open follows the guidelines of the International Committee of Medical Journal Editors (<http://www.icmje.org/>) in regards to authorship. The editorial office is not responsible for resolving disputes between authors or potential authors of manuscripts submitted or accepted for publication, and it is the duty of the authors to decide upon the author order.

#### Authors must meet all of the following requirements:

1) Substantial contributions to the conception, study design, or acquisition of data, as well as participation in the analysis and interpretation of data; 2) Drafting of the article or revising it critically for important intellectual content; 3) Approval of the submitted version of the manuscript, all revised versions, and the final version to be published; and 4) Agreement to be publicly accountable for the appropriate portions of the content. The number of authors of any full length paper is limited to 10, case reports are limited to 5. Requests to exceed these limits must be accompanied by detailed justification. Any person who contributed materially to the paper, but does not meet these qualifications for authorship may be recognized for their function or contribution in the "Acknowledgements".

**Authorship Contribution form:** Starting in 2017, authors will be required to fill out this form – noting the contributions of each author - and submit with their manuscript.

**Change in Authorship:** Any requests for the addition or deletion of author names, as well as re-ordering of the names following acceptance of the manuscript must be sent to the Managing Editor from the corresponding author of the manuscript. **This request must include:** The reason for the change and written confirmation from all authors that they agree with this change. In the case of the addition or removal of authors, this includes a confirmation from the author(s) being added or removed. The Editor-in-Chief will be informed of such requests and publishing of the manuscript online and in print will be postponed until the authorship has been agreed upon. Should such changes occur following online or print publication of the manuscript, publishing of a corrigendum may be required.

### 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.

### Animal Care Guidelines

All material published in VCOT-Open must adhere to high ethical standards concerning animal welfare. In order to be considered for publishing, the following requirements must be met and noted in the manuscript:

1. Follows international, national and/or institutional guidelines for humane animal treatment and complies with relevant legislation (i.e. EU Convention on the protection of animals revised directive 86/609/EEC, USA Animal Welfare Acts, American Veterinary Medical Association Guidelines for the Euthanasia of Animals, ARRIVE Guidelines – Animal Research: Reporting of In Vivo Experiments).
2. Has been approved by the ethics review committee at the institution or practice at which the study/studies were conducted where such a committee exists. If there is no existing committee, it is expected that the research have been conducted in a manner likely to be approved by an ethics committee in most countries.
3. For studies using client-owned animals, client consent must be obtained and the study needs to demonstrate best practice of veterinary care.
4. Include the detailed care which was given, and the drug dosages and regimes which were instituted for analgesia and euthanasia, if applicable.

Details regarding the above requirements are to be included in your manuscript at the time of submission, either as a separate heading or as part of the “Materials and Methods” section; the specifics should be blinded (institutional names and locations should be removed) so as to preserve the doubleblind review process. The Editor-in-Chief reserves the right to reject manuscripts on the basis of ethical or welfare concerns.

### **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 publisher). 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 publishers, 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.

### **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.

## **EDITORIAL CONTACTS**

Please contact the Editors or Thieme Publishers with any questions.

### **Thieme Publishers – Project Manager Journals**

Dr. Elinor Switzer

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