Thank you for contributing to *Thrombosis and Haemostasis*. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

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All manuscripts must be submitted at the following link:

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  - All authors: full name, department, affiliation
  - Corresponding author: full name, degrees, department, affiliation, mailing address, telephone and fax number, e-mail address

- **Manuscript File**
  - Must be digital - hard copy submissions are not accepted

- **Abstract and Keywords**
  - See the section Article Types for word limit

- **References**
  - Cited sequentially in AMA style

- **Figures and Tables**
  - Cited sequentially in the main document, must be saved separately from the main document

- **Art Files**
  - Must be saved separately from the main document

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  - 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](http://www.thieme.com/journal-authors)
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MANUSCRIPT FORMAT

Article Types

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

<table>
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<th>Keywords Limit</th>
<th>Title Limit</th>
<th>Tables/Figures Limit</th>
<th>References Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Article (up to 5,000 words)</td>
<td>Up to 250 words</td>
<td>Up to 5 keywords</td>
<td>150 characters</td>
<td>No limit, but online-only suppl. material is encouraged</td>
<td>Up to 50 references</td>
</tr>
<tr>
<td>Trial Protocol Design Paper</td>
<td>Up to 250 words</td>
<td>Up to 5 keywords</td>
<td>150 characters</td>
<td>No limit, but online-only suppl. material is encouraged</td>
<td>Up to 50 references</td>
</tr>
<tr>
<td>Editorials (up to 500 words)</td>
<td>N/A</td>
<td>N/A</td>
<td>150 characters</td>
<td>No limit, but online-only suppl. material is encouraged</td>
<td>Up to 25 references</td>
</tr>
<tr>
<td>Invited Pro Article</td>
<td>Up to 250 words</td>
<td>Up to 5 keywords</td>
<td>150 characters</td>
<td>No limit, but online-only suppl. material is encouraged</td>
<td>Up to 25 references</td>
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<td>Up to 250 words</td>
<td>Up to 5 keywords</td>
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<td>No limit, but online-only suppl. material is encouraged</td>
<td>Up to 25 references</td>
</tr>
<tr>
<td>Review Article</td>
<td>Up to 250 words</td>
<td>Up to 5 keywords</td>
<td>150 characters</td>
<td>No limit, but online-only suppl. material is encouraged</td>
<td>Up to 150 references</td>
</tr>
<tr>
<td>Letters to the Editor (up to 1,000 words)</td>
<td>N/A</td>
<td>N/A</td>
<td>150 characters</td>
<td>Up to 1 tables/figures</td>
<td>Up to 25 references</td>
</tr>
<tr>
<td>T&amp;H Images (up to 400 words)</td>
<td>Up to 250 words</td>
<td>Up to 5 keywords</td>
<td>Up to 25 words</td>
<td>Up to 2 figures with maximum of 8 panels</td>
<td>Up to 5 references</td>
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- **Original Article**: Upon submission of manuscripts, authors should indicate which of the following categories comes closest to the contents of their basic, translational or clinical study: Coagulation and Fibrinolysis/Platelets, Cellular Haemostasis and Signalling/Blood Cells, Endothelium, Inflammation and Infection/New Technologies, Diagnostic Tools and Drugs/Stroke, Systemic or Venous Thromboembolism/Atherosclerosis and Ischaemic Disease. Regular articles may not exceed 5,000 words (ca. 35,000 characters), excluding tables, figure legends and references. The Editors-in-Chief may request reductions in manuscript length if it is considered too long for its message. However, manuscripts exceeding this limit may be considered if they are of exceptional quality. Original articles should have no more than 50 references. Supplementary material may be submitted for online only publication.

- **Trial Protocol Design Paper**: These articles must include a comprehensive review of the published literature [which should be summarised in succinct table(s)], and good justification on basis of prior evidence on the need for the new trial. The trial also requires a clinical trials registration number (see www.clinicaltrials.gov).

- **Editorials**: Editorials include commentaries on upcoming articles in the Journal (invited or from the Editor-in-Chief). Articles are brief overviews of approx. 500 words that undergo a short review process.
• **Invited ‘Pro’ and ‘Contra’ articles:** Perspectives and new developments (e.g. in basic research or certain therapies) as well as articles on selected topics and should be limited to three printed pages in the Journal. These contributions undergo a short review process.

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• **Letters to the Editor:** Letters include short highlights of basic or clinical research in vascular biology and medicine that are significant enough for dissemination in Thrombosis and Haemostasis; they also include Case Reports that are unusual or truly unique case reports that would advance our understanding of the field. Letters should not exceed 1,000 words (ca. 7,000 characters). They should include up to 1 figure or 1 table, no supplemental data and no abstract. and they undergo the usual review process.

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- Each figure should be either saved as a separate file. Do not embed figures in the text flow.
- 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 consistent British or 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**

**Title Page**

- This journal adheres to a single-blinded peer-review policy. The title page should 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, department, and affiliation of every co-author.

**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. The keywords should be words a reader would be likely to use in searching for the content of the article.

**Summary Table**

Original Articles should include an extra table with two parts: 1. 'What is known on this topic' and 2. 'What does this paper add?'. This should be two or three bullet points for each, with one or two short sentences for each bullet point. The objective of this is to provide the reader with a brief, quick and focused summary of your work in the perspective of other data as well as the clinical implications.

**Visual Summary**

You should accompany each Original article and Review submission by a **Visual Summary**. It should be submitted as a separate file with file name ‘Visual Summary’. Please refer to the specific instructions under “Digital Artwork Preparation”. Outstanding Visual Summaries may be selected to appear on the Cover of T&H.

**Animal experiments**

Document the species, strain, genetic background (amount of backcrossing when applicable), sex and number of each animal used. When possible, preclinical studies should include both sexes, and data should be presented distinctly for each sex to potentially identify sex differences. Pre-clinical studies proposing only one sex should be strongly justified from the scientific literature, preliminary data or other relevant considerations. The sex of animals used for tissue and cell should also be documented.

**General**

- 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.
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- 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.
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- Create tables using the Table function in Microsoft Word and upload them as separate files.
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.

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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.
- 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.
- References should be styled per the following examples:

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
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.
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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.
- 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.
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- 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

• It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
• Only upload Figures in TIF, PNG or JPG Format.
• 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.
• Please add a white background to each Figure so that it displays correctly in the generated PDF proof.

  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.

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).
  If including a voice over, it must be in clear English. Be precise, informative, and clear in your speech. Re-record audio in post-production for sound quality.

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.
Visual Summary

The Visual Summary should convey the main message of your manuscript in a clear and concise manner so that readers can grasp its contents and relevance at a glance. With the manuscript's title, it is what will capture the interest of your readers and draw them to read the whole paper.

It should:
- be one single panel image file.
- be distinct from any Figures within the manuscript.
- be self-explanatory and not contain long text.
- have a large enough font size.
- fit a 16:9 aspect ratio, at least 120mm wide, minimum resolution of 300dpi.
- be accompanied by a short legend.

Useful (free) resources for creating Visual Summaries:
- Servier Medical Art smart.servier.com: free of charge and comprehensive resource for anatomy, biology, and medical illustrations.
- Flaticon flaticon.com: useful database of free icons available in different formats.
- Public Health Image Library phil.cdc.gov: images from the Center for Disease Control and Prevention (CDC) in Atlanta, USA. Images are often in the public domain, credit is requested.
- Wikimedia commons commons.wikimedia.org: can be in the public domain.
- Scienceimage scienceimage.csiro.au: free images from the Commonwealth Scientific and Industrial Research Organisation (CSIRO) in Australia.
- Pixabay pixabay.com, Pexels pexels.com, Unsplash unsplash.com, Freerange freerangestock.com – large bank of free diagrams, illustrations and pictures.

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Examples of Visual Summaries in published articles


Examples of Visual Summaries in published articles contd.


**Example 5:** Dual Antiplatelet or Dual Antithrombotic Therapy for Secondary Prevention in High-Risk Patients with Stable Coronary Artery Disease? W. Sumaya, T. Geisler, S.D. Kristensen, R.F. Storey. 2019; 119(10): 1583-1589

**Example 6:** Lysophosphatidylcholine in Platelet Microvesicles: The Grease for Cardiovascular Disease. R.R. Koenen. 2019; 119(08): 1202-1204
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- 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.
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• 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.
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2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published

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Registration of Clinical Trials

All submissions which report on new clinical trials should provide evidence that the trial is registered with one of the ICMJE-approved databases [ClinicalTrials.gov]. The reporting of randomised clinical trials must conform to

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