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- [ ] **AUTHOR INFORMATION**
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  - 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 through ICMJE COI forms

- [ ] **REFERENCES**
  - Cited sequentially in the American Medical Association style

- [ ] **FIGURES AND TABLES**
  - Cited sequentially and included in the main document

- [ ] **ART FILES**
  - Must be saved separately from the main document

- [ ] **PERMISSIONS**
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  - 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.

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<tr>
<th>Article Type</th>
<th>Abstract Limit</th>
<th>Keywords Limit</th>
<th>Title Limit</th>
<th>Tables/Figures Limit</th>
<th>References Limit</th>
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<tr>
<td>Original article</td>
<td>Up to 350 words (Structured:</td>
<td>3 to 7 keywords</td>
<td>Up to 35</td>
<td>Approximately 5</td>
<td>Up to 40</td>
</tr>
<tr>
<td>(up to 3,500 words)</td>
<td>Objectives, Materials and Methods, Statistical analysis, Results, Conclusions)</td>
<td></td>
<td>words</td>
<td>tables/figures</td>
<td>references</td>
</tr>
<tr>
<td>Brief Report</td>
<td>Up to 200 words (Structured:</td>
<td>3 to 7 keywords</td>
<td>Up to 35</td>
<td>Approximately 5</td>
<td>Up to 20</td>
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<tr>
<td>(up to 1800 words)</td>
<td>Objectives, Materials and Methods, Statistical analysis, Results, Conclusions)</td>
<td></td>
<td>words</td>
<td>tables/figures</td>
<td>references</td>
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<tr>
<td>Review article</td>
<td>Up to 400 words (Unstructured</td>
<td>3 to 7 keywords</td>
<td>Up to 35</td>
<td>Approximately 5</td>
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</tr>
<tr>
<td>(up to 4000 words)</td>
<td>abstract)</td>
<td></td>
<td>words</td>
<td>tables/figures</td>
<td>references</td>
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<tr>
<td>Editorial</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<td>n/a</td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>Clinical Case Reports</td>
<td>Up to 350 words (Unstructured</td>
<td>3 to 7 keywords</td>
<td>Up to 35</td>
<td>Approximately 5</td>
<td>Up to 25</td>
</tr>
<tr>
<td>(up to 2500 words)</td>
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<td></td>
<td>words</td>
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<td>references</td>
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<tr>
<td>Meta-Analysis</td>
<td>Up to 400 words (Unstructured</td>
<td>3 to 7 keywords</td>
<td>Up to 35</td>
<td>Approximately 5</td>
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<tr>
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<td>n/a</td>
<td>Upto 15</td>
</tr>
<tr>
<td>(up to 1500 words)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>references</td>
</tr>
</tbody>
</table>

- **Original Article**: Original research article presents an advance of medical knowledge about certain topic. The conclusions of the original research articles should be clearly supported by results. 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 Tables and Figure legends.

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• **Editorial:** Editorials are solicited by the editorial board or Editor-in-Chief; should be up to 1,500 words and with no more than 15 references.

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• **Meta-Analysis:** A quantitative, formal, epidemiological study design used to systematically assess the results of previous research to derive conclusions about that body of research. The prescribed word count is up to 4,000 words excluding tables, references and abstract. The manuscript may have about 75 references. The manuscript should have an unstructured Abstract (350–400 words) representing an accurate summary of the article.

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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

Abstract and Keywords

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 case reports, meta-analysis, and review articles. The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be wording a reader would be likely to use in searching for the content of the article.
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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

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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.

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- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
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- 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

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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.
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- 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.
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- 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).
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- 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.

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- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
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- 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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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.
• Manuscripts must be submitted electronically at the following link: https://www.manuscriptmanager.net/limuj
• 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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• 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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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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<tr>
<td>Randomized controlled trials</td>
<td>CONSORT</td>
</tr>
<tr>
<td>Studies of diagnostic accuracy</td>
<td>STARD</td>
</tr>
<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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<tr>
<td>Meta-analyses of observational studies in epidemiology</td>
<td>MOOSE</td>
</tr>
</tbody>
</table>

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**EDITORIAL CONTACTS**

Please contact the Editor in Chief for further queries at hwuegi@hotmail.com.