

# Instruction for Authors

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The *Asian Spine Journal* (*Asian Spine J*, *ASJ*), the official journal of the Asia Pacific Spine Society, the Middle East Spine Society, the Association of Spine Surgeons of India, the Taiwan Spine Society, and the Korean Society of Spine Surgery (KSSSS), is an international, open access, peer-reviewed journal that publishes articles related to basic and clinical spinal research bimonthly at the end of February, April, June, August, October, and December.

The journal aims to promote communications among spinal surgeons, particularly in Asian countries, regarding spine problems and to provide Asian spinal surgeons with more opportunities to publish their work in an international journal. All manuscripts should be creative, informative, and useful for the diagnosis and treatment of spine problems. Manuscripts regarding disease and treatment that show more characteristic features in Asian people would be preferable. Every researcher who is interested in the aims and scope is encouraged to submit papers.

Manuscripts for submission to *ASJ* should be prepared according to the following instructions. *ASJ* follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

## RESEARCH AND PUBLICATION ETHICS

The journal adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics, COPE; the Directory of Open Access Journals; the World Association of Medical Editors; and Open Access Scholarly Publishers Association; <https://doaj.org/bestpractice>). Furthermore, procedures for handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

### *Conflict-of-Interest Statement*

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest are financial support from, or connections to, pharmaceutical companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

### *Authorship and Author's Responsibility*

Authors are responsible for the entire content of each article. Co-authorship should be based on the following four criteria: (1) substantial contributions

to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; (2) drafting of the work or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work and ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. If any person does not meet the above mentioned criteria, they may be placed as contributors in the Acknowledgments section.

Each author must affirm that they participated in and contributed sufficiently to the work to take public responsibility for the following: (1) conception and design, (2) data acquisition, (3) analysis of data, (4) drafting of the manuscript, (5) critical revision, (6) obtaining funding, (7) administrative support, or (8) supervision. Each author's role should be addressed on the title page.

The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process and typically ensures that all the journal's administrative requirements, such as providing details of authorship, providing ethics committee approval, providing clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly met, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information if questions about the paper arise after publication.

Description of co-first authors or co-corresponding

authors is also accepted if the corresponding author believes that they contributed equally.

### ***Originality and Duplicate Publication***

All submitted manuscripts should be original and should not be under consideration by other scientific journals for publication at the same time. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. If duplicate publication related to the papers of this journal is detected, the authors will be announced in the journal, their institutions will be informed, and the authors will be penalized.

### ***Secondary Publication***

It is possible to republish manuscripts if the manuscripts satisfy the secondary publication conditions of the ICMJE Recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

### ***Registration of Clinical Trial Research***

Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site, such as the Korea Clinical Research Information Service (<https://cris.nih.go.kr>) or other primary national registry sites accredited by the World Health Organization (<https://www.who.int/ictrp/network/primary/en/>) or ClinicalTrials.gov (<https://clinicaltrials.gov/>), a service of the US National Institutes of Health.

### ***Data Sharing Statement***

ASJ accepts the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). Authors may refer to the editorial "Data Sharing statements for Clinical Trials: A Requirement of the International Committee of

Medical Journal Editors” in *Journal of Korean Medical Science* (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

#### ***Statement of Informed Consent and Institutional Review Board Approval***

Copies of written informed consent and Institutional Review Board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

#### ***Statement of Human and Animal Rights***

Clinical research should be conducted in accordance with the World Medical Association Declaration of Helsinki: Medical Research Involving Human Subjects (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. Human subjects should not be identifiable, and patients’ names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

#### ***Process to Manage Research and Publication Misconduct***

When the journal faces suspected cases of research and publication misconduct, such as duplicate publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflicts of interest, ethical problem with a submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, etc., the resolution process will follow the COPE flowchart (<https://publicationethics.org/resources/flowcharts>). The discussion and decision

regarding the suspected cases are done by the Editorial Board.

#### ***Editorial Responsibilities***

The Editorial Board will continuously work for monitoring/safeguarding publication ethics: provision of guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publication of corrections, clarifications, retractions, and apologies when needed; warranty of no plagiarism and no fraudulent data. The Editorial Board checks manuscripts to confirm the originality of text through Similarity Check. If the similarity index value is unexpectedly high, it will be screened more precisely for plagiarism or duplicate publication. Editors have the following responsibilities: responsibility and authority to reject/accept an article; confirmation of no conflict of interest with respect to articles they reject/accept; acceptance of a paper when reasonably certain; promotion of publication of correction or retraction when errors are found; preservation of anonymity of reviewers.

#### ***PUBLICATION TYPES, QUALIFICATION FOR AUTHORS, AND LANGUAGE***

ASJ focuses on clinical and experimental studies, reviews, technical notes, letters to the editor, editorials, and announcements. Any physician or researcher may submit a manuscript if its scope is appropriate. Manuscripts should be submitted in English. Medical terminology should be written based on the most recent edition of Dorland’s Illustrated Medical Dictionary.

## **COPYRIGHTS, OPEN ACCESS, OPEN DATA, ARCHIVING, AND DEPOSIT POLICY**

### ***Copyrights***

Copyrights of all published materials are owned by the KSSS. All authors must sign the Transfer of Copyright Agreement when they submit their manuscript. This form is available at our website on the submission page, and authors must click the form online in “Accept the Copyright Transfer Agreement” (Main Menu > Author Center > New Submissions > Submit New Manuscript). Materials appearing in the journal are covered by copyright. The authors are responsible for obtaining permission from the copyright holder to reprint any previously published material in *ASJ*.

### ***Open Access Policy***

*ASJ* is an open access journal distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/bync/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need permission for use of tables or figures published in *ASJ* in other journals, books, or media for scholarly and educational purposes. This is in accordance with the Budapest Open Access Initiative definition of open access. It also follows the open access policy of PubMed Central (PMC) at the United States National Library of Medicine (NLM) (<https://www.ncbi.nlm.nih.gov/pmc/>).

### ***Open Data Policy***

For clarification on the accuracy and reproducibility of results, raw data or analysis data will be added to a public repository or the *ASJ* homepage after acceptance of the manuscript. If the data is already public, its URL

site or sources should be disclosed. If data cannot be publicized, it can be negotiated with the editor. If there are any inquiries on depositing data, authors should contact the Editorial Office for more information.

### ***Archiving Policy***

The full text of *ASJ* has been archived in PMC (<https://www.ncbi.nlm.nih.gov/pmc/journals/1212/>) and the National Library of Korea (<https://www.nl.go.kr/>) since the first volume was published in 2007. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk/>), authors cannot archive pre-print (i.e., pre-refereeing), but they can archive post-print (i.e., final draft post-refereeing). Authors can archive the publisher’s version/PDF. *ASJ* provides the electronic backup and preservation of access to the journal content in the event that the journal is no longer published by archiving in PMC and the National Library of Korea.

## **SUBMISSION OF MANUSCRIPT**

### ***Online Submission***

Manuscript submission and tracking is available only through our website <https://www.asianspinejournal.org> or <https://mc04.manuscriptcentral.com/asianspinejournal>. For assistance, please contact us via e-mail ([spinecjh@gmail.com](mailto:spinecjh@gmail.com)), telephone (+82-2-3010-3549), or fax (+82-2-3010-8555).

### ***Author’s Checklist***

You will be asked to complete the Author’s Checklist (<https://www.asianspinejournal.org/authors/checklist.php>) before submitting a new manuscript. Please ensure that every point listed in the Author’s Checklist has been addressed.

### ***Document Forms***

Before logging into the online submission system, you should prepare the following documents, which you will be asked to upload during electronic submission:

- Copyright transfer agreement
- Cover letter: A cover letter must be included, indicating the address, telephone and fax numbers, and e-mail address of the corresponding author.

### **PEER REVIEW PROCESS**

Manuscripts are sent to two editorial members and one outside reviewer. The Editor-in-Chief will make the final decision regarding acceptance of a peer-reviewed paper. The average time between receipt of a submitted manuscript and the decision regarding its publication is 6 weeks, but it can be longer.

### ***Appeals of Decisions***

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal a decision should contact the Editor-in-Chief, explaining the reasons for their appeal in detail. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows COPE guidelines (<https://publicationethics.org/appeals>). *ASJ* does not consider second appeals.

### **MANUSCRIPT PREPARATION**

All manuscripts must meet the following basic requirements to be eligible for review by the journal. Any manuscript that does not conform to the following requirements will be considered inappropriate and may be returned.

### ***Basic Requirements***

- All manuscripts should be written in English and submitted as MS Word files.
- The manuscript should be double-spaced on 21.6×27.9 cm (letter size) or 21.0×29.7 cm (A4) paper, with 3.0-cm top, bottom, and left margins.
- The text should be typed in 10-point Arial, Times New Roman, or Courier font and double-spaced.
- Pages should be consecutively numbered, with the abstract page as page 1.
- All measurements in the manuscript should be presented in SI units except for those of angular measurement, which should be presented in degrees rather than radians.
- Neither authors' names nor their affiliations should appear on any of the manuscript pages.
- Use only standard abbreviations. The use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the manuscript title. The spelled out abbreviation followed by the abbreviation in parenthesis should be used at first mention, unless the abbreviation is a standard unit of measurement.
- Provide the names and locations (city, state, and country only) of equipment manufacturers and nongeneric drugs.
- When quoting from other sources, give a reference number after the author's name or at the end of the quotation.
- If long-term follow-up is needed, given the scope of the study, follow-up of less than 1 year is usually unacceptable and more than 2 years is preferable.

### ***Reporting Guidelines for Specific Study Designs***

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and nonrandomized studies,

authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and the NLM ([https://www.nlm.nih.gov/services/research\\_report\\_guide.html](https://www.nlm.nih.gov/services/research_report_guide.html)).

### ***Types of Articles***

#### **1. Original Articles**

Manuscripts should not exceed 3,000 words, including structured abstract, text, and figure legends, but not including title page, references and tables, and should not include more than a total of eight figures or tables. When author(s) upload their manuscript via the online submission system, the following components are required: (1) title page, (2) blinded manuscript with abstract, (3) figures (if any), (4) tables (if any) (5) copyright agreement form, (6) conflict of interest form, and (7) multimedia (if any). The blinded manuscript should include structured abstract, keywords, main text, references, and figure legends.

#### ***Title Page***

The title page should comprise the following components in this order:

- Full title of manuscript.
- Names of authors and addresses of institutions where the study was performed. If authors are at different institutions, first present the institutions where most of the work was conducted, and indicate individual departments or institutions by inserting superscript Arabic numerals immediately after the author's name and the same superscript numerals in front of the appropriate institution.
- Role of each author.
- Running head.
- The name, institutional address, telephone and fax

numbers, and e-mail address of the corresponding author as well as acknowledgement(s) of funding, grant, or any technical support in the lower portion of the title page.

- Open Researchers and Contributors ID (ORCID) of all authors can be provided, which can be registered and obtained from <https://orcid.org/>.

#### ***Abstract***

- The structured abstract should contain a maximum of 300 words and comprise six sections, with headings (in this order): Study Design, Purpose, Overview of Literature, Methods, Results, and Conclusions. Specific numerical data should be presented under Results.
- Up to five keywords should be provided in the following order: anatomical name, diagnosis, and treatment, for example, Thoracolumbar spine; Tuberculous spondylitis; Pedicle screw; Titanium mesh cage, for a paper entitled "Safety and Efficacy of Pedicle Screw and Titanium Mesh Cage in the Treatment of Tuberculous Spondylitis of the Thoracolumbar Spine." Authors are recommended to use the MeSH database (<http://www.nlm.nih.gov/mesh/>) to find keywords.
- Abbreviations should be minimized. When necessary, spell out the full term the first time it appears, add the abbreviation in parentheses, and use the abbreviation thereafter. References are not allowed in the abstract.

#### ***Text***

The text, or body, of the manuscript should be divided into five sections: Introduction, Materials and Methods, Results, Discussion, and Conclusions.

- Introduction. State the background or problem that led to the initiation of the study. Lead systematically to the hypothesis of the study and finally, to a restatement

of the study objectives, which should match those in the abstract. Do not provide conclusions in the Introduction.

- **Materials and Methods.** Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration of the study) and population (demographics, length of follow-up). Explanations of the experimental methods should be concise yet enable replication by a qualified investigator.

Studies performed using clinical samples or data and those involving animals must include information on the IRB/ethics committee approval or waiver and informed consent. An example is as follows. “We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (IRB No. OO). Written informed consents were obtained / Informed consent was waived.”

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and the methods used to determine sex and gender. If the study involved an exclusive population, for example, in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance to the study.

- **Results.** Include detailed reports on the data obtained during the study. All data in the text must be presented in a consistent manner throughout the manuscript.
- **Discussion.** Data should be interpreted to demonstrate whether they affirm or refute the original hypothesis. Discuss elements related to

the study’s purpose and present the rationales that support the conclusion drawn by referring to relevant literature. Care should be taken to avoid information obtained from books, historical facts, and irrelevant information. A discussion of study weaknesses and limitations should be included.

- **Conclusions.** Conclusions derived from the results should be described in one to two sentences and must match the study objectives.

### *References*

References must be numbered consecutively in order of first appearance in the text and should be given in a separate, double-spaced list. The number of references is limited to 30 for original articles. Only references to published work should be used. Reference citations in the text should be identified by numbers in square brackets.

Example: Negotiation research spans many disciplines [1]. This result was later contradicted by Cho [2], Kim and Lee [3], and Choi et al. [4]. This effect has been widely studied [3-6,8].

The abbreviations for the journals in references must conform to those of the NLM Catalog: Journals Referenced in the NCBI Database (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). List names of all authors when six or fewer. When seven or more, list only the first three names, followed by “et al.”

The description of journal references follows the description given below. Otherwise, it follows the Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (<https://www.ncbi.nlm.nih.gov/books/NBK7256/>).

### *Journal articles:*

1. Lee DY, Park YJ, Song SY, Jeong ST, Kim DH. Risk factors for posterior cage migration after lumbar

- interbody fusion surgery. *Asian Spine J* 2018;12:59-68.
2. Ushida T, Yokoyama T, Kishida Y, et al. Incidence and risk factors of postoperative delirium in cervical spine surgery. *Spine (Phila Pa 1976)* 2009;34:2500-4.
  3. Shahar D, Sayers MG. Changes in the sagittal cranio-cervical posture following a 12-week intervention using a simple spinal traction device. *Spine (Phila Pa 1976)* 2018 Sep 17 [Epub]. <https://doi.org/10.1097/BRS.0000000000002874>.

*Entire book:*

4. Rothman RH, Simeone FA. *The spine*. 5th ed. Philadelphia (PA): Saunders Elsevier; 2006.

*Part of a book:*

5. Hall JE, Millis MB, Snyder BD. Short segment anterior instrumentation for thoracolumbar scoliosis. In: Bridwell KH, Dewald RL, editors. *The textbook of spinal surgery*. 2nd ed. Philadelphia (PA): Lippincott-Raven; 1997. p. 665-74.

*Online sources:*

6. National Cancer Information Center. Cancer incidence [Internet]. Goyang: National Cancer Information Center; c2012 [cited 2018 Mar 20]. Available from: <http://www.cancer.go.kr/>.

*Tables*

- Tables should be numbered in the order in which they are mentioned in the text, and all tables must be referred to somewhere in the text.
- Tables should be numbered sequentially with Arabic numerals and given a short, descriptive heading. Use capital letters for the first letter and then use small letters.
- If an abbreviation is used in a table, it should be defined in a footnote below the table. Symbols should be used in the following order: a), b), c) ... as superscript. Each symbol must be defined in a footnote.

- Tables should be understandable and self-explanatory without reference to the text. In addition, tables must not duplicate information already given in the text.

*Figure Legends*

Each figure should have a brief, double-spaced legend on a separate page after the references.

*Figures*

- Each figure should be prepared in a separate file (e.g., Fig. 1.jpg or Fig. 2A.jpg). Photographs, charts, and diagrams are all to be referred to as Figure(s) and should be numbered consecutively in the order in which they are mentioned in the text (e.g., Fig. 1).
- The name of an image file should match the figure number, such as Fig.1.eps. If a figure contains two or more photographs, they should be assigned an Arabic numeral followed by letters in the English alphabet (e.g., Fig. 1A, Fig. 1B, C). Do not embed images into the text file.
- Colored illustrations may be accepted if essential.
- Submit illustrations online in JPG, GIF, or PPT format. If a manuscript is accepted for publication, the journal will request high-quality figures in TIFF or EPS format. Color and grayscale images, such as radiography, must have a minimum resolution of 600 dpi, and line-art drawings must have a minimum resolution of 1,200 dpi. Papers containing unclear photographic prints may be rejected.
- Staining techniques used should be described. Photomicrographs with no inset scale should have the magnification of the print in the legend.
- Any previously published illustration should be accompanied by the written consent of the copyright holder (author or publisher), and such permission should be stated in the legend.
- All abbreviations appearing in the figures should

be defined in the caption for each respective figure. Abbreviations appearing only in the figure caption must be defined at first use.

## 2. Review Articles

Both narrative and systematic review articles are covered in this category. Manuscripts should not exceed 4,000 words, including the abstract, text (Introduction, body text, Conclusions), and figure legends, but not including title page, references, and tables. For narrative reviews, there should be an unstructured abstract of less than or equal to 300 words. The number of references should be between 30 and 100.

Systematic reviews must have structured abstracts and must follow the PRISMA 2020 Reporting Guidelines for Systematic Reviews (<https://www.bmj.com/content/372/bmj.n71>). A filled PRISMA checklist must be attached as supplementary material for review.

## 3. Technical Notes

Technical notes should be no longer than 1,500 words, including the unstructured abstract, text, and figure legends, but not including title page, references and tables. Technical notes require the manuscript body to be divided into four sections: Abstract, Introduction, Technical Notes, and Discussion. The Abstract section should not exceed 150 words and must be written as one unstructured paragraph. In the Introduction section, the reason for reporting the techniques should be stated in a clear and cohesive manner. The Technical Note section should include relevant elements, such as patient history and treatment, or technical descriptions. The Discussion section should focus on the case or techniques and pertinent literature. The number of references is limited to 30 for Technical Notes.

## 4. Letters to the Editor

Letters to *ASJ* accepted and edited at the editor's discretion will be published. Letters should specify the title and authors of the article they are writing about and should be no longer than 500 words, with no more than 10 references. Letters to the Editor will be sent to the article authors for response. The Editor-in-Chief will have the final decision on whether Letters to the Editor and the responses are published.

## REVISED MANUSCRIPTS

When the Editor-in-Chief requests that a manuscript be revised and resubmitted, the same guidelines outlined for the preparation of the original manuscript should be followed. All resubmitted manuscripts must be accompanied by a Response to Decision letter. The Response to Decision letter must include a list of all revisions related to suggestions in the review materials provided by the Editorial Office. In instances where the author(s) choose not to make recommended revisions/changes, specific rationales and justifications must be provided in the Response to Decision letter.

## MANUSCRIPTS ACCEPTED FOR PUBLICATION

### *Final Version*

After a paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are

moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numerical order.

### ***Manuscript Corrections***

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 48 hours when the manuscript editor contacts the author(s) for revisions. If the response is delayed, the manuscript's publication may be postponed until the next issue.

### ***Proofs and Reprints***

The corresponding author will receive page proofs for final checking, which should be corrected and returned within 48 hours. Authors must carefully check proofs to ensure that all errors are corrected

and queries from editors answered. Keep a copy for your records. Authors may order reprints from the publisher at the time of printing using the order form provided. Orders submitted after the issue is printed are subject to considerably higher prices.

### ***Errata and Corrigenda***

To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the article's interpretation or conclusions will be reviewed by the editors. Corrections will be published as corrigenda (corrections of author's errors) or errata (corrections of publisher's errors) in a later issue of the journal.

### **ARTICLE PROCESSING CHARGES**

There is no charge for the cost of publication, including color printing.

# Manuscript Checklist

1. Manuscript in MS Word (.doc, .docx) format. Yes (  ) No (  )
2. Double-spaced typing with 10-point font. Yes (  ) No (  )
3. Sequence of title page, abstract and keywords, introduction, materials and methods, results, discussion, conclusions, acknowledgments, references, tables, and figure legends. All pages numbered consecutively, starting with the abstract. Yes (  ) No (  )
4. Title page with article title, authors' full name(s) and affiliation(s), address for correspondence (including telephone number, e-mail address, and fax number), running title (less than 10 words), and acknowledgments, if any. Yes (  ) No (  )
5. Abstract in structured format up to 300 words for original articles and in unstructured format up to 150 words for case reports. Keywords (up to 5) from the MeSH list of Index Medicus. Yes (  ) No (  )
6. All table and figure numbers are found in the text. Yes (  ) No (  )
7. Figures as separate files, in JPG, GIF, or PPT format. Yes (  ) No (  )
8. References listed in proper format. All references listed in the reference section are cited in the text and vice versa. Yes (  ) No (  )
9. Covering letter signed by the corresponding author. Yes (  ) No (  )