

## 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 | 2023 Article Processing Charge (APC)                           |
|----------|--|
| Regular  | \$980/€980 - paid upon acceptance if author chooses to publish |

Find out more about Open Access at Thieme at <http://open.thieme.com>

### 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 & VIDEOS**
  - Must be saved separately from the main document
- PERMISSIONS**
  - Required if you plan to reproduce content from a published source or include a photograph of a patient
  - Patient permission forms available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)

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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<br>(20,000 characters with spaces)         | 1,500 characters<br>(with spaces) | 5              | 50 words    | Up to 40 references  | n/a  |
| Original Research<br>(20,000 characters with spaces)       | 1,500 characters<br>(with spaces) | 5              | 50 words    | Up to 40 references  | n/a  |
| Clinical Communications<br>(20,000 characters with spaces) | 1,500 characters<br>(with spaces) | 5              | 50 words    | Up to 40 references  | n/a  |
| Case Reports<br>(15,000 characters with spaces)            | 1,500 characters<br>(with spaces) | 5              | 25 words    | Up to 30 references. | 5 essential figures or tables (figures can have sub-parts) |
| Brief Communications<br>(10,000 with spaces)               | 1,000 characters<br>(with spaces) | 5              | 20 words    | Up to 10 references. | 2 essential figures or tables                              |
| Letters to the Editor<br>(6,000 with spaces)               | NA                                | 5              | N/A         |                      | 2 essential figures or tables                              |
| What is your Diagnosis (2,500 with spaces)                 | 1,500 characters<br>(with spaces) | 5              | N/A         | Up to 6 references.  |  |

Please note that the total character counts apply only to the main body of the text; starting with the 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, long-term 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. Case reports should focus and expand on the unique and reportable condition(s); routine procedures, if not directly connected to the features or outcomes of the case should be stated in abbreviated form only; that is, for instance, pre- and postsurgical management, anaesthetic protocols, standard surgical approaches and standard therapies

### **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 UK English.
- The authors should use Système International (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. The title should not contain any abbreviations (for abbreviations see also Style Specifics).

### **Formatting**

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

### **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 Author Contributions form on behalf of all must be filled out and signed by each 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. 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. All of the keywords or key phrases should have appeared somewhere in the paper.

### **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 only one space, not two, after periods.
- Create tables, using Excel or 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, the Case Description and then the appropriate section headings in bold.
- For Case Reports, please include an Introduction, the Case Description 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 for 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**

All authors (including corresponding and co-authors associated with the manuscript) must make a formal statement at the time of submission indicating any potential conflict of interest that might constitute an embarrassment to any of the authors if it were not to be declared and were to emerge after publication. Such conflicts might include, but are not limited to, shareholding in or receipt of a grant or consultancy fee from a company whose product features in the submitted manuscript or which manufactures a competing product.

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.

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

This journal follows the guidelines of the [International Committee of Medical Journal Editors](#) and an [ICMJE disclosure of potential conflicts of interest \(COI\) form](#) must be submitted for each author at the time of manuscript submission. Forms must be submitted even if there is no conflict of interest. It is the responsibility of the corresponding author to ensure that all authors adhere to this policy prior to submission.

A conflict of interest statement must also be included in the manuscript after any "Acknowledgements" and "Funding" sections and should summarize all aspects of any conflicts of interest included on the ICMJE form. If there is no conflict of interest, authors must include 'Conflict of Interest: none declared'.

Please click <http://www.icmje.org/conflicts-of-interest> to download a Conflict of Interest form. The disclosure information is important in article processing. If the provided forms are incomplete or missing, it can cause delays in publishing of article.

### **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 an 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.

## 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.
- Figure legends of histologic sections should contain type of staining, magnification and any special imaging technique, if applicable.
- 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.
- The length of videos 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.
- Videos shall be of professional quality; be slow and deliberate in all movements; be cautious of bad lighting, and white balance each time you turn the camera on. Place the camera on a tripod. Obscure the faces of any animal owner or collaborator, unless signed Statements of Consent have been obtained.

## 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 recumbency, 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.

**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.

**Instructions for Publishing Medical Images:**

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.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
- 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.

### Preprint Server Statement

VCOT Open encourages the submission of manuscripts that have been deposited in an initial draft version in preprint repositories such as Research Square, arXiv, and medRxiv. Drafts of short conference abstracts or degree theses posted on the website of the degree-granting institution, and draft manuscripts deposited on authors' or institutional websites are also welcome. All other prior publication is forbidden.

During submission, authors should (1) note use of the preprint repository in the cover letter, (2) state what adjustments and/or updates the draft has undergone between deposition and submission and (3) cite the preprint, including the DOI, as a reference in the manuscript.

After submission to the journal, and until a final decision has been made, authors are discouraged from depositing versions of their manuscript as preprints. Upon publication authors should add a link from the preprint to the published article. Twelve months after publication, authors can update the preprint with the accepted manuscript.

### 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 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:** Authors will be required to fill out this form – noting the contributions of each author - and submit with their manuscript. The form is available under "Instructions & Forms" at <https://mc.manuscriptcentral.com/vcot>.

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