

Indian Journal of Radiology and Imaging (IJRI)
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SCOPE & EDITORIAL POLICY

The ***Indian Journal of Radiology and Imaging (IJRI)*** is the Official Journal of the Indian Radiological Association (IRA). We welcome original articles pertaining to all areas of Radiology and Imaging. The scope includes imaging procedures like X-rays, CT scans, and MRIs to diagnose and treat diseases. Significant papers on any aspect of radiology are invited for publication. These include operative procedures with an emphasis on outcome, technical innovations, clinical or laboratory research, letters to the Editor, case reports and review articles.

The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere.

The Editors review all submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific flaws, or absence of importance of message are rejected. On an average 20% of manuscripts get rejected at the initial stages. All manuscripts received are duly acknowledged. The journal will not return the unaccepted manuscripts. Other manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Each manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. Within a period of *10 to 12 weeks*, the contributors will be informed about the reviewers' comments and acceptance/rejection of manuscript.

Articles accepted would be copy edited for grammar, punctuation, print style and format. Page proofs will be sent to the first contributor, which must be returned within three days. Corrections received after that period may not be included.

MANUSCRIPT FORMAT

Manuscripts must be prepared in accordance with “Uniform requirements for Manuscripts submitted to Biomedical Journal” developed by International Committee of Medical Journal Editors (October 2004). The uniform requirements and specific requirements of The Indian Journal of Radiology & Imaging (IJRI) are summarized below. Before sending a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the [website of the journal](#) and from the manuscript submission site (www.manuscriptmanager.net/ijri). The journal does not charge for submission and processing of manuscripts.

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 | Tables/Figures Limit | Content Limit | References Limit |
|-------------------|---|-----------------|-------------|-----------------------------------|-----------------|------------------|
| Original article | Structured abstract, up to 250 words | 3 to 5 keywords | No limit | 20 figure pieces Including tables | Upto 3500 words | No limit |
| Review article | Structured abstract, up to 250 words | 3 to 5 keywords | No limit | 20 figure pieces Including tables | Upto 5000 words | No limit |
| Brief report | Unstructured abstract, limited to 150 words | 3 keywords | No limit | 12 Figure pieces including tables | Upto 800 words | 20 |
| Case report | Unstructured abstract, limited to 150 words | 3 keywords | No limit | 8 Figure pieces | Upto 600 words | 10 |
| Case Series | Unstructured abstract, limited to 150 words | 3 keywords | No limit | 8 figures pieces | Upto 800 words | 10-15 |
| Letter to Editor | n/a | n/a | No limit | 4 Figure pieces | Upto 500 words | 5 |
| Pictorial Essays | n/a | n/a | No limit | No Limit | Upto 700 words | 5 |
| Commentaries | n/a | n/a | No limit | 4 Figure pieces | Upto 1500 words | 10 |
| Technical Reports | Unstructured abstract, limited to 250 words | 3 to 5 keywords | No limit | 2 Figures | Upto 500 words | |

- **Original Article:** These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. 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: Background, Methods, Results, and Conclusions) up to 250 words, Keywords (3–10 MeSH words), Introduction, Materials and Methods, Results, Discussion, References Tables and Figure legends.
- **Review Article:** It is expected that these articles would be written preferably by individuals who have done substantial work on the subject or are considered experts in the field. The prescribed word count is up to 5,000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (200–250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract. The journal expects the contributors to give post-publication updates about review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.
- **Brief Report:** These are like original research in that they follow the same format and guidelines but are designed for small-scale research or research that is in early stages of development. These may include preliminary studies that utilize a simple research design or a small sample size and that have produced limited pilot data and initial findings that indicate need for further investigation. Brief reports are much shorter than manuscripts associated with a more advanced, larger-scale research project. The text of original articles amounting to up to 800 words (excluding Abstract, references and Tables) should be divided into sections with the headings: Abstract (Structured: Background, Methods, Results, and Conclusions), Keywords (3–10 MeSH words), Introduction, Materials and Methods, Results, Discussion, References (20 references), Tables and Figure legends.
- **Case Reports/ Case Series:** New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These manuscripts could be of up to 600 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured, up to 150 words), Keywords, Introduction, Case report, Discussion, Conclusion, Reference, Tables and Legends in that order. The case reports could be supported with up to 10 references. The number of images/figures/tables/graphs is to be limited to 8 only. **Case Series (up to 800 words):** Three or more cases with interesting/new imaging findings OR a new interventional procedure performed.
- **Letter to the Editor (LTE):** These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors. It should follow the response of authors with similar word count and references with the reading ‘In response.’
- **Commentaries:** Commentaries discuss issues that are directly related to published material. Commentaries accompany original articles, critically appraise their results and put their conclusions into a wider context. They are typically solicited from reviewers who provide unusually thoughtful insight during the peer review process. Commentaries are always commissioned and should be up to 1,500 words and with no more than 10 references. Commentaries do not have an abstract.
- **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.
- **Announcements of conferences, meetings, courses, awards, and other items** likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained.

General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- Each figure should be saved as its own separate file. **Do not** embed figures within the manuscript file. This requires special handling by Thieme’s Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted as “Supplementary Material” and will be published only online (not in print).

Authorship Criteria

Authorship credit should be based only on substantial contributions.

1. to conception and design or acquisition of data or analysis and interpretation of data.
2. drafting the article or revising it critically for important intellectual content; and
3. final approval of the version to be published.

Conditions 1, 2, and 3 must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

The *order* of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted, the order cannot be changed without written consent of all the contributors.

For a study from a single institute the number of contributors should not exceed six. For case-reports, images, letters to the Editor, pictorial essays and review articles, the number of contributors should not exceed four. A justification should be included if the number of contributors exceed these limits.

Only those who have done substantial work in a particular field can write a *review article*. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. The journal expects the contributors to give *post-publication updates* about review. The update should be brief, covering the advances in the field after the publication of article and should be sent as letters to the Editor, as and when major development occurs in the field.

Contribution details

Contributors should provide a description of what each of them contributed towards the manuscript. Description should be divided in *following categories*, as applicable: concepts, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing, and manuscript review. Authors’ contributions will be printed on the first page of the article. One or more authors should take responsibility of the integrity of the work as a whole from inception to published article and should be designated as ‘guarantor’.

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New authors will have to register as author, which is a simple two step procedure. For online submission articles should be prepared in two files (first page file and article file). Images should be submitted separately.

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2. **Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your names in page headers, etc.) in this file. Use text/rtf/doc/pdf files. Do not zip the files. Limit the file size to 400 kb. Do not incorporate images in the file. If the file size is large, graphs can be submitted as images separately without incorporating them in the article file, so as to reduce the size of the file.
3. **Images:** Submit good quality color images. Each image should be less than 400 kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1024x760 pixels or 5 inches). All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable. Do not zip the files.
4. **Legends:** Legends for the figures/images should be included at the end of the article file.

Please note that it is not necessary to submit hard copies of the manuscript by postal mail, if online submission has been done. However, in case of online submission, the contributors' form and the copyright agreement form have to be uploaded online in original with the signatures of all the contributors within two weeks from submission.

Title Page

- This journal adheres to a **double-anonymous peer-review policy**. The title page should **NOT** be included in the main document.
- The title page should list the article title (should be concise but informative) and the corresponding author's full name, highest academic degrees (up to maximum 3), title, department, affiliation, mailing address, e-mail address, and telephone and fax numbers. It should also list the full name, degree, title, department, e-mail address and affiliation of every co-author.
- All authors' affiliations and full financial disclosures listed.
- Details of earlier presentation: date(s) and site(s) of presentation (if applicable)
- 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
- Clinical trial registration information provided: Name of trial database where registered, Registration number and date registered, e.g.: Clinical Trials Registry - India (CTRI): www.ctri.nic.in/
- It should have type of manuscript (Original article/review article etc.), running title or short title not more than 50 characters, The total number of pages, total number of photographs and word counts separately for the abstract and

for the text (excluding the references and abstract); Source(s) of support in the form of grants, equipment, drugs, or all of these; Acknowledgement, if any; and if the manuscript was presented as part of a meeting, the organization, place, and exact date on which it was read.

Abstract and Keywords

See the section Article Types for word limits. Structured format (Background, Methods, Results, and Conclusions) is necessary for original articles, systematic reviews, and review articles.

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. Below the abstract should be provided 3 to 10 keywords.

Graphical Abstract

Please provide a self-explanatory infographic that briefly summarizes the overall message of your article or an important component of the article. The figures should not be too complex but could benefit the reader in quickly grasping the concepts that you as an author are trying to highlight in your article. Ideally, a graphical abstract should:

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- Be distinct from any figures already present in the manuscript.
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- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- Do not insert page or section breaks except where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.

Introduction

State the purpose of the article and summarize the rationale for the study or observation.

Methods

The Methods section should include only information that was available at the time the plan or protocol for the study was written; all information obtained during the conduct of the study belongs in the Results section.

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should be clarity

about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

Technical information: Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (Moher D, Schulz KF, Altman DG: The CONSORT Statement: Revised Recommendations for Improving the Quality of Reports of Parallel-Group Randomized Trials. *Ann Intern Med.* 2001;134:657-662, also available at <http://www.consort-statement.org>).

Authors submitting *review article* should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

Ethics

When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html). Do not use patients' names, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed.

The details of the use of AI

1. AI or AI-assisted tools do not qualify as authors, only humans do.
2. Authors are fully responsible for the entire content of their work.
3. The author must correctly label and disclose which parts of their work have been created by or in assistance with AI.
4. Reviewers and Editors are obliged to confidentiality and should not upload manuscripts to software or AI-assisted tools where confidentiality cannot be assured.

Statistics

When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Use upper italics (*P*0.048). For all P values include the *exact value* and not less than 0.05 or 0.001.

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of

the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid non-technical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample."

Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion

Include:

Summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis);

Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms);

Controversies raised by this study; and

Future research directions (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section.

In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such.

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. Please note that Acknowledgments should **NOT** include source of author's identity.

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. 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.

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; Books in Print: www.booksinprint.com; PubMed: 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:
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. 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 Legends

- 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.
- Figure legends should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.).
- Send sharp, glossy, un-mounted, grey-scale (if the radiographs, etc. are in grey-scale) or color (for color Doppler, 3Ds etc) photographic prints, with a height of 4 inches and width of 6 inches.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves.
- When graphs, scattergrams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of people are used, either the subjects must not be identifiable, or their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for figures for such figures.
- For digital images send TIFF files of minimum 1200 x 1600 pixel size.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Legends for Illustrations

- Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations.
- When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend.
- Explain the internal scale and identify the method of staining in photomicrographs.

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 and use the following symbols, in this sequence: *, †, ‡, §, ||, **, ††, ‡‡
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

Videos

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

Protection of Patients' Rights to Privacy

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

- 1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has an obvious indication of the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

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.
- 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.
- 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.

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.

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