Thank you for your interest in *Journal of Emergency and Critical Care Medicine* (JECCM, J Emerg Crit Care Med, Online ISSN: 2521-3563). Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

**TABLE OF CONTENT**

1. ABOUT THE JOURNAL
2. MANUSCRIPT CATEGORIES
3. STRUCTURE OF THE MANUSCRIPT
4. STYLE OF THE MANUSCRIPT
5. REVIEW PROCESS
6. ETHICAL CONSIDERATIONS
7. INFORMED CONSENT
8. POLICIES ON CONFLICT OF INTEREST
9. CLINICAL TRIALS REGISTRY
10. RANDOMIZED CONTROLLED TRIALS
11. COPYRIGHT
12. SUPPORTING INFORMATION
13. SUBMISSION OF MANUSCRIPTS
14. PROOFS
15. NO PUBLICATION FEES
16. TRACKING MANUSCRIPTS
17. JECCM ONLINE

**1. ABOUT THE JOURNAL**

The *Journal of Emergency and Critical Care Medicine* (JECCM, J Emerg Crit Care Med, Online ISSN: 2521-3563) is an open access journal publishing articles focusing on the area of emergency and critical care medicine. The journal covers both basic and clinical researches. JECCM aims to improve the care of patients with emergency and critical illness by acquiring, discussing, distributing, and promoting evidence-based information relevant to emergency physicians and intensivists. The journal publishes original articles, reviews, editorials, comments, study protocols and data descriptor.

**2. MANUSCRIPT CATEGORIES**

(1) **Original Article**
Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.
Abstract: 450 words maximum, with sub-headers (Background, Methods, Results and Conclusions).
References: no maximum.
Figures/ tables: no maximum, but 8 figures should be sufficient.
Description: Reporting results of current research in either basic or clinical science of emergency and critical care. Original article should entail a section describing the contribution of each author made to the manuscript. See section "Author contributions" for details. Meta-analysis will be categorized into this type.

(2) **Review Article**
Word limit: 6,000 words maximum including abstract but
excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).
References: no maximum.
Figures/tables: minimum 1 figure or table.

Description: Reviews are comprehensive analyses of specific topics. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review article should entail a section describing the contribution of each author made to the manuscript. See section “Author contributions” for details.

(3) Editorial
Word Limit: 2,500 words maximum excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: 25 maximum.
Figures/Tables: 2 maximum.
Description: Editorial is written by recognized leader(s) in the field. It is generally solicited by the (Deputy) Editor(s)-in-Chief.

(4) Editorial Commentary
Word limit: 2,500 words maximum excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: 25 maximum, including the article discussed.
Figures/tables: 2 maximum.
Description: The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

(5) Letter to the Editor
Word limit: 1,000 words maximum excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: 10 maximum.
Figures/tables: Only 1 table or figure.
Description: Letter to the Editor on content published in the Journal or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors.

(6) Case Report
Word limit: 2,500 words maximum excluding references, tables and figures.
Abstract: 300 words maximum, unstructured (no use of sub-headers).
References: 20 maximum.
Figures/tables: 8 maximum.
Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in emergency and critical care. The text should be arranged as follows: Introduction, Case Report, Discussion. Only cases of exceptional interest and novelty are considered.
The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording used for the consent section: “Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.” If the patient has died, then consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, then consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the ‘Consent’ section of the manuscript should be amended accordingly.

(7) Technical Note
Word limit: 2,500 words including abstract but excluding references, tables and figures.
Abstract: 250 words, unstructured (no use of sub-headers).
References: 35 maximum.
Figures/tables: 10 maximum.
Description: Technical notes articles should present a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

(8) Brief Report
Word limit: 2,500 words including abstract but excluding references, tables and figures.
Abstract: 250 words, unstructured (no use of sub-headers).
References: 35 maximum.
Figures/tables: 8 maximum.

Description: A short report on new and interesting observations concerning emergency and critical care that do not warrant publication as a full research article will be considered for the Brief Reports. These submissions will undergo full peer review.

(9) Clinical Guidelines
Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.
Abstract: 450 words maximum, unstructured (no use of sub-headers).
References: no maximum.
Figures/tables: minimum 1 figure or table.

Description: Guidelines need to be the product of a large group of individuals who are recognised authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

(10) Imaging in Emergency and Critical Care Medicine
Abstract or references: not required.
Authors: five maximum.

Word limit: 300 words.

Description: Submission under the Images section must be of high scientific quality and value as well as providing didactic and self-explanatory lessons. They must be unique and adhere to ethical standards with patient/relative approval when appropriate, protection of patient identity and privacy, and local ethics approval as appropriate. Images should not be short texts mimicking case reports and should be didactic graphic documents.

3. STRUCTURE OF THE MANUSCRIPT
The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) footnote, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures.

Title Page
The title page should contain (i) the title of the paper. Concise titles are easier to read than long, convoluted ones. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote.

In keeping with the latest guidelines of the International Committee of Medical Journal Editors, for the systematic review/meta-analysis, original article and review article, the information of author contribution is needed.

Abstract and Keywords
The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract should state the main problem, methods, results and conclusions. Do not use reference, table or figure in the abstract. It must be factual and comprehensive. The structured abstract should state the background, methods, results, and conclusions. The use of abbreviations and acronyms should be limited and general statements (e.g. “the significance of the results is discussed”) should be avoided. The abstract of an original article should be structured into four paragraphs with sub-headers of background, methods, results and conclusions. The abstracts for all other manuscript types should be unstructured.

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) browser list at: http://www.nlm.nih.gov/mesh/meshhome.html.

Text
Authors must use the following sub-headers to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. However, review, editorial, editorial commentary and others do not have those clear sections, they can be written in several sections with their own headers according to the topic.

Author Contributions
This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the
manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, 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. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The Author contributions section should be completed as follow:
(I) Conception and design:
(II) Administrative support:
(III) Provision of study materials or patients:
(IV) Collection and assembly of data:
(V) Data analysis and interpretation:
(VI) Manuscript writing: All authors
(VII) Final approval of manuscript: All authors
Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contributions section is not required when there is only one author.

Acknowledgments
Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring the work, or assisting in the research on which the work is based.
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JECCM policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) Any financial interest in or arrangement with a competing company, 3) Any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

Footnote
a. Conflicts of Interest: See section “Conflict of interest” for details.
b. Financial Disclose: Some variables, such as “measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period”. When there is no financial disclose, authors should also indicate “Financial Disclose” section as “None”.
c. Ethical statement: the authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Please note that the above statement must be included in the footnote of the article as part of the Ethical Statement.

References
In the text, references should be cited using Arabic numerals in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “heart failure (29,30)”]. If cited in tables or figure legends, number according to the first identification of the table or figure in the text.
In the reference list, cite the names of all authors when there are three or fewer; when three or more, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in Pubmed. Authors are responsible for the accuracy of the references.
The format of reference sees as follow.
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Book


Chapter in a Book

e.g.: Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds). Bladder Reconstruction and Continent Urinary Diversion. Year Book Medical, Chicago, 1987; 204-5.

Tables

Tables should be self-contained and complement, but not duplicate information contained in the text. All tables should be numbered consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

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Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be numbered consecutively in the order of reference in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials during paper submission. Plus, when a manuscript is accepted for publication, please provide us with the tables in tabular form which is convenient for copyediting and typesetting.

Appendix

The supplementary appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article’s reference list.

The appendix must be submitted in a Word file. The appendix will not be edited for style. It will be presented online as additional information provided by the authors. The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example: “Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online”.

Equations

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

4. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors’ revised ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication’, as presented at: http://www.ICMJE.org/.

Author name: Each author’s given name should be followed by family name. Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author
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Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.
Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam–Webster’s Collegiate Dictionary.
Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: http://www.bipm.fr.
Abbreviations: Must be used sparingly – only where they ease the reader’s task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.
Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

5. REVIEW PROCESS
Manuscripts are assigned sequentially to Science Editors. An Science Editor solicits reviewers (typically, two external reviews are sought). The reviewers’ evaluations and Science Editor’s comments are compiled by the Editor-in-Chief for disposition and transmittal to the authors. A decision is made usually within four weeks of the receipt of the manuscript.
The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within two weeks of decision; major revisions within three weeks.
Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.
A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief and Science Editor find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such ‘fast-track decisions’ will normally occur within one week of receipt of the manuscript.
Authors may provide the Editor-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing who would be competent to referee the work, although the Editor-in-Chief will not be bound by any such nomination.
Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.
The Editor-in-Chief’s decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write to the Editor-in-Chief.

6. ETHICAL CONSIDERATIONS
Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Edinburgh 2000), available at: http://www.wma.net/en/30publications/10policies/b3/ . The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).
In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.
Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.
7. INFORMED CONSENT
Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for Case report, original/research articles and visualized surgery. The statement should be included in the footnote. It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

8. POLICIES ON CONFLICT OF INTEREST
Our journal complies with the International Committee of Medical Journal Editors’ uniform requirements on Conflict of Interest statement.
Conflict of Interest exists when an author (or the author’s institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (http://www.icmje.org/index.html). Conflict of interest would be included in the FOOTNOTE section.

(1) Participants
All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

a. Authors
When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

b. Peer Reviewers
Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they’re reviewing before its publication to further their own interests.

c. Editors and Journal Staff
Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interest related to the commitments of journal staff. Guest editors should follow these same procedures.

(2) Reporting Conflicts of Interest
Articles should be published with statements or supporting documents, declaring:
- Authors’ conflicts of interest; and
- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is ongoing.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as “I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis.”

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict interest section as the following format: “The author has no conflicts of
interest to declare.” or “The authors have no conflicts of interest to declare.”.

9. CLINICAL TRIALS REGISTRY
We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet-based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) the International Standard Randomized Controlled Trial Number Registry (http://www.controlled-trials.com); (3) the Australian Clinical Trials Registry (http://www.actr.org.au); (4) the Chinese Clinical Trials Register (http://www.chictr.org); and (5) the Clinical Trials Registry - India (http://www.ctri.in).

10. RANDOMIZED CONTROLLED TRIALS
Reporting of randomized controlled trials should follow the guide-lines of The CONSORT Statement: http://www.consort-statement.org

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12. SUPPORTING INFORMATION
Supporting Information is provided by the authors to support the content of an article but they are not integral to that article. They are hosted via a link on Synergy but do not appear in the print version of the article. Supporting Information must be submitted together with the article for review; they should not be added at a later stage. They can be in the form of tables, figures, appendices and even video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to a piece of Supporting Information may indicate that it would be better suited as a proper reference or fully included figure/table. The materials will be published as they are supplied and will not be checked or typeset in any way. All Supporting Information files should come with a legend, listed at the end of the main article. Each figure and table file should not be larger than 5MB.

13. SUBMISSION OF MANUSCRIPTS
Manuscripts must be submitted online at: http://jeccm.amegroups.com/login
Authors must supply an email address as all correspondence will be by email.

General
All articles submitted to the Journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

❖ Submissions must be double-spaced.
❖ All margins should be at least 30 mm.
❖ All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.
❖ Do not use Enter at the end of lines within a paragraph.
❖ Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
❖ Specify any special characters used to represent non-keyboard characters.
❖ Take care not to use l (ell) for l (one), O (capital o) for 0 (zero) or ß (German esszett) for (Greek beta).
❖ Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells).
Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high-resolution figures (at least 300 d.p.i.) saved as .eps or .tif files should be uploaded. Digital images supplied only as low-resolution files cannot be used for publication.

Cover Letter
Papers are accepted for publication in the Journal on the understanding that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium. This must be stated in the covering letter. The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author’s contribution to the paper is to be quantified.

Suggest Reviewers
Authors could suggest three reviewers to the Editorial Office during the online submission of the manuscript.

14. PROOFS
It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production. Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the essential correction of errors are unacceptable at PDF proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue. Acrobat Reader will be required in order to read the PDF. This software can be downloaded (free of charge) from the following Web site: http://www.adobe.com/products/acrobat/readstep2.html. This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof.

15. NO PUBLICATION FEES
There is no fee involved throughout the publication process. The acceptance of the article is based on the merit of quality of the manuscripts.

16. TRACKING MANUSCRIPTS
1) Before Acceptance
Authors can track your manuscript’s progress through the review process at: http://jeccm.amegroups.com

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17. JECCM ONLINE
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Updated on July 18, 2019