Thank you for your interest in AME Case Reports (ISNN 2523-1995; AME Case Rep; ACR; http://acr.amegroups.com/index). 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. All material to be considered for publication in AME Case Reports should be submitted in electronic form via journal’s online submission system (acr.amegroups.com). 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. COPYRIGHT
10. SUPPORTING INFORMATION
11. SUBMISSION OF MANUSCRIPTS
12. PROOFS
13. ARTICLE PROCESSING CHARGES
14. TRACKING MANUSCRIPTS
15. ACR ONLINE

### 1. ABOUT THE JOURNAL

AME Case Reports (ISNN 2523-1995; AME Case Rep; ACR; http://acr.amegroups.com/index) is an international, open access, peer-reviewed online journal publishing original and educationally valuable case reports. ACR covers all medical disciplines including oncology, pulmonology, cardiothoracic disease and urology etc.. The journal aims to provide clinically information on common and rare cases for healthcare professionals, researchers and others.

The high quality of its content is assured by a rigorous review process and supervised by a strong editorial board. All submissions are reviewed by the Editor-in-Chief, Associate Editors or Editorial board members, as well as invited referees. The entire submission is managed through OJS system, an electronic system to provide an efficient way and ensure a rapid turn around of papers submitted for publication. See more at Information for Authors.

ACR is indexed in PubMed and PMC in July 2018.

**Submission Turnaround Time:**
- External peer review: 3-4 weeks
- Revision time: 2-4 weeks
- Acceptance to Publication: 2-3 weeks

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### 2. MANUSCRIPT CATEGORIES

**Case Report**

Word limit: 2,000 words maximum excluding abstract, references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of subheaders).

**Description:** It is supposed to report new observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in the fields of medicine. The text should be arranged as follows: Introduction, Case Presentation, Investigations (if relevant), differential diagnosis (if relevant), treatment (if relevant), outcome and follow-up, patient’s perspective (if relevant), Discussion. There is no limit on the numbers of figures, tables or references. Video files are appreciated. (More information see section “STRUCTURE OF THE MANUSCRIPT”.)

The authors should provide a statement in foot note to confirm that the patient has given their consent for the Case reports to be published and send a copy of the informed consent in submission. 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.

**Image in Clinical Medicine**

**Word limit:** 500 words maximum excluding references, and figures. No abstract are required.

**Description:** Image in Clinical Medicine articles are 1 or 2 striking and clinically important images with a brief description and an educational message. The title should contain no more than eight words. Image in Clinical Medicine is intended to capture the sense of visual discovery and variety of physicians’ experience and will be reviewed.

**Visualized Article**

**Word limit:** 2,000 words maximum excluding abstract, references, tables and figures.

**Abstract:** 300 words maximum, unstructured (no use of sub-headers).

“Visualized Article” is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed “how to” multimedia manual for specific procedures, e.g. surgical techniques. The submitted videos of each article must have a maximal limit of twenty minutes in duration and it must be accompanied with descriptive text. The text should include four subheadings—Abstracts, Introduction, Specific Techniques and Comments. The abstract is limited to 300 words. The main section on Specific Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, ACR reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

**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 full names of the authors (first name, then family name) and (ii) the addresses of the institutions at which the work was carried out together with (iii) 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.

**Abstract And Keywords**

The un-structured abstract should be comprehensible to readers before they have read the paper. Do not use reference, table or figure in the abstract. The use of abbreviations and acronyms should be limited and general statements (e.g. “the significance of the results is discussed”) should be avoided. For surgical case report, we recommend briefly including 1) What is unique or educational about the case? What does it add to the surgical literature? Why is this important? 2) The patient’s main concerns and important clinical findings. 3) The main diagnoses, therapeutic interventions, and outcomes. 4) What are the “take-away” lessons from this case?

For subject indexing, three to six key words should be given 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**

The text should be arranged as follows: Introduction, Case Report, Discussion.

For the surgical case report, ACR is pleased to support the SCARE Statement: Consensus-base surgical case report guidelines (link to SCARE guidelines).

**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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ACR 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.

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An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

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❖ 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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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.

Size: Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).

Resolution: Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1,000 dpi.

Color figures: Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the Journal.

Line figures: Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

Text sizing: in figures Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width betwee 0.5 and 1 point.

Figure legends: Type figure legends on a separate page. Legends should be concise but comprehen-sive – the figure and its legend must be understandable without reference to the text. Include defini-tions of any symbols used and define/ explain all abbreviations and units of measurement.

Video files
ACR will accept digital files in mp4, flash video (flv.), MPEG (MPEG video file), DVD video format, mov, avi etc.. Video files can be submitted with a manuscript online: http://acr.amegroups.com/pages/view/submit-multimedia-files.

Duration: Video files should be limited to 20 minutes.

Quality: Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

Text in video: All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be erased from the video.

Video legends: Legends for the video files should be provided. The video files should be numbered consecutively in the order of reference in the text.

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/.

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Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region
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.

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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.

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6. ETHICAL CONSIDERATIONS
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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.

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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 or Image in Clinical Medicine (if relevant). 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).

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Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

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.”

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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.
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- Take care not to use l (ell) for 1 (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.

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

12. PROOFS
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13. ARTICLE PROCESSING CHARGES

<table>
<thead>
<tr>
<th>Journal Title</th>
<th>Article Processing Charges (USD)</th>
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<tbody>
<tr>
<td>AME Case Reports (ACR)</td>
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