

INSTRUCTION FOR AUTHORS

Thank you for your interest in *Cardiovascular Diagnosis and Therapy* (CDT). 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.

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1. ABOUT THE JOURNAL

Cardiovascular Diagnosis and Therapy (CDT; Print ISSN: 2223-3652; Online ISSN: 2223-3660) is a bi-monthly, open-access and peer-review journal, which accepts basic and clinical science submissions related to Cardiovascular Medicine and Surgery. It has been accepted into PubMed and PMC.

To reach this goal, the journal will focus on novel media, using a web-based, digital format in addition to traditional print-version. This includes on-line submission, review,

publication, and distribution. The digital format will also allow submission of extensive supporting visual material, both images and video. The website www.thecd.org will serve as the central hub and also allow posting of comments and on-line discussion. The web-site of the journal will be linked to a number of international web-sites (e.g. www.dxy.com), which will significantly expand the distribution of its contents.

With strong international contribution on all levels, the goal of this new journal is to become a globally respected source of up-to-date information about all aspects of Cardiovascular Diagnosis and Therapy.

Editors-in-Chief:

Paul Schoenhagen, MD

Frequency: Bi-monthly

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Journal Abbreviation: Cardioasc Diagn Ther

Publisher: AME Publishing Company

2. REVIEW PROCESS

Manuscripts are assigned sequentially to Associate Editors. An Associate Editor solicits reviewers (typically, two external reviews are sought). The reviewers' evaluations and Associate Editor's comments are compiled by the Editor-in-Chief for disposition and transmittal to the authors. A decision is made usually within six 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 four 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 Associate 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.

All journals Manuscripts should be written so that they are intelligible to the professional reader who is not a specialist in the particular field. They should be written in a clear, concise, direct style. Where contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between author and reader. If extensive alterations are required, the manuscript will be returned to the author for revision.

3. MANUSCRIPT CATEGORIES

(1) ORIGINAL ARTICLES

Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, with sub-headers.

References: no limit.

Figures/ tables: no limit, but 8 figures should be sufficient.

Description: Full-length reports of current research in either basic or clinical science.

(2) INVITED REVIEWS

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum.

References: no maximum.

Figures/tables: minimum 1 image or figure.

Description: Reviews are comprehensive analyses of specific topics. They are submitted upon invitation by the Editors. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

(3) MINI REVIEWS

Word limit: 4,000 words maximum including abstract but

excluding references, tables and figures.

Abstract: 450 words maximum.

References: no maximum.

Figures/tables: maximum 6 images or figures.

Description: Mini Reviews are shorter reviews of topics that may be controversial or unresolved. They are submitted upon invitation by the Editors. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

(4) IMAGING IN CARDIOLOGY

Word limit: 1000 words excluding references, tables and figures.

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

References: Up to 10.

Figures/Videos: 2 still images maximum for the print and PDF article, supplemented by 2 video maximum online.

Description: Videos which are unique or highly illustrative of specific occurrences in thoracic surgery. They will be reviewed by the Editors prior to acceptance, but they do not have to go out for external peer review. They must be accompanied by a brief one paragraph description of relevant information

(5) CLINICAL GUIDELINES

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum.

References: no maximum.

Figures/tables: minimum 1 image or figure.

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.

(6) LETTERS TO THE EDITOR

Word limit: 1000 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 10 maximum.

Figures/ tables: 1 maximum.

Description: Letters must offer perspective to content published in *CDT*. A Letter must reference the original source, and a Response to a Letter must reference the

Letter in the first few paragraphs. Letters can use an arbitrary title, but a Response must cite the title of the Letter: e.g. Response to [title of Letter]. This ensures that readers can track the line of discussion.

(7) EDITORIALS

Word Limit: 2,500 words maximum excluding references, tables and figures.

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

References: 25 maximum.

Description: Proposals for Editorials may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

(8) COMMENTARIES

Word limit: 1,500 words maximum excluding references.

Title: 20 words maximum.

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

References: 20 maximum, including the article discussed.

Figures/tables: 2 maximum.

Description: Commentaries, upon Editor's invitation, discuss a paper published in a specific issue and should set the problems addressed by the paper in the wider context of the field. Proposals for Commentaries may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration

(9) CASE REPORTS

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 cardiology. The text should be arranged as follows: Introduction, Case Report, Discussion. Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as Letters to the Editor.

(10) MEETING REPORTS

Word limit: 4,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 350 words maximum, with sub-headers.

References: no limit.

Figures/ tables: no limit, but 8 figures should be sufficient.

Description: Brief reports of symposia and conferences in cardiovascular research. Reports must be submitted within 2 months of the meeting date in order to maintain their timeliness. Only those Meeting Reports dealing with topics of interest to the readership and that contain novel information and insights from the meeting are accepted for publication. A Meeting Report should be a thoughtful, critical commentary which shows an appreciation of the connections among the various presentations and reveals the consensus, if any, which emerged at the meeting. Before submitting a full Meeting Report, authors should only send an outline of the proposed paper for initial consideration.

(11) TECHNICAL NOTES

Word limit: 2,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers).

References: Up to 35.

Figures/tables: Up to 10 in total.

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.

(12) BRIEF REPORTS

Word limit: 2,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers).

References: Up to 35.

Figures/tables: Up to 8 in total.

Description: Manuscripts containing pertinent and interesting observations concerning cardiovascular research and reports on new observations or studies that do not warrant publication as a full research article will be considered for the Brief Reports. These submissions will undergo full peer review.

(13) ART and MEDICINE (Video submission encouraged)

Submissions in this category should consist of one or several (up to 5) pieces of art (each with a short description), together with a short text describing the work of the artist.

4. DISCLOSURE

At the time of submission, the submitting author must include a disclosure statement in the body of the manuscript. The statement whether the authors have published or submitted the manuscript elsewhere. The statement will

also describe all of the authors' relationships with companies that may have a financial interest in the information contained in the manuscript. This information should be provided under the heading titled 'Disclosure,' which should appear after the 'Acknowledgement' section and before the 'References' section. The absence of any interest to disclose must also be stated. In addition, any financial interests must be detailed in the Financial Disclosure form, which will be provided to the corresponding author upon acceptance for distribution to each author.

5. 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/e/policy/b3.htm>. 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.

6. 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>).

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 interests 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 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.”

7. HUMAN AND ANIMAL RIGHTS, INFORMED CONSENT

When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national). If doubt exists whether the research was conducted in accordance with the ethical standards, the authors must explain the rationale for their approach, and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. When reporting experiments on animals, authors should be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

Editors should protect the confidentiality of individual information (e.g. that obtained through the doctor–patient relationship). It is therefore almost always necessary to obtain written informed consent from patients described in case reports and for photographs of patients. 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. 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>).

9. RANDOMIZED CONTROLLED TRIALS

Reporting of randomized controlled trials should follow the guide-lines of The CONSORT Statement: <http://www.consort-statement.org>

10. COPYRIGHT

Papers accepted for publication in the journal become copyright of *CDT* and authors will be asked to sign a transfer of copyright form. In signing the transfer of copyright, it is assumed that authors have obtained permission to use any copyrighted or previously published material. All authors must read and agree to the conditions outlined in the Copyright Assignment Form, and must sign the Form or agree that the corresponding author can sign on their behalf. Acceptance of a manuscript is contingent upon receipt of a signed Copyright Assignment Form.

11. 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 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.

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.

12. 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) disclosure, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

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, each author's contribution to the paper is to be quantified. The title should be short, informative and contain the major key words so that readers and in particular online users will discover the article easily in online search. Do not use abbreviations in the title. A short running title (less than 40 characters) should also be provided.

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. There should be no subheadings in the abstract. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. "the significance of the results is discussed") should be avoided.

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 subheadings to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Disclosure, References, and when relevant, Supplementary Material.

ACKNOWLEDGMENTS

This should include sources of support, including federal and industry support. All authors who have contributed to the manuscript must be acknowledged. Medical writers, proofreaders and editors should not be listed as authors, but acknowledged at the beginning or end of the text.

DISCLOSURE

At the time of submission, each author must disclose and describe any involvement, financial or otherwise, that might potentially pose conflict of interest. Disclosure must be included in the text of the manuscript.

REFERENCES

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using superscript Arabic numerals in the order in which they appear. 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.

❖ Journal article

1. Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet* 1986; 19: 254-52.

❖ Online article not yet published in an issue

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.

1. Furuya R, Takahashi R, Furuya S, *et al.* Is urethritis accompanied by seminal vesiculitis? *Int J Urol*. DOI: 10.1111/j.1442-2042.2009.02314.x

❖ Book

2. Ernstoff M. *Urologic Cancer*. Blackwell Science, Boston, 1997.

❖ Chapter in a Book

3. 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. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. 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. If tables have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

FIGURES

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

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 between 0.5 and 1 point.

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

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.

13. 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, although video files may be larger.

14. SUBMISSION OF MANUSCRIPTS

Manuscripts must be submitted online at:

<http://www.thecd.org/login/signIn>

Authors must supply an email address as all correspondence will be by email.

WORD 2007

Authors must note that Word 2007 is not yet compatible with journal production systems. Unfortunately, the journal cannot accept Microsoft Word 2007 documents until such time as a stable production version is released. Please use Word's 'Save As' option therefore to save your document as an older (.doc) file type.

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 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.

COVERING 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.

15. 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.

16. OFFPRINTS

Minimum orders of 50 offprints will be provided upon request, at the author's expense. If you have queries about offprints please email offprint@amepc.org.

17. 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.

18. TRACKING MANUSCRIPTS

1) BEFORE ACCEPTANCE

Authors can track your manuscript's progress through the review process at: <http://www.thecdt.org/login/signIn>

2) AFTER ACCEPTANCE

Author Services enables authors to track their article, once it has been accepted, through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated emails at key stages of production so they do not need to contact the production editor to check on progress.

19. EPUB AHEAD OF PRINT (ACCEPTED ARTICLES)

CDT offers Accepted Articles service for selected articles.

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