



# Revista Clínica Española

## AUTHORS INFORMATION PACK

### GUIDE FOR AUTHORS

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#### INTRODUCTION

*Revista Clínica Española* published its first issue in 1940 and is the communication channel of the Spanish Society of Internal Medicine (SEMI).

*Revista Clínica Española* fully endorses the goals of updating knowledge and facilitating the understanding of key developments in internal medicine applied to clinical practice. *Revista Clínica Española* is subject to a thorough double-blind review of the received articles written in Spanish or English. Nine issues are published each year, including mostly originals, reviews and consensus documents. .

*Revista Clínica Española* is included, amongst other databases, in: Current Contents/Clinical Medicine, JCR/SCI-Expanded, Index Medicus/Medline and Excerpta Medica/EMBASE.

Articles by Spanish authors should comply with the general criteria of Law 14/2007, from 3rd July, for biomedical research (BOE n 159), which protects the rights of individuals who are subjects of research. Clinical trials should be registered with public databases prior to their initiation and patient recruitment, and only after approval of the institutional or regional Clinical Research Ethics Committee. The authors should provide the archive number and database where the trial is registered. For all clinical trials that initiate patient recruitment as of 1 January 2017, registration in public databases will be mandatory. Trials with patient recruitment prior to this date may still be submitted to the Journal for evaluation.

#### USE OF PUBLISHING GUIDELINES

When preparing articles, the international guidelines should be followed in order to express health research results and apply them to the specific type of study. Authors must provide a check-list, indicating the page number of the manuscript that refers to each section of the guidelines. This check-list will make it easier to review, but it will not be published with the work.

EQUATOR (<http://www.equator-network.org/>) contains an introduction and several aids (toolkits) for authors and manuscript reviewers. Some are also in Spanish (<http://www.español.equator-network.org/>).

Each type of article requires specific guidelines:

Clinical trials: CONSORT (<http://www.consort-statement.org/>). These guidelines are required, with the flow diagram being included in the manuscript, as well as its adjustment to non-pharmacological treatments.

The check-list will be provided on the last page of the manuscript.

Observational studies: STROBE (<http://www.strobe-statement.org/>) following the checklist appropriate to the type of study (cohort, case-control, or cross-sectional), and including the flow diagram in the manuscript. The checklist will be provided on the last page of the manuscript.

Diagnostic tests: STARD (<http://www.equator-network.org/reporting-guidelines/stard/>), including the check-list on the last page of the manuscript.

Systematic reviews and meta-analysis: PRISMA (<http://www.prisma-statement.org/>), including the flow diagram in the manuscript, and providing the check-list on the last page of the manuscript.

Qualitative studies and focus groups: COREQ (<http://www.equator-network.org/reporting-guidelines/coreq/>).

Studies on quality improvement: SQUIRE (<http://www.squire-statement.org/>).

For other types of studies, consult EQUATOR.

### **Types of article**

**Originals.** The journal will consider clinical and experimental studies, randomised clinical trials, cohort studies, screening studies, diagnostic test studies, cost-effectiveness analyses, decision-making assessment studies, interventionist studies, case-control studies and survey-based studies that have achieved high response rates. The articles may cover any field related to internal medicine and will be assessed particularly on the clinical relevance of this field. The articles are to have a maximum length of 2500 words, excluding the title page, the structured abstract (maximum of 250 words), keywords, figure captions and references (a maximum of 50). Up to 5 tables or figures will be accepted. Revista Clínica Española requires a record of all clinical trials submitted for publication and acceptance of the studies by the corresponding ethics committees. The number of authors must not exceed 10. When preparing controlled clinical trials, the CONSORT standards must be followed, which are available at <http://www.consort-statement.org>. For observational studies, the points listed in the checklist available at <http://www.strobe-statement.org/> must be used. Studies on the validity of diagnostic tests must follow the STARD standards available at (<http://www.equator-network.org/reporting-guidelines/stard/>)

**Original briefs.** The journal will consider research studies that, due to their characteristics, can be published in abbreviated form. These articles will be structured like the originals. Their length must not exceed 1,500 words, excluding the title page, the abstract (of 150 words), keywords, figure captions and no more than 20 references. Up to 2 tables or figures will be accepted. The number of authors must not exceed 6.

**Clinical Review.** Revista Clínica Española will consider manuscripts for this section based on their importance and timeliness, mostly by request of the editorial team. These manuscripts can appear in 2 formats: 1) narrative clinical review, with a maximum length of 4,000 words, excluding an unstructured abstract (maximum of 150 words), references (maximum of 80 references) and up to 4 tables or figures; 2) brief clinical review, with a maximum length of 2,000 words, excluding an unstructured abstract (maximum of 150 words), references (maximum of 50 references) and up to 2 tables or figures. The maximum number of signatories will be 3 for either of the 2 modalities. Any author may send manuscripts on their own initiative for consideration in this section, after contacting the editorial team and having their topic accepted. The author will also create 4 test questions for inclusion in the self-assessment modules as an activity for continuing medical education. The questions must have 5 answer

choices, of which only one must be correct. The questions must refer to concepts in the manuscript, and their answers must require a careful reading of the article. At the end of each question, a brief comment (1 to 3 sentences) must be added concerning the correct answer.

**Systematic reviews and meta-analyse.** Systematic reviews may use statistical methods (meta-analyses) to analyse and summarise the results of included studies. These reviews must follow the PRISMA standards: <http://prisma-statement.org/>. The maximum length of the manuscript must be 4,000 words, excluding an unstructured abstract (maximum of 250 words), references (maximum of 80 references) and up to 5 tables or figures. The number of authors must not exceed 6.

**Clinical-Pathological Conferences (CPC).** Meetings that comply with the following criteria may be submitted: a) a clinical discussion of a case, accompanied by a pathology correlation, taking place in any Spanish hospital; and b) a discussion by the clinical speaker on the most relevant aspects of the case, who establishes a series of differential diagnoses based on the reported data and suggests a diagnosis. The discussion's main focus will always be on the clinical data of the presented case. The initial diagnosis established by the physicians responsible for the patient's care will then be described. The article should then list some of the interventions or comments (a maximum of 4) proposed by the session's attendees; c) after completing the clinical discussion, a pathology speaker will list the main histopathology findings and specify the pathological diagnosis; d) then, the clinical speaker may perform the anatomoclinical correlation; e) the studies must have a maximum length of 4000 words. Up to 3 tables and 4 figures will be accepted, as well as a maximum of 20 references, and the maximum number of signatories is 5; f) in the manuscript, the clinical speaker and the pathology speaker will be listed as the authors. If a third person was in charge of organising the CPC and collaborated in writing it, that individual will be listed as associate editor and not as author; g) all CPCs will be evaluated by the drafting committee of Revista Clínica Española before being accepted and published.

**Correspondence.** This section publishes objections and comments on articles recently published in the journal (Letters to the Editor), such as observations and experiences that can be summarised in a brief text, as well as on the hypotheses subjected to the scientific method, reported in brief (scientific letters). Revista Clínica Española will not accept observational letters consisting of the description of a clinical case. The text must not exceed 500 words or include more than 10 references. One figure or one table may be included. The number of signatories is limited to 4. The studies shall have a maximum length of 1,000 words and a maximum of 15 references. Letters concerning or related to articles previously published in the journal shall have priority for publishing, as well as the right to reply. This type of letter will be shorter, with a maximum of 300 words and 5 references. The letter must not refer to studies or personal experiences that have not been previously published. The letter will be submitted to the author of the original study, who may answer in a similarly sized letter within a month. The letter and the reply will be published jointly.

**Special articles.** This section will contain manuscripts that, due to their unique content, cannot be included in other sections of Revista Clínica Española. The articles shall have a maximum length of 1,500 words, and up to 3 tables or 3 figures will be accepted. They should not exceed 40 references. The manuscripts should include an unstructured abstract of 150 words, and the maximum number of signing authors is 3.

**Consensus documents** The final manuscript will be submitted for assessment to the Revista Clínica Española together with the corresponding authorization made by the Sociedad Española de Medicina Interna Board of Directors or the other medical specialty societies appearing in it.

There should be a conflict of interest section in the article that shall clearly state that no financial support from any institution in the private sector has been present.

The journal will publish the consensus document accepted as an Executive Summary, whose aim is to offer to the readers a detailed and clear summary of consensus document, as well as setting out the scope and the most relevant aspects of the whole document.

Consensus document will follow the next rules:

1. 1. Title in Spanish and English. The title will start with the sentence " Executive Summary of the consensus document on... ".
2. 2. The maximum number of authors is 10. Co-investigators should be listed in an Appendix at the end of the manuscript. In both cases, professional filiation is required.
3. 3. Spanish and English abstract which will have a maximum of 150 words.
4. 4. Spanish and English key-words used in the Index Medicus (MeSH).
5. 5. The body of the Executive Summary will comprise a maximum of 3,000 words, and will contain:
  - Introduction, describing the need or rationale of the document.
  - Methods, describing the path followed to reach at Consensus Document: items selection criteria, item analysis and validation, including percentage of agreement for each one.
  - Results relating the most hallmarking.
  - Brief. It will explain the applicability, limitations and implications of the document.
  - The references, (a maximum of 15 citations) will be writting according to Revista Clínica Española. reference's guide.
  - It will be accompanied by the tables and figures considered necessary for clear and concise interpretation of the information.
  - It should be mentioned that the Complete Consensus document will be published as additional online material to the Executive Summary, available at web-link.
6. 6. Each component of the executive summary as well as associated documents or additional material, together with the full document that will be published as an annex, must be uploaded to the RCE platform.

**Other sections.**The journal includes other sections which will be commissioned. The editorials may be signed by 2 authors.

### **Contact details for submission**

All manuscripts must be submitted online through the *Revista Clínica Española* EES Web site at <http://ees.elsevier.com/rce>

### **Language**

This journal is published in Spanish and in English language.

### **Submission checklist**

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

#### **Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

*Manuscript:*

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

*Graphical Abstracts / Highlights files* (where applicable)

*Supplemental files* (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)**
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our [Support Center](#).

## **BEFORE YOU BEGIN**

### **Ethics in publishing**

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

### **Studies in humans and animals**

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with [The Code of Ethics of the World Medical Association](#) (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#) and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms [sex and gender](#) should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

### **Informed consent and patient details**

Studies on patients or volunteers require ethics committee approval and informed consent,

which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the [Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals](#). Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

### **Declaration of interest**

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. [More information](#).

### **Submission declaration and verification**

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service [Crossref Similarity Check](#).

### **Authorship**

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

### **Changes to authorship**

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all

authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

### **Clinical trial results**

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

### *Reporting clinical trials*

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

### *Registration of clinical trials*

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with [International Committee of Medical Journal Editors](#) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

### **Copyright**

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see [more information](#) on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

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### **Open access**

This journal offers authors a choice in publishing their research:

#### **Subscription**

- Articles are made available to subscribers as well as developing countries and patient groups through our [universal access programs](#).
- No open access publication fee payable by authors.

The Author is entitled to post the [accepted manuscript](#) in their institution's repository and make this public after an embargo period (known as green Open Access). The [published journal article](#) cannot be shared publicly, for example on ResearchGate or Academia.edu, to ensure the sustainability of peer-reviewed research in journal publications. The embargo period for this journal can be found below.

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### **Language (usage and editing services)**

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the [English Language Editing service](#) available from Elsevier's Author Services.

### **Submission**

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

#### ***Submit your article***

Please submit your article via <http://ees.elsevier.com/rce>.

#### ***Referees***

Please submit the names and institutional e-mail addresses of several potential referees. For more details, visit our [Support site](#). Note that the editor retains the sole right to decide whether or not the suggested reviewers are used.

## **PREPARATION**

### **Peer review**

This journal operates a double anonymized review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. [More information on types of peer review](#).

### **Double-blind review**

This journal uses double-anonymized review, which means the identities of the authors are concealed from the reviewers, and vice versa. [More information](#) is available on our website. To facilitate this, please include the following separately:

*Title page (with author details)*: This should include the title, authors' names affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.

*Anonymized manuscript (no author details)*: The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

#### ***Use of word processing software***

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not

use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

## **Article structure**

### *Subdivision - unnumbered sections*

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

### *Introduction*

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

### *Material and methods*

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

### *Results*

Results should be clear and concise.

### *Discussion*

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

### *Conclusions*

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

### *Appendices*

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

## **Essential title page information**

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
- **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

## **Highlights**

Highlights are a short collection of bullet points that convey the core findings of the article. Highlights are optional and should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). You can view [example Highlights](#) on our information site.

## **Structured abstract**

A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The headings will consist of: «Introduction and Objectives», «Patients or Materials and Methods», «Results» y «Conclusions».

## **Graphical abstract**

Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view [Example Graphical Abstracts](#) on our information site.

Authors can make use of Elsevier's Illustration and Enhancement service to ensure the best presentation of their images and in accordance with all technical requirements: [Illustration Service](#).

## **Keywords**

Immediately after the abstract, provide a maximum of 6 keywords, using British spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

## **Abbreviations**

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

## **Acknowledgements**

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

## **Formatting of funding sources**

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

## **Units**

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

## **Artwork**

### ***Image manipulation***

Whilst it is accepted that authors sometimes need to manipulate images for clarity, manipulation for purposes of deception or fraud will be seen as scientific ethical abuse and will be dealt with accordingly. For graphical images, this journal is applying the following policy: no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.

### ***Electronic artwork***

General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.
- Ensure that color images are accessible to all, including those with impaired color vision.

A detailed [guide on electronic artwork](#) is available.

**You are urged to visit this site; some excerpts from the detailed information are given here.**

### Formats

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS (or PDF): Vector drawings, embed all used fonts.

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