

# Submission Preparation Checklist

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

- I declare that all authors had a substantial contribution for this manuscript.
- I declare that all authors approve the final version of the manuscript.
- I declare that the manuscript is not under review of any other journal, and that it has not been published complete or partially in any other journal.
- I declare that the manuscript has not been previously presented.
- If it has been presented in a conference, indicate name, place, and dates of the conference.
- I declare that the article is an original contribution, that all the statements presented as facts are resulting from authors' research, who are responsible for them.
- I declare that the manuscript, complete or in parts, does not infringe any copyright and does not violate any privacy rights.
- I declare that any authors' conflict of interest regarding statements presented into the manuscript does not exist.
- The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.
- The authors declare having followed the protocols in use at their working center regarding patient's data publication.

## Author Guidelines

### GUIDE FOR AUTHORS

#### Language

The title (and abstract and key words if applicable) must be submitted in both English and Portuguese.

Articles submitted to the Journal should be clearly written in Portuguese (from Portugal) and/or English of a reasonable standard.

Submissions that do not conform to these instructions may be returned for reformulation and resubmission.

#### Copyright

All articles in this journal are Open Access and meet the requirements of funding bodies or academic institutions.

Each article published in the Journal is published under the Creative Commons

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Submission of an article for publication implies the authors' consent to publication under the applicable Creative Commons license and the terms and conditions of the Publisher's Licensing Agreement.

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Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement'. 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.

Author rights: As an author you (or your employer or institution) have certain rights to reuse your work.

The Journal reserves the right to use plagiarism detection software on any submitted material.

### **Article Processing Charge (APC)**

There is no Article Processing Charge (APC).

### **Self-Archiving**

It is permitted to authors of Open Access articles to post the final, published version of their article in Open Access repositories or on other websites, in accordance with the Creative Commons license.

## **Ethical Considerations**

If the work involves the use of animal or 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; [EU Directive 2010/63/EU](#) for animal experiments; Uniform Requirements for manuscripts submitted to [Biomedical journals](#). 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.

Publication of patient data and photographs must not enable the institution or individuals involved to be identified unless accompanied by written permission for their use from the individuals concerned.

For studies involving patients, a statement must be included to the effect that the study was conducted in accordance with the amended Declaration of Helsinki, that the local institutional review board or independent ethics committee approved the protocol, and that written informed consent was obtained from all patients. The name of the committee, the name of the chairperson of the committee (or the person who approved the protocol), the date of approval and the approval number should follow this statement in the Methods section. For multicentre studies, a list of the relevant approvals may be provided in a separate document to be published as supplementary material.

## **Privacy**

The text, tables, figures, and supplementary data of submitted manuscripts must not contain any details identifying patients or study participants, including names, initials, date of birth, Social Security numbers, dates, or medical record numbers, unless written informed permission has been obtained from the patient, guardian, or next of kin and copies provided to the Journal prior to publication.

If photographs of patients are used, they must be accompanied by written permission for reproduction or must not enable the patient to be identified. Identifying details should be omitted if they are not essential, but patient data should never be altered or falsified in an attempt to attain anonymity.

### **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. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided. 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.

## Permissions

All previously published and copyrighted material, including illustrations, diagrams and tables, must be accompanied by written permission for reproduction from the copyright holders.

## Conflict of Interest

A conflict of interest exists when professional judgement concerning a primary interest may be influenced by a secondary interest (such as financial gain). Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships or rivalries, academic competition, or intellectual beliefs (examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding). All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. All authors must disclose, in the cover letter, any actual or potential conflict of interest.

If there are no conflicts of interest then please state this: 'Conflicts of interest: none'.

Failure to disclose conflicts might lead to publication of a correction or even to retraction.

### Clinical Trial Results

J SPEDM supports initiatives to improve reporting of clinical trials. This includes prospective registration of clinical trials in suitable publicly available databases. In line with [ICMJE guidelines](#), J SPEDM requires registration of all clinical trials that are reported in manuscripts submitted to its journals.

The ICMJE uses the World Health Organization (WHO) definition of a clinical trial, which is *"any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes"*. This definition includes phase I to IV trials. The ICMJE defines health-related interventions as *"any intervention used to modify a biomedical or health-related outcome"* and health-related outcomes as *"any biomedical or health-related measures obtained in patients or participants"*.

### 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 ([ICMJE](#)) 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, behavioral 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.

The trial registration number (TRN) and date of registration should be included as the last line of the manuscript abstract.

### **Registration of Systematic Reviews**

J SPEDM supports the prospective registration of systematic reviews and encourages authors to register their systematic reviews in a suitable registry (such as [PROSPERO](#)). Authors who have registered their systematic review should include the registration number as the last line of the manuscript abstract.

### **Availability of Data**

J SPEDM strongly encourages that all datasets on which the conclusions of the paper rely should be available to readers. We encourage authors to ensure that their datasets are either deposited in publicly available repositories (where available and appropriate) or presented in the main manuscript or additional supporting files, in machine-readable format (such as spreadsheets rather than PDFs) whenever possible. We require a data sharing statement at the end of every research manuscript. For trials of drugs or devices the statement must state, at a minimum, that the relevant anonymized patient level data are available on reasonable request from the authors.

Options for formatting the statement are suggested here:

"Data sharing: patient level data [and/or] full dataset [and/or] technical appendix [and/or] statistical code [and/or] available at [/doi] [with open access/with these restrictions] [from the corresponding author at ]. Participants gave informed consent for data sharing [or ... consent was not obtained but the presented data are anonymized and risk of identification is low ... or consent was not obtained but the potential benefits of sharing these data outweigh the potential harms because ...]"

If no such further data are available, please use this wording: "Data sharing: no additional data available."

This option is not available for trials of drugs or devices.

Authors may be required to provide the raw data for research papers when they are under review and up to 10 years after publication.

### **Submission**

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 or as an electronic preprint, 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.

All manuscripts must be accompanied by a cover letter. Assurance should be given in the cover letter that the manuscript is not under simultaneous consideration by any other publication. In the cover letter, the authors should declare their potential conflicts of interest and provide a statement on authorship.

To verify originality, your article may be checked by the originality detection service.

### **Submit your article**

Please submit your article via <http://spedmjournal.com/>

# Manuscript Preparation

## 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.

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

## Publication Types

SPEDM J accepts the following publication types:

- a) Original articles reporting clinical or basic research;
- b) Review articles (including systematic reviews and meta-analyses) of clinical or basic-science topics;
- c) Clinical Case Studies/Case Reports;
- d) Images in Endocrinology;
- e) Editorials, which are written at the invitation of the Editor and consist of commentary on articles published in the journal or on subjects of particular relevance;
- f) Letters to the Editor, which consist of concise opinions on recently published articles;
- g) Current Perspective
- h) Guidelines. Please ensure that you select the appropriate article type from the list of options when making your submission.

Authors should indicate in the cover letter which manuscript type is being submitted for publication

## Title page information

- **Title**

The title should be given in both Portuguese and English and should be concise, informative, contain no abbreviations and not exceed 120 characters. The title may include a subtitle with a maximum of 40 characters (including spaces).

- **Author names and affiliations**

Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. 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.

- **Sponsors**

All entities that sponsored the work should be listed.

- **Corresponding author.**

Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that phone numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author.

Present/permanent address. 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.

- **Abstract and Keywords**

A concise and factual abstract is required. An abstract is often presented separately from the article, so it must be able to stand alone. The abstract must be written in both Portuguese and English. It should not contain abbreviations, references, or footnotes.

At the end of the abstract, a maximum of six keywords must be included, using the terminology appearing in “Medical Subject Headings ([MeSH](#))”.

- **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 Introduction, Methods, Results and Conclusions will be followed.

- **Ethical disclosures**

The authors will also include in this title page, under the heading “Ethical disclosures” their statement on the Protection of human and animal subjects, the Confidentiality of Data, and the Right to privacy and informed consent.

The authors will mandatorily include one of the texts shown below for each one of the sections, depending on the characteristics of their article/research.

#### PROTECTION OF HUMAN SUBJECTS AND ANIMALS IN RESEARCH:

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this investigation.

or

Protection of human and animal subjects. The authors declare that the procedures followed were in accordance with the regulations of the responsible Clinical Research Ethics Committee and in accordance with those of the World Medical Association and the Helsinki Declaration.

#### PATIENTS' DATA PROTECTION:

Confidentiality of Data. The authors declare that they have followed the protocols of their work center on the publication of patient data and that all the patients included in the study have received sufficient information and have given their informed consent in writing to participate in that study.

or

Confidentiality of Data. The authors declare that no patient data appears in this article.

#### RIGHT TO PRIVACY AND INFORMED CONSENT:

Right to privacy and informed consent. The authors have obtained the informed consent of the patients and/or subjects mentioned in the article. The author for correspondence is in possession of this document.

or

Right to privacy and informed consent. The authors declare that no patient data appears in this article

## **Text**

### **Original Articles**

Original articles are fully documented reports of original clinical or basic research that must describe full sets of interesting, original experiments in current research. Original articles should include the following sections: Introduction, Materials and Methods, Results, Discussion and Conclusions, Acknowledgements (if applicable), References, Tables and Figures.

Original articles should not exceed 4 000 words, excluding up to 6 tables or figures and up to 60 references. Structured abstract up to 350 words.

### **Article structure**

#### ***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 detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should 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.

### **Review Articles**

Review Articles are comprehensive papers that synthesize older ideas and suggest new ones. They cover broad areas. They may be clinical, investigational, or basic science in nature. Although usually commissioned, we do occasionally accept unsolicited review articles on important and topical subjects with a particular focus on recent advances. Before submitting a review, we ask that you send the editors a brief outline (no more than 500 words) indicating the importance and novelty of the subject, and why you are qualified to write it. An invitation to submit does not guarantee acceptance.

Review articles should not exceed 4 000 words, excluding up to 6 tables or figures and up to 100 references. Unstructured abstract up to 350 words.

### **Systematic Reviews**

Systematic Reviews can be presented in the Introduction, Methods, Results, Discussion format. The subject must be clearly defined. The objective of a systematic review should be to produce an evidence-based conclusion. The Methods should give a clear indication of the literature search strategy, data extraction, grading of evidence and analysis. We strongly encourage authors to comply with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses ([PRISMA](#)) guidelines.

Systematic review articles should not exceed 4 000 words, excluding up to 6 tables or figures and up to 100 references. Structured abstract up to 350 words.

### **Clinical Case Studies/Case Reports**

Clinical Case Reports should include the following sections: Introduction, Clinical Case, and Discussion. Clinical case studies should not exceed 2 000 words excluding up to 25 references.

We strongly encourage authors to comply with the [CARE](#) guidelines.

Unstructured abstract up to 150 words.

### **Editorials**

Editorials are normally written at the invitation of the Editor and consist of commentary on articles published in the journal or on subjects of particular relevance. Editorials should not exceed 1 500 words and 20 references and may include 1 table and 1 figure. Abstract is not required.

### **Letters to the Editor**

Letter to the Editor should consist of critical comments on an article published in the Journal or a short note on a particular topic or clinical case. Letters to the Editor should not exceed 600 words and 10 references and may contain one figure or table. Abstract is not required.

### **Images in Endocrinology**

This section is intended for the publication of clinical, radiological, histological, and surgical images related to endocrinology, diabetes or metabolism cases.

Title should be no more than eight words. Authors should be no more than four. Images should be of high quality and educational value. Up to four figures will be published. Captions should be brief and informative. Arrows or other symbols should be included as needed to facilitate understanding of the images. The text should not exceed 500 words, up to five references, and should include a short clinical history and relevant data from the physical examination, laboratory tests, and clinical progression as appropriate. Abstract is not required.

### **Current Perspective**

This is the type of manuscript that is submitted upon invitation by the Editorial Board. It may cover a broad diversity of themes focusing on endocrinology, diabetes, metabolism and healthcare: current or emergent problems, management and health policies, history of medicine, society issues and epidemiology, among others. An Author that wishes to propose a manuscript in this section is requested to send an abstract to the Editor-in-Chief including the title and Author list for evaluation. The text should not exceed 1200 words, up to 10 references, two tables or two figures are allowed. Abstract is not required.

### **Guidelines**

In general, published statements intended to guide clinical care (e.g. guidelines, practice parameters, recommendations, consensus statements and position papers) should describe:

- The clinical problem to be addressed,
- The mechanism by which the statement was generated,
- A review of the evidence for the statement (if available),



- The statement on practice itself.

To minimize confusion and to enhance transparency, such statements should begin with the following bulleted phrases, followed by brief comments addressing each phrase:

- What other guideline statements are available on this topic?
- Why was this guideline developed?
- How does this statement differ from existing guidelines?
- Why does this statement differ from existing guidelines?

Guidelines should not exceed 4 000 words, excluding up to 6 tables or figures and up to 100 references. Abstract up to 350 words.

Article type	Abstract	Keywords	Main text structure	Max. words	Tables/figures	References
Original Article	Max. 350 words; structured (Introduction and Objectives, Methods, Results and Conclusion(s) )  Portuguese and English	Up to 6  Portuguese and English	Introduction; Methods; Results; Discussion; Conclusion(s); Acknowledgments, if any; References; and figure legends, if any	4000	Total up to 6	Up to 60
Review Article	Max. 350 words; unstructured Portuguese and English	Up to 6  Portuguese and English	Introduction; thematic sections at the discretion of the authors; Conclusion(s); Acknowledgments, if any; References; and	4000	Total up to 6	Up to 100

			figure legends, if any			
Systematic Review	Max. 350 words; structured Portuguese and English	Up to 6 Portuguese and English	PRISMA	4000	Total up to 6	Up to 100
Case Report	Max. 150 words; unstructured Portuguese and English	Up to 6 Portuguese and English	Introduction; Case report; Discussion; Conclusion(s) (optional); References; and figure legends, if any	2000	Total up to 4	Up to 25
Images in Endocrinology	None	Up to 6 Portuguese and English	Unstructured	500	Total up to 4	Up to 5
Editorial	None	None	Unstructured	1500	Total up to 2	Up to 20
Letter to the Editor	None	Up to 6 Portuguese and English	Unstructured	600	Total up to 1	Up to 10
Current Perspectives	None	Up to 6 Portuguese and English	Unstructured	1200	Total up to 2	Up to 10

Guidelines	Max. 350 words; unstructured Portuguese and English	Up to 6 Portuguese and English	Introduction; thematic sections at the discretion of the authors; Conclusion(s); Acknowledgments, if any; References; and figure legends, if any	4000	Total up to 6	Up to 100
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## References

- **Citation in text**

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). The references should be listed using Arabic numerals in the order in which they are cited in the text.

References to personal communications and unpublished data should be made directly in the text and should not be numbered. Citation of a reference as 'in press' implies that the item has been accepted for publication. Journal names should be abbreviated according to Medline style.

References to articles published in journals should include the first author's name (surname and given name) followed by the names of the remaining authors, the article title, the journal name, and the publication year, volume, and pages.

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. Please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors.

The references list should be added as part of the regular text, never as a footnote. Specific codes from reference-management software are not acceptable.

- **Format**

A detailed description of the formats of different reference types can be found in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" ([http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)).

Selected examples are given below.

List all authors if there are six or fewer; et al. should be added if there are more than six authors. Article title, journal name, year, volume, and pages.

Reference Management Software: The use of EndNote is recommended to facilitate formatting of citations and reference lists. The journal output style can be downloaded from <http://endnote.com/downloads/styles>.

- **Reference style**

*Text:* Indicate references by number(s) in superscript in line with the text. The actual authors can be referred to, but the reference number(s) must always be given.

*List:* Number the references in the list in the order in which they appear in the text.

### *Examples:*

Reference to a journal publication:

- Isidori AM, Sbardella E, Zatelli MC, Boschetti M, Vitale G, Colao A, et al. Conventional and nuclear medicine imaging in ectopic Cushing's syndrome: a systematic review. *J Clin Endocrinol Metab*. 2015;100:3231-44.

Reference to a book:

- Ware JE, Kosinski M, Dewey JE. How to score version 2 of the SF-36 Health Survey (standard & acute forms). Lincoln: Quality Metric Incorporated; 2000.

Reference to a book chapter:

- Castellano Barca G, Hidalgo Vicario M, Ortega Molina M. Transtorno del comportamiento alimentario. In: Castellano Barca G, Hidalgo Vicario M, Redondo Romero A, editores. *Medicina de la adolescência – atención integral*. 1ª ed. Madrid: Ergon; 2004. p.415-29.

Web references:

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (author names, dates, reference to a source publication, etc.), should also be given.

Note shortened form for last page number. e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by 'et al.' For further details you are referred to '[Uniform Requirements for Manuscripts submitted to Biomedical Journals](#)'.

### **Footnotes**

Footnotes should be avoided. When essential, they should be numbered consecutively and appear at the foot of the appropriate page.

### **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.).

### **Abbreviations**

Abbreviations (with the exception of those clearly well-established in the field) should be explained when they are first used.

Define all abbreviations except those approved by the International System of Units for length, mass, time, temperature, amount of substance, etc. Do not create new abbreviations for drugs, procedures, experimental groups, etc.

Abbreviations or acronyms should not be used in the title and abstract, but only in the text and in a limited way. Abbreviations should be defined at first use, in full, followed by the abbreviation in parentheses. Excessive and unnecessary use of acronyms and abbreviations should be avoided. ((All this is checked by our copy editors))

### **Units of measurement**

Follow internationally accepted rules and conventions: use the international system of units (SI).

Temperatures should be given in degrees Celsius (°C) and blood pressure in millimeters of mercury (mm Hg).

## **Drug names**

Use generic names of drugs (first letter: lowercase) whenever possible. Registered trade names (first letter: uppercase) should be marked with the superscript registration symbol ® or ™ when they are first mentioned.

## **Tables and illustrations**

Tables and figures must be numbered (e.g. Figure 1, Figure 2, Table 1) and submitted as separate files.

Captions should be numbered using Arabic numerals in the order in which they appear in the text (e.g., Table 1, Figure 1) and must provide sufficient information to enable their interpretation without consulting the text.

Ensure that each illustration and table has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Color illustrations are reproduced free of charge.

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.

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.

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 500 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

## **Tables**

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules.

## **Multimedia files**

Multimedia files should be submitted in a separate file with the original manuscript and with all subsequent submissions. Multimedia material must meet production quality standards for publication without the need for any modification or editing. Acceptable files are MPEG, AVI or QuickTime formats.

## **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.

## **Submission checklist**

The following list will be useful during the final checking of an article prior to sending it to the journal for review.

### **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, and contain:

- Keywords
- All figure captions
- All tables (including title, description, footnotes)

Further considerations

- Manuscript has been 'spell-checked' and 'grammar-checked'
- References are in the correct format for this journal
- 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)

## **Style and Usage**

SPEDM J follows the American Medical Association Manual of Style<sup>1</sup> (10th ed) in matters of editorial style and usage. All accepted manuscripts are subject to copyediting for conciseness, clarity, grammar, spelling, and GE style. The corresponding author will receive page proofs to review before publication. If requests for changes are made after the authors have returned corrected proofs. Care should be exercised in this stage of review so as to avoid publication of errata or retractions.

Last revision 10 December 2016

## **Copyright Notice**

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