

Instructions to the Authors

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About the Journal

The Egyptian Journal of Internal Medicine, a publication of The Egyptian Society of Internal Medicine, is a peer-reviewed online journal with 6 issues published. The journal's full text is available online at <http://www.esim.eg.net>. The journal allows free access (Open Access) to its content accepted version of the articles on any OAI-compliant institutional / subject-based repository.

Scope of the journal

The journal will cover technical and clinical studies related to health, ethical and social issues in field of Internal Medicine. Articles with clinical interest are given preference.

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to The Egyptian Journal of Internal Medicine and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding to peer review. Manuscripts that are unlikely to be of interest to the The Egyptian Journal of Internal Medicine readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in The Egyptian Journal of Internal Medicine are sent to two or more expert reviewers. During submission, authors provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory for all the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process where reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the reviewers' comments makes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are taken into consideration. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. The manuscript is accepted if the editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author who is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal offers 'Ahead of Print' immediately on acceptance.

Clinical trial registry

The Egyptian Journal of Internal Medicine favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Internal Medicine. The Journal of Internal Medicine would publish clinical trials that have been registered with a clinical trial registry that allows free online access to the public. The following registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects but are not yet registered are considered for publication in The Egyptian Journal of Internal Medicine only if they have been registered retrospectively with clinical trial registry before publication without charging any fees.

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number authors should provide a justification, if the number of authors exceeds these limits.

Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis editing and manuscript review. Authors' contributions will be printed along with the article. One or more author should take responsibility for the inception to published article and should be designated as 'guarantor'.

Conflicts of Interest/ Competing Interests

All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned

Submission of Manuscripts

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The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they the manuscript should be submitted in the form of two separate files:

[1] Title Page/First Page File/covering letter:

This file should provide

1. The type of manuscript (original article, case report, review article, Letter to editor, Images, etc.) title of the manuscript, running title, name highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited your identity should be here. Use text/rtf/doc files. Do not zip the files.
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5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if the

manuscript itself or in an authors' form

8. Criteria for inclusion in the authors'/ contributors' list
9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors, the proofs, if that information is not included on the manuscript itself.

[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must contain names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the author's name. Compliance with the Journal's blinding policy will be returned to the corresponding author. Use rtf/doc files. Do not zip the files. **Limit the file size:** The file size of the article must not exceed 5 MB. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The images should be submitted consecutively, beginning with the first page of the blinded article file.

[3] **Images:** Submit good quality color images. **Each image should be less than 2 MB in size.** Size of the image can be reduced by decreasing resolution (keep up to 1600 x 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be submitted in a separate file.

[4] **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors. The form can be submitted by courier, fax or email as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of manuscript submission. High resolution images (up to 5 MB each) can be sent by email.

Contributors' form / copyright transfer form can be submitted online from the authors' area on <http://www.journalonweb.com/ejim>.

Preparation of Manuscripts

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2008). The uniform requirements and specific requirements of The Egyptian Journal of Internal Medicine are summarized below. Contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<http://www.journalonweb.com/ejim>).

The Egyptian Journal of Internal Medicine accepts manuscripts written in American English.

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Types of Manuscripts

Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analysis and reviews with high response rate. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections: Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the institution (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <http://www.wma.net/e/policy>), involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee) and informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent is not required.

regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital number. Reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of animals. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Anirban Dasgupta humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies in human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and approval should be included in research articles under the 'Materials and Methods' section.

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animal subjects), eligibility and exclusion criteria and a description of the source population. *Technical information:* Identify the methods, apparatus (give the main components in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
QUOROM	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals) and losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used and avoid the use of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define all symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 for continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat results in tables and figures; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix or supplementary material; do not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute values calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by sex, race, and other factors should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, post this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

Review Articles:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. The contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submit descriptions describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advance article and should be sent as a letter to editor, as and when major development occurs in the field.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Report

Letter to the Editor:

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressing preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authentic.

Other:

Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references by numerals in superscript with square bracket after the punctuation marks. *References cited only* in tables or figure legends should be numbered by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by journals *should be abbreviated* according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid citation from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source, unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be given. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from I R.Soc. Trop. Med. Hyg.1996; 90:255–256.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al.*

Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al.*, Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *T. trichiura* in Blood. J. Clin. Microbiol. 2008; 46: 2022-2027.

1. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: *leishm*; 2009; Suppl 1:S2.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washir
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In* Ascariasis and its prevention and control, D. W. T. Crompton, M. C. Taylor and Francis, London, U.K. 1989, pp. 87–100.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* abscess pus for the diagnosis of amoebic liver abscess. *BMC Microbiology* 2007, **7**:41. doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com>

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited.

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the figure in the legend for such figures.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with double line spacing between lines. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has a resolution of at least 1600 pixels in TIFF format. Send the images on a CD. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its top left corner with the figure number, running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scribbles, or other markings.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

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Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the informant has given written permission.

the patient (or parent or guardian, wherever applicable) gives written informed consent for publication. Authors should remove patients' names from the written informed consent from the patients. When informed consent has been obtained, it should be indicated in the article and copy of the consent letter.

Sending a revised manuscript

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. The "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include a point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the manuscript.

Reprints and proofs

Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs.

Publication schedule

The journal publishes articles on its website immediately on acceptance and follows a 'continuous publication' schedule. Articles are compiled for the next issue.

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Checklist

Covering letter

- Signed by all contributors
- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Last name and given name provided along with Middle name initials (where applicable)
- Author for correspondence, with e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figures etc.)

Presentation and format

- Double spacing
- Margins 2.5 cm from all four sides
- Page numbers included at bottom
- Title page contains all the desired information
- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (structured abstract of 250 words for original articles, unstructured abstracts of about 150 words for all other manuscripts)
- Key words provided (three or more)
- Introduction of 75-100 words

- Headings in title case (not ALL CAPITALS)
- The references cited in the text should be after punctuation marks, in superscript with square bracket.
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- Send the article file without 'Track Changes'

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- Uniformly American English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure
- Numerals at the beginning of the sentence spelt out
- Check the manuscript for spelling, grammar and punctuation errors
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Species names should be in italics

Tables and figures

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not permission taken)
- Credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote

Contributors' form

(to be modified as applicable and one signed copy attached with the manuscript)

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