

CLINICAL MEDICINE & RESEARCH

Information for Authors

Welcome to the *Clinical Medicine & Research* Information for Authors

Clinical Medicine & Research will consider original manuscripts that are relevant, well-documented, and that appeal to a multi-specialty audience in the areas of research, medicine, preventive medicine and basic science.

Submit manuscripts for consideration online at <http://www.editorialmanager.com/clinmedres>

Ethics Statement

Clinical Medicine & Research follows the International Committee of Medical Journal Editors (ICMJE) *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* (<http://www.icmje.org/recommendations/>), the Council of Science Editors (CSE) *White Paper on Publication Ethics* (<http://www.councilscienceeditors.org/resource-library/editorial-policies/white-paper-on-publication-ethics/>) and the Committee on Publication Ethics (COPE) Core Practices for *Promoting Integrity in Research and its Publication* (<https://publicationethics.org/>) guidance for editors, reviewers, and authors.

Scope

Clinical Medicine & Research is a peer reviewed publication presenting relevant, credible information that addresses topics of interest to a multi-specialty audience in medicine, preventive medicine, translational medicine, epidemiology, research and basic science.

Clinical Medicine & Research serves as a source for rural health research, interventions, education and safety issues.

Clinical Medicine & Research serves as a forum on nonclinical aspects of science, medicine, and public health, covering political, philosophic, ethical, environmental, economic, historical, and cultural issues.

Objectives

Clinical Medicine & Research is committed to providing its readership with relevant, rigorously peer reviewed, original scientific medical research that substantially improves human health and well-being. *Clinical Medicine & Research* is available in print and electronic formats. Full text articles and abstracts will be available online at <http://www.clinmedres.org>.

Clinical Medicine & Research provides readers access to multidisciplinary sources for continuing medical education in basic and clinical sciences that enhance informed clinical decision-making.

Editorial Freedom

Clinical Medicine & Research will publish openly both sides of controversial issues.

Clinical Medicine & Research will not publish unethical studies, whether they are controversial or not, and whether they were performed in a quality manner or not.

Authors submitting manuscripts understand that the editor and the editorial staff edit manuscripts for clarity and conformity to the style of *Clinical Medicine & Research*. Revisions of this type will not require input from the author for clarification. Authors will receive a final galley proof for their approval. Changes will not be made once the final page proof is approved.

The *Clinical Medicine & Research* Editorial Board will, at all times, retain total editorial control of the content, structure, presentation of articles, editorials and all decisions relating to the publication and publication schedules.

Clinical Medicine & Research and its publisher, Marshfield Clinic, do not endorse companies, products or services displayed in any advertisements.

Clinical Medicine & Research will not accept advertisements that advertisers or advertising agencies specify must appear at the same time as an article describing the product or service in the advertisement.

Manuscript Submission - Copyright Transfer Agreement

Section 1: Statements of Authorship and Disclosure

Manuscript Title: _____

Corresponding Author: _____

The Manuscript Submission – Copyright Transfer Agreement (MS-CTA) is comprised of three sections:

(1) Statements of Authorship and Disclosure, (2) Statements of Acknowledgments, (3) Copyright Transfer Agreement

The completed MS-CTA must accompany all submitted manuscripts.

Manuscripts will not be processed until the agreement has been received by the senior editor.

In this section:

1. All parties who participated in the writing / preparing of the manuscript, or who are acknowledged in the manuscript, must complete and sign this section. Add additional sheets as necessary.
2. Parties who meet the International Committee of Medical Journal Editors (ICMJE) authorship criteria should be listed as authors. Consult the *ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* for guidelines on determining appropriate authorship credit and acknowledgments, <http://www.icmje.org/>.
3. The name of all parties and their corresponding contributions must be listed. Contributor signatures will document agreement on how each author(s)/contributor(s) involvement will be treated in the manuscript and the release of information for publication.

Type or print name of contributor: _____

<i>Contribution</i>	<i>Check all that apply</i>
Concept / idea / research design	
Data collection	
Data Analysis	
Writing	
Fund procurement	
Provided subjects	
Provided facilities / equipment	
IRB staff	
Clerical / support staff	
Consultation (manuscript review prior to submission)	
Authorship Credit	
Acknowledgment	

Signature _____ Date _____

Type or print name of contributor: _____

<i>Contribution</i>	<i>Check all that apply</i>
Concept / idea / research design	
Data collection	
Data Analysis	
Writing	
Fund procurement	
Provided subjects	
Provided facilities / equipment	
IRB staff	
Clerical / support staff	
Consultation (manuscript review prior to submission)	
Authorship Credit	
Acknowledgment	

Signature _____ Date _____

Type or print name of contributor: _____

<i>Contribution</i>	<i>Check all that apply</i>
Concept / idea / research design	
Data collection	
Data Analysis	
Writing	
Fund procurement	
Provided subjects	
Provided facilities / equipment	
IRB staff	
Clerical / support staff	
Consultation (manuscript review prior to submission)	
Authorship Credit	
Acknowledgment	

Signature _____ Date _____

Type or print name of contributor: _____

<i>Contribution</i>	<i>Check all that apply</i>
Concept / idea / research design	
Data collection	
Data Analysis	
Writing	
Fund procurement	
Provided subjects	
Provided facilities / equipment	
IRB staff	
Clerical / support staff	
Consultation (manuscript review prior to submission)	
Authorship Credit	
Acknowledgment	

Signature _____ Date _____

Manuscript Submission - Copyright Transfer Agreement

Section 2: Statements of Acknowledgment

Manuscript Title: _____

Corresponding Author: _____

Please select the appropriate answer to each question listed below.

Statement of Previous Publication / Redundant Publication

This manuscript has not been published previously nor concurrently submitted for publication in any other forum other than a meeting abstract.

Yes No

Statement of Acknowledgment of Access to Scientific Data

I agree to abide by the *Clinical Medicine & Research* Policy on Access to Scientific Data.

Yes No

Request for Double-Blind Peer Review

The corresponding author is responsible for the preparation of the manuscript for double-blind peer review. Please read the *Peer Review Process* section of our *Instructions for Authors* for more information on preparing your manuscript for double-blind peer review.

This manuscript has been prepared for **double-blind** peer review.

Yes No

Potential Reviewers

The corresponding author may *suggest* up to four potential reviewers who have not been co-authors or collaborators within the last three years. The corresponding author may also *suggest* names of individuals who the author would prefer not be considered as potential reviewers, due to known conflicts of interest or a competitive business relationships. On a separate sheet, list the name, institution, department, email address and telephone number (if known) for each.

Note: Final determination of reviewers is at the discretion of the *Clinical Medicine & Research* editorial board and editorial staff.

Randomized Control Trials (RCTs)

RCTs have been identified. The completed *CONSORT Checklist* is submitted with the manuscript.

Yes No N/A

Permission

Permission has been granted and is enclosed for *Clinical Medicine & Research* to reproduce in print and electronic formats the previously published material of this manuscript.

Yes No N/A

Ethics and Institutional Review Board (IRB) Approval or Exemption

Institutional review board approval or exemption has been secured.

Yes No N/A SP# Date

Institutional review board approval or exemption has been documented in the text.

Yes No N/A

Manuscript Submission - Copyright Transfer Agreement

Section 3: Copyright Transfer Agreement

Manuscript Title: _____

Corresponding Author: _____

The signature of the author(s) signifies acceptance of the terms and conditions listed below.

The corresponding author and the author that is responsible for the manuscript in its entirety, if this is not the corresponding author, must provide an original signature. Signed copies or facsimile copies are acceptable for all other authors. This form must be completed and submitted with the manuscript.

Is the corresponding author responsible for the manuscript in its entirety?

Yes

No

Agreement

1. The undersigned author(s) transfer(s) all copyright to *Clinical Medicine & Research*, which is owned, published, and copyrighted by Marshfield Clinic.
2. The author(s) will transfer to *Clinical Medicine & Research* all rights, title, and interest to all parts of the written work.
3. In the event the author(s) are officers or employees of the U.S. government, *Clinical Medicine & Research* recognizes that the work created as a U.S. government employee, as part of their official government duties, is in the public domain.
4. Author(s) reserve all proprietary rights (other than copyright) including patent rights relating to the subject matter of the article and the right for personal use in lectures, lecture notes, and exhibits.
5. *Clinical Medicine & Research* shall own the work, including copyright; the right to grant permission to republish the article in whole or in part; with or without fee; the right to produce preprints or reprints; translate into languages other than English for sale or free distribution; the right to republish the work in a collection of articles in any other mechanical or electronic format or any other medium now known and herein after invented, and, in turn, authorize third parties to do the same.
6. *Clinical Medicine & Research* reserves the right to determine the publication date, agrees to publish in a timely fashion, and has the right to publish a manuscript within 1 week to 2 years of the date of acceptance.

Financial Disclosure

1. *Clinical Medicine & Research* places the responsibility for declaring potential financial conflicts of interest and personal or business associations with the author.
2. Failure to disclose financial interests will result in a notice published in the subsequent issue and immediately posted on the Web site.
3. The undersigned author(s) certify that they do not have any potential financial conflicts of interest. (eg, salary, consulting fees and honoraria, stock or equity interests, intellectual property patents, royalties, copyrights).
4. The undersigned author(s) certify that all any potential conflicts of interest due to affiliations, personal, or business associations have been reported and submitted with the manuscript. The editorial staff reserves the right to report financial disclosure information as a description published with the article or as a footnote on the first page of the manuscript.

Type or print name of author that is responsible for the manuscript in its entirety:

Signature

Date

Type or print name of author:

Signature

Date

Type or print name of author:

Signature

Date

Type or print name of author:

Signature

Date

Type or print name of author:

Signature

Date

Type or print name of author:

Signature

Date

MANUSCRIPT PREPARATION

MANUSCRIPT FILES

Electronic manuscript files must be submitted to *Clinical Medicine & Research* online at <http://www.editorialmanager.com/clinmedres>. The manuscript text file must be created with Microsoft Word. Figures must be created as high resolution TIF or EPS files (see Figures section for specifications). The submission requirements listed below must be followed exactly or the manuscript submission may be rejected:

1. Save text, tables, and figure legends as one file
2. Save each figure as a separate high resolution TIF or EPS file (see Figures section for specifications)
3. Save the cover letter as one file
4. Label each file with:
 - a. Last name of corresponding author
 - b. Abbreviated manuscript title (eg, "Mechanisms of cellular injury" could be abbreviated as "MechCellInjury")
 - c. Manuscript part (ie, text, figure)
 - d. Separate naming section with underscores

Label examples: Johnson_MechCellInjury_Text.doc
 Johnson_MechCellInjury_Fig1.tif

FORMAT

1. Double space manuscript
2. Submit 1 original copy of manuscript, tables and figure legends
3. Submit 1 original copy of all figures (see Figures section for additional requirements)
4. Margins: 1 inch top and bottom, 1 inch left and right
5. Number pages consecutively, in the lower right corner, beginning with the title page
6. For double-blind peer review requests, a second copy of the manuscript should be submitted in which any identifying information in the text has been de-identified prior to submission.
7. Follow guidelines in the Word Count and Structure table

COVER LETTER

All manuscripts must be accompanied by a cover letter.

The cover letter will specify:

1. The title of the manuscript
2. The manuscript category
3. How the manuscript complements *Clinical Medicine and Research's* scope and objectives
4. **Key points or objectives (limit of five)** the author would like the reader to obtain from the manuscript

TITLE PAGE

The title page will be treated as a new section and start at the top of the page. Include the following:

1. Title of article (**80 character limit**, including spaces)
2. Author Information. For each author, include:
 - a. Full name (first, middle initial, surname)
 - b. Highest educational degree(s)
 - c. Department and institution to which the work should be attributed
3. Name and address of the author responsible for correspondence
4. Sources of support in the form of grants, equipment, drugs and all other sources of financial support
5. A short running footer of no more than **50 characters and spaces**
6. Keywords or phrases (**minimum of 3, maximum of 6 MeSH terms**)
7. Total number of tables and the total number of figures presented in the manuscript
8. "Word count" of the text, excluding abstract, tables, figures, legends and references
9. "Word count" of the Abstract, excluding headings
10. For double-blind peer review requests, include a second title page that provides all information that does not identify author(s) or institution(s) and indicate, "Prepared for Blinded Peer Review".

ETHICS

IRB approval, patient consent forms and the *CONSORT Checklist* must accompany all manuscripts that involve human subjects, animal subjects, or are randomized controlled trials.

ABSTRACT

The Abstract will be treated as a new section and start at the top of the page (See Word Count and Structure table for additional requirements).

Structured Abstract Headings

1) Clinical Research, Meta-Analysis

Divide the Abstract into the following headings: **Objective, Design, Setting, Participants, Methods, Results, Conclusion**. Generic drug names will be listed in the Methods section (if brand name must be used, list in parentheses). The International Nonproprietary Name (INN) will also be included.

2) Laboratory Research

Divide the Abstract into the headings as listed above under Clinical Research, Meta-Analysis (do not include Setting and Participants). Generic drug names will be listed in the Methods section (if brand name must be used list in parentheses). The International Nonproprietary Name (INN) will also be included.

TEXT

Text will be treated as a new section and start at the top of the page.

Text Headings

Divide the text into the following headings: **Introduction, Methods, Results, Discussion, Conclusion.**

Generic drug names will be listed in the Methods section (if brand name must be used, list in parentheses). The International Nonproprietary Name (INN) will also be included.

ACKNOWLEDGMENTS

Acknowledgments will be treated as a new section and start at the top of the page. Contributions of technical help and those that do not justify authorship should be listed here. Consult the *ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* for guidelines on determining appropriate authorship and acknowledgements (<http://www.icmje.org/>).

REFERENCES

References will be treated as a new section and start at the top of the page. Accuracy of citations is the author's responsibility.

1. Double spaced
2. Do not use Endnote software, footnotes or automatic numbering functions to create the reference list
3. Cite reference number in the text sequentially (including references in tables), in superscript, following punctuation without a space. **DO NOT** enclose reference number in brackets.
4. List numerically in the References section, at the end of the manuscript, in order of appearance in the text. **DO NOT** list references alphabetically
5. Do not create multiple references under one number
6. Personal communications and unpublished results should be cited parenthetically in the text only, not included in the References section
7. Manuscripts submitted or in preparation and Internet/Web sites should be cited in the References section. Include date Web site was accessed.
8. Abbreviate Journal names according to *Index Medicus* (MEDLINE) style
9. List all authors, **DO NOT** use et al.
10. See the Uniform Requirements for Manuscripts Submitted to Biomedical Journals for additional examples of correct referencing, <http://www.icmje.org/>

Journal article, one author: Melba JM. Heart transplantation. *Ann Intern Med* 1996;124:980-983.

Journal article, multiple authors: Onitilo AA, Engel JM, Demos JM, Mukesh B. Prognostic significance of 18 F-fluorodeoxyglucose - positron emission tomography after treatment in patients with limited stage small cell lung cancer. *Clin Med Res* 2008;6:72-77.

Book: Evans LK, Rollins S. Hematology and blood diseases. 2nd ed. Albany, NY: Delmar Publishers; 1996.

Chapter in a book: Boyd KM, Jones MA. Chronic back pain. In: Malcom KM, Tomkin JR, eds. Opioids: Chronic pain and substance abuse. 2nd ed. New York, NY: Scholarly Press; 1995. 465-478.

Web sites: Smallpox Safety Summary, DoD Smallpox Vaccination Program. Military Vaccines Web site. Available at: <http://www.smallpox.army.mil/media/pages/SPSafetySum.asp>. Accessed March 11, 2003.

TABLES

The data presented in a table should not be repeated in the text. The table will summarize the data in an understandable format and should be able to stand alone. Data obtained from published and unpublished sources will be accompanied by permission to reproduce at the time of manuscript submission, and be given the proper acknowledgement.

1. Refer to each table in the text consecutively using Arabic numbers
2. Begin each table on a separate page following the References
3. Each table will include a title and be typed in Helvetica (preferred) or Arial, font size: 9 point
4. Articles should contain no more than 5 tables. Exceptions may be made on a case by case basis.
5. Do not submit tables as photographs

FIGURES

Each figure will be treated as a new section and start at the top of a new page. Information conveyed by a figure or illustration should not be repeated in the text. Data obtained from published and unpublished sources must be accompanied by permission to reproduce at the time of manuscript submission, and be given the proper acknowledgement in the text.

1. Refer to each figure in the text consecutively
2. Explanatory markings should be included, if necessary
3. Name each figure file using the naming convention in section "Manuscript Files"
4. Three dimensional graphs or charts are not accepted
5. Radiographs should be submitted in high-contrast, right reading
6. Photographs where the subject is identifiable must be submitted with a completed patient consent form
7. The use of color figures is allowed where it improves clarity; however, the author is responsible for any printing surcharge (contact the Editorial Office for current pricing).
8. All figures submitted must be:
 - a. Created in high resolution TIF or EPS format (see requirements below for DPI)
 - b. No more than 5 inches wide
 - c. Original art should be created in Adobe Photoshop or Adobe Illustrator
 - d. Color images must be CMYK, 300 DPI, minimum
 - e. Gray scale (black and white) images must be 600 DPI, minimum
 - f. Line art (black and white, or color) must be 1200 DPI, minimum
9. Figure legends will follow tables. Save figure legends in the same file with the text and tables.

MANUSCRIPT PREPARATION WORD COUNT AND STRUCTURE

Abstract	Word Count and Structure
Clinical Research, Meta-analysis	Brief, non-evaluative, structured (350 words) Objective Design Setting Participants Methods Results Conclusion
Laboratory Research	Brief, non-evaluative, structured (350 words) Objective Design Methods Results Conclusions
Systematic Reviews	Brief, non-evaluative, unstructured (350 words)
Case Reports	Brief, non-evaluative, unstructured (200 words)
Clinical Overview	Brief, non-evaluative, unstructured (350 words)
Text	Word Count (not including abstract, figure legends, tables and references)
Reports of Empirical Studies / Original Research / Meta-analysis	5,500 words
Systematic Reviews	5,500 words
Case Reports	2,500 words
Clinical Trials & Randomized Controlled Trials (RCT)	2,500 words
Clinical Overview	5,500 words
Perspectives / Guest Editorials	2,500 words
The Aperture / The Stage	500 words
The History of Medicine	2,500 words
Resources in Review	1,000 words
Professional Correspondence to the Editor / Letters to the Editor	1,000 words and may include references, tables, and figures , when appropriate
Title Page	Word Count / Other
Title of article	80 character limit including spaces
Running footer	50 characters and spaces
Keywords or phrases	Minimum of 3, maximum of 6 MeSH terms
Tables and figures	List the total number of tables and the total number of figures included in the manuscript
Word Count, Text	“Word count” of the text, excluding abstract, table and figure legends, and references
Word Count, Abstract	“Word count” of the Abstract excluding headings

PEER REVIEW PROCESS

NOTIFICATION OF MANUSCRIPT RECEIPT AND PRELIMINARY REVIEW

Manuscripts received by *Clinical Medicine & Research* are viewed as confidential documents. The corresponding author will be notified by email that the manuscript has been received immediately upon completion of submission to the journal's Editorial Manager manuscript submission and peer review system (<https://www.editorialmanager.com/clinmedres>). Manuscript submissions are automatically assigned a Unique Manuscript Reference Number (UMRN) that will be provided in the notification.

To determine the appropriateness of the manuscript for publication in *Clinical Medicine & Research*, a preliminary review will be conducted by at least one member of the executive editorial team: editor-in-chief, associate editor, scientific editor, senior editor. The results of the preliminary review will be included, as needed, in publication decision letters sent to the corresponding author.

PEER REVIEW PROCESS

Manuscripts of original research (clinical research, meta-analysis, laboratory research, systematic reviews) case reports and clinical issues are entered into the peer review process to determine the originality, validity and relevance of the content and conclusions. The senior editor attempts to have all manuscripts reviewed by a minimum of three peer reviewers (clinical issues is sent to a guest editor). In circumstances that will only allow for two peer reviews, the author will be notified of this in the results of the review correspondence.

The author may suggest names of reviewers (limit of four) during the manuscript submission process. The potential reviewers will not have been co-authors or collaborators within the last three years. The author may also suggest names of individuals that they would prefer not be considered as potential reviewers, due to known conflicts of interest or competitive business relationships. Please note: Final determination of reviewers is at the discretion of the *Clinical Medicine & Research* editorial board and editorial staff.

The peer review process is a closed process. The reviewer will always be given the choice to sign reviews and comments. *Clinical Medicine & Research* does not include reviewer comments with a published manuscript.

At the completion of the review process the author will receive a copy of the reviewer comments, accompanied by a cover letter stating the publication status of the manuscript.

PEER REVIEWER RESPONSIBILITIES AND SUGGESTED GUIDELINES

Potential reviewers receive a request by email to review a recently submitted manuscript. The request includes the manuscript title and abstract, and provides electronic links to accept or decline the review request. The reviewer will receive access to the complete manuscript and review form immediately upon accepting a review request using the electronic link provided in the email invitation. The review form provides the peer reviewer a method to indicate any financial, subject, or other conflicts that may generate bias or prevent the review from being completed within the stated timeframe.

Upon receipt of the manuscript if the reviewer realizes that a bias or conflict of interest does exist, which will inappropriately influence the review, or circumstances prevent the completion of the review by the stated time, it is acceptable to notify the editorial office that you are declining the request to review the manuscript, or that you request additional time to complete the review.

The *Clinical Medicine & Research* Editorial Board is grateful for the time and expertise that a reviewer will give to the critique of the manuscript. Unless instructed otherwise by the reviewer, to show our gratitude *Clinical Medicine & Research* publishes annually the names of the reviewers and their affiliation.

Reviewer recommendations are the primary source in determining the acceptance of a paper. The reviewer should bear in mind that the results of several reviews may be compiled and returned to the author. Each recommendation made may not be employed.

Reviewers are asked to:

1. Transfer all notes created on the manuscript into the online review form in Editorial Manager.
2. Reviewers are not expected to correct errors in grammar or style. The editorial staff does appreciate any help the reviewer is able to offer.
3. Specific comments concerning the acceptability of the manuscript for publication should be placed in the Confidential Comments to the Editor section of the online review form in Editorial Manager.
4. Destroy all saved or printed copies of the manuscript upon completion of the review.
5. Contact the editorial office with questions or concerns regarding reviewing the manuscript or timelines.
Email: clinmedres@marshfieldresearch.org.

PEER REVIEW ETHICS STATEMENT

The peer review process of *Clinical Medicine & Research* is in accordance with the guidelines for peer review as stated by the International Committee of Medical Journal Editors (ICMJE) *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* (<http://www.icmje.org/recommendations>). *Clinical Medicine & Research* also follows the Council of Science Editors (CSE) *White Paper on Publication Ethics* (<https://www.councilscienceeditors.org/resource-library/editorial-policies/white-paper-on-publication-ethics/>), and the Committee on Publication Ethics (COPE) Core Practices for Promoting Integrity in Research and its Publication (<https://publicationethics.org/>) guidance for editors, reviewers, and authors.

POST REVIEW PROCESS

Upon completion of the review process the corresponding author will receive notification by email that the manuscript is:

ACCEPTED

A letter of acceptance will be sent to the corresponding author. Prior to publication, the author will receive the galley proofs for author review and approval or to request minor corrections. Content changes will be disallowed during this stage. The galley proofs will be returned to the editorial office within 48 hours of receipt.

REVISION REQUIRED

A letter indicating the required revisions will be sent to the corresponding author. The author will return the revised manuscript by the required return date indicated in the letter.

INVITATION TO RESUBMIT

Based on reviewer comments and recommendations *Clinical Medicine & Research* may invite the author to resubmit a manuscript. Each resubmitted article is considered a new submission and is subject to the same peer review process as all new submissions.

REJECTED

Based on reviewer comments and recommendations a manuscript may be rejected. Manuscripts that are rejected are archived in the online Editorial Manager manuscript submission and peer review system, but remain the intellectual property of the authors. The manuscript and associated figures, tables and accompanying documents including but not limited to: copyright transfer agreement, conflict of interest declarations, figure reproduction permissions, peer reviewer comments, and publication decisions are considered confidential components of the manuscript record and are not released from the journal's archive unless necessary for ethics or legal investigations. Reviewer comments are sent to authors regardless of whether a paper is accepted or rejected.