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Please refer to Table 1 below for word count specifications.

**Keywords:** Each submission must be accompanied by a minimum of three to a maximum of six keywords at the end of the abstract to be used for subject indexing. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (https://www.nlm.nih.gov/mesh/MBrowser.html).

Introduction: State the specific purpose and available data relevant to the study.

Methods: All methods used to select participants and conduct the study should be described in detail. Known methods should be cited. Novel or modified methods used should be described in  $detail.\,Doses, concentrations, routes, and\,duration\,of\,administration\,of\,drugs\,and\,chemical\,agents$ should be indicated. A concise report of all statistical methods used for summarizing available data and for testing the proposed hypothesis should be provided under a subtitle, including the p value criteria determined for statistically significant difference. Statistical evaluation conducted should be explained in detail. Standard statistical methods should be used as much as possible. If rarely employed or novel statistical methods were used, then the relevant references should be cited. When necessary, more detailed explanations about unusual, complex, or new statistical methods can be provided in separate files for readers as online supplementary data. When a trademarked drug, product, hardware, or software program is mentioned within the main text, product information, include the name of the product, the manufacturer of the product, and the city and the country of the company headquarters (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA). The recommendations in the statistics section of the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" (http://www.ICMJE.org) should be taken into consideration.

**Results:** The study results should be presented in logical sequence and in detail. The findings should be supported by figures and tables. Information given in figures and tables should not be repeated in the text unless absolutely required.

**Discussion:** Data relevant to the study subject matter should be examined, evaluated, and substantiated with references from domestic and international sources. General information irrelevant or superfluous to the report should not be included.

**Acknowledgement:** The names of individuals who contributed to the study but who fail to meet the criteria of authorship should be mentioned in this section. The written consent of all individuals mentioned should be obtained.

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Units should be prepared in accordance with the International System of Units (SI).

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

**Review Articles:** Reviews prepared by authors who have extensive knowledge of a particular field and whose scientific background has been translated into a large volume of publications with a high citation potential are welcomed. Submissions from such authors may also be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should include an Introduction, Clinical and Research Consequences, and Conclusion sections. Please refer to Table 1 for the limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include an Introduction, Case Presentation, and Discussion subheadings. Interesting and unusual images are an advantage in the evaluation process. Please see Table 1 for the limitations for Case Reports.

Table 1. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	350	40	6	6
		(Structured)			
Review Article	5000	350	50	6	10
Case Report	1500	200	15	No tables	5

#### Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above each table. Abbreviations used in the table should be defined below the table by footnotes (even if they are defined within the main text). Tables should be created using the word processing software "insert table" command and they should be arranged clearly to provide easy reading. Data presented in tables should not be a repetition of the data presented within the main text but should support the main text.

#### **Figures and Figure Legends**

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks may be used on the images to support the figure legends. Like the rest of the submission, the figures should also be blind. Any information within the images that may identify an individual or institution should be anonymized. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions:  $100 \times 100 \text{ mm}$ ). Figure legends should be listed at the end of the main document.

#### References

References are numbered and listed by their order of appearance in text; the text citation is followed by the appropriate reference number in parentheses. References should be restricted to closely pertinent material. Accuracy of citation is the author's responsibility. References should conform exactly to the original spelling, accents, punctuation, etc. All references should be cited inside the text

The reference styles for different types of publications are presented in the following examples.

#### Journal Article:

Marshall RD, Stein DJ, Liebowitz MR, Yehuda R.; A pharmacotherapy algorithm in the treatment of PTSD. Psychiatric Annuals 1996;26:217–26.

#### **Book Section:**

Author, Title. In: Editor, `editor`.^`editors`. Book Title. Edition ed. Place Published: Publisher; Year. p. Pages.

Philips SJ, Whisnant JP. Hypertension and Stroke. In: Laragh JH, Brenner BM (editors). Hypertension pathophisiology, diagnosis, and management. 2nd ed. New York: Raven Press, 1995: 465–78.

#### **Books with a Single Author:**

Author. Title. Edition ed. Place Published: Publisher; Year.

Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

#### **Conference Proceedings:**

Author. Title. In: Editor, `editor`.^`editors`. Conference Name; Year of Conference Date; Conference Location: Publisher; Year of Conference|. p. Pages.

Bengisson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

#### Scientific or Technical Report:

Author. Title. Type. Place Published: Institution; Year Date. Report No.: Report Number.

Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

#### Thesis

Author. Title. Type. Place Published: Institution; Year Date. Report No.: Report Number. Kaplan SI. Post-hospital home health care: elderly access and utilization (dissertation). St Louis (MO): Washington Univ; 1995.

#### **Epub Ahead of Print Articles:**

Author. Title. Alternate Title Year Date Accessed.doi: DOI. [Epub ahead of print].
Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging.DiagnIntervRadiol. 2016 Feb 24.doi: 10.5152/dir.2016.15323. [Epub ahead of print].

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