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All studies submitted to our journal are evaluated twice using Turnitin or iThenticate software programs before being sent to the double-blind peer-review process and after passing the evaluation of the reviewers.

In our study, our criterion is not a percentage of matching. An auditing is carried out by a specialized team excluding percentages of matching but considering the parameters, such as identification of matching paragraphs, whether or not citations and references are properly written in accordance with the writing rules of the journal, the places of the matching sentences/paragraphs in the article, and the sources with which they are matched. The prepared plagiarism report is sent to the relevant editor of the study. In consideration of the report, the editorial board may request from the author correction of the errors in the manuscript and sent it again or accept or reject it. The acceptance of the study is on the initiative of the Editor-in-Chief

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2-Drafting the work or revising it critically for important intellectual content

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The first page should contain: a title of the paper, suggested running headline of not more than 50 characters (including both letters and spaces), author (s) name, department, institution, city, and country name. Authors that work different department or center should be indicated by superscript numbers. ORCID ID for each author should be written. The title page should have the name, address, and a working e-mail of the author to whom correspondence.

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If the fund is received, its information should

also be given in the title page.

Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria should be given in the title page.

Title page should be submitted separately from main article.

#### Abstract and Keywords

Expect Letter to the Editor, an English abstract should be submitted for all. For the manuscript submitted by a Native Turkish Speaker, Turkish Abstract and Keywords should be included. Fort the clinical or experimental studies, the abstract should be structured with subheadings (Objective, Methods, Results, and Conclusion). Abstract word count must be no more than 250. Each submission should have a minimum three to a maximum five keywords. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (https://www.nlm.nih.gov/mesh/ MBrowser.html).

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These are the most important type of articles, which provide new information on medical sciences. In the original articles, the main text should be structured as Objective. Methods, Results, Discussion, and Conclusion. The word counts of the original articles should be no more than 4000. Under the Introduction subtitle, a short information about the studied topic and clear statements of the main aim of the study and hypothesis should be given. On the methods section. setting of the study should be described. Under the results subtitle, main results of the study should be given. On the discussion section the aim, hypothesis, and results of the study should be discussed with the literature. Current literature should be used to discuss the results. Finally, authors should state the primary conclusions of the study and clinical implications under the conclusions subtitle. No more than 40 references are acceptable for the Original articles.

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Editorial comments are a brief critical commentary of expert reviewers. Authors are selected and invited by the Editor-in-Chief. Editorial comments do not have abstract, keywords, and tables, figures, images.

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Review articles are prepared by authors who have a scientific background and extensive knowledge on a particular field. Review articles that have a high citation potential are welcomed. These authors may even be invited by the Editor-in-Chief. Reviews should describe and evaluate a clinical practice in the current topic and should guide future researches. A review article should have Unstructured Abstract, Keywords, Introduction, Clinical and Research Consequences, and Conclusion sections. For the review articles, word count must be no more than 250 in the abstract section and 5000 in the main text. No more than 50 references are acceptable for the Review articles

#### **Case Reports**

Medeniyet Medical Journal has limited space for case reports. Reports on interesting and educative rare cases or conditions that constitute challenges in diagnosis and treatment are accepted for publication. A case report should have unstructured Abstract, Keywords, Introduction, Case presentation, Discussion, and Conclusion sections. For each used image, the patient's consent must be obtained and stated in the text. For the Case reports, word count must be no more than 150 in the abstract section and 1500 in the main text. No more than 15 references are acceptable for the Case reports.

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Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may be submitted as a "Letter to the Editor." Papers that criticize or evaluate previous studies are also welcomed. For the Letters to the Editor, Abstract, Keywords, and Tables, Figures, and Images are not needed; word count must be no more than 750 in the main text, and no more than 5 references are acceptable.

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Abbreviations should be standard. Any nonstandard abbreviations should be defined in the text when first used.

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References should be written in compliance with Vancouver style (see. https://www.ncbi. nlm.nih.gov/books/NBK7256/). Authors are responsible for the accuracy of the references. While writing references, the below-indicated rules should be attentively observed.

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Skalidis et al.<sup>14</sup> investigated 16 recurrent lone AF patients. In this study, coronary flow velocities of patients were measured after coronary angiography and compared with those of the healthy population.

Similarly, the role of inflammation in the development of AF is well known and has been shown in many studies<sup>16,18</sup>

In coronary microvascular dysfunction, which is mostly caused by CSX, there is increased sensitivity and/or inadequate relaxation after vasoconstriction in prearterioles and intramural arterioles<sup>1-3,9</sup>.

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Ahrens T. Severe sepsis management: Are we doing enough? Crit Care Nurse. 2003:23(Suppl 5):2-15.

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Jarvis C. Physical Examination and Health Assessment. 3rd ed. Philadelphia: W.B. Saunders Company; 2000.

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Breedlove GK, Schorfheide AM. Adolescent pregnancy. Wieczorek RR, editor. 2nd ed. White Plains (NY): March of Dimes Education Services; 2001. p: 32-47.

#### A chapter in the book:

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Ferry DR. ECG in Ten Days [On Günde Temel Elektrokardiyografi]. Kahraman M, translator. Istanbul: Ekbil A.S.; 2001.

#### A chapter in a translated book:

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#### **Checklist for Authors before Submission**

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- and author in the main text · Ethics committee approval for prospective
- and retrospective clinical studies and experimental researches · Compliance with publication ethics rules
- · Patient consent for human studies
- · Conformity of the manuscript with writing rules of the journal
- · Signed Copyright Transfer Form for all authors
- · Author Contributions Form signed by Corresponding Author
- · ICMIE Potential Conflict of Interest Disclosure Form filled by each author

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According to the contents of the manuscripts, at least two reviewers whose studies have been published relevant to the field of medicine in question in international indices within the last five years is determined by the Section Editor or Editor-in-Chief.

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The reviewers evaluate the manuscript in terms of its scientific suitability, purpose, method, results, and discussion. Proposals for corrections requested by the reviewers are communicated to the corresponding author, and the authors are asked to revise their work. The authors should submit their revised manuscript within 15 days. The revised manuscript is submitted by the corresponding authors via the online submission system. Then, the re-submitted manuscript is sent to the reviewers for re-evaluation and the Editor-in-Chief is notified. If one of the two reviewers expresses a negative opinion, then the manuscript is sent to the third reviewer for evaluation.

#### **Statistical Review**

The manuscript approved by the reviewers is evaluated by the section editor and then sent to the Editor-in-Chief with comments. If the Editor-in-Chief has a positive opinion for the manuscript after these evaluations, the manuscript is sent to the statistic editor for statistical evaluation. After the statistic editor evaluation, if need, the manuscript is sent back to the corresponding author with the comments and asked for the revision. After the re-submission of the revised manuscript, the statistic editor re-evaluates it and sends it back to the Editor-in-Chief with the comments. Finally, the Editor-in-Chief decides to accept or reject the manuscript.

#### **Publication Process**

Accepted Clinical studies or experimental researches are generally published in the first issue following their acceptance for publication. Case presentations may be published three to nine months later dependent on the publication density of incoming manuscripts. Accepted manuscripts are copy-edited for grammar, punctuation, and format. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

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As per our publication policies, the author of the article has to cooperate with the Editorin-Chief of the journal in withdrawal procedures, only if the reasons are compelling and unavoidable.

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