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The Zeynep Kamil Medical Journal aims to contribute to international literature by publishing high-quality manuscripts in the field of Obstetrics and Gynecology, Pediatrics and Pediatric Surgery. The journal's target audience includes academics and expert physicians working in Obstetrics and Gynecology, Pediatrics and Pediatric Surgery specialists.

REVIEW PROCESS

Manuscripts submitted to the Zeynep Kamil Medical Journal will undergo a double-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in their field in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation process of manuscripts submitted by editors or by the editorial board members of the journal. The editor-in-chief is the final authority in the decision-making process for all submissions.

Reviews are typically completed within one month of submission to the journal. Authors will be sent constructive reviewer comments intended to be useful. In general, the instructions, objections, and requests made by the reviewers should be followed. The revised manuscript should clearly and precisely indicate every step taken in accordance with the reviewers' notes. A list of responses and the corrections made to each comment should be provided.

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Drafting the work or revising it critically for important intellectual content; AND

Final approval of the version to be published; AND

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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All of those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged on the title page of the manuscript.

The Zeynep Kamil Medical Journal requires that corresponding authors submit a signed and scanned version of the authorship contribution form (available for download through <https://www.zeynepkamilmedj.com/>) during the initial submission process in order to appropriately indicate and observe authorship rights and to prevent ghost or honorary authorship. If the editorial board suspects a case of "gift authorship," the submission will be rejected without further review. As part of the submission of the manuscript, the corresponding author should also send a short statement declaring that they accept all responsibility for authorship during the submission and review stages of the manuscript.

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Manuscripts will first be submitted to a technical evaluation process in which the editorial staff will ensure that the manuscript has been prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the author with requests for technical correction.

The quality and clarity of the language used in a manuscript is very important. The editors may request that authors have the manuscript professionally edited if the language of the submission does not conform to the journal standards. The Zeynep Kamil Medical Journal uses American English. Please submit text of a quality ready for publication. Information about language editing and copyediting services pre- and post-submission may contact Kare Publishing at kare@karepb.com. Please refer to specific formatting requirements noted in the submission checklist and elsewhere in this document.

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Review Article: Two kinds of review are accepted for publication in the Zeynep Kamil Medical Journal: narrative review and systematic review. Reviews of relevant topics not recently discussed in this format that will be helpful to readers are welcomed.

Case Report: There is limited space for case reports and therefore the journal selects reports of rare cases or conditions that reflect challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not in the literature, or present something otherwise particularly interesting and educative. The abstract with structured of background, case and conclusion, is limited to 150 words and the report must include the subheadings of introduction, case report, and discussion, which includes a conclusion. A case report is limited to 1300 words and 15 references.

Image: Original, high-quality clinical or laboratory images will be considered for publication. If a photo of an identifiable patient is used, a consent form for its use must be completed and signed by the patient and enclosed with the submission. All printed information that might identify the patient or the authors' institution (including, but not limited to the hospital or patient name, date, or place) should be removed from images. The submission should have no more than 3 authors, the case description is limited to a maximum of 200 words, the discussion section may contain no more than 200 words, and only 3 references and 3 figures are permitted.

Letter to the Editor: This type of manuscript discusses important observations, overlooked aspects, or details lacking in a previously published article. Noteworthy articles on subjects within the scope of the journal, particularly educative cases, may also be submitted in the form of a "Letter to the editor." No abstract, keywords, tables, figures, images, or other media should be included. The article that is the subject of commentary must be properly cited within the manuscript. The text should be unstructured and is limited to 500 words. No more than 5 references will be accepted (Table 1).

Cover Letter: The cover letter should include the article title, article type, and the full name of the corresponding author and a statement declaring the absence or presence of any conflict of interest. The corresponding author should briefly summarize the paper and affirm that it has not already been published, accepted, or is under simultaneous review for publication elsewhere. It should be stated that if the manuscript is accepted by the Zeynep Kamil Medical Journal, the paper will not be published elsewhere in the same form, in English or in any other language.

Title Page: A separate title page should be submitted with all submissions and this page should include:

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- Acknowledgment of the individuals who contributed to the preparation

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 (Structured)	40	6	6
Review Article	5000	350	50	6	10
Case Report	1500	200	15	No tables	5
Letter to the Editor	1000	No abstract	10	No tables	No media
Image	200	No abstract	3	No table	3

of the manuscript but who do not fulfill the authorship criteria

- Manuscripts that have been presented orally or as a poster should include the name, date and place of the event

Abstract: An English-language abstract is required with all submissions except editorial comments, images, and letters to the editor. Systematic reviews and original articles should contain a structured abstract of maximum 250 words with the subheadings of objective, methods, results, and conclusion.

Keywords: Each submission must be accompanied by a minimum of three and a maximum of six keywords for subject indexing included at the end of the abstract. 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>).

Tables: Tables should be uploaded as separate files and not embedded in the main text. They should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the table with footnotes, even if they are defined within the main text. Tables should be created using the “insert table” command of the word processing software and they should be designed for 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 article 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 can be used on the images to support figure legend. Like the rest of the submission, the figures should be blind. Any information within the images that may identify an individual or institution should be blinded. 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: 100x100 mm). Figure legends should be listed at the end of the main document.

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Journal article: van Erk MD, Dam-Vervloet AJ, de Boer FA, Boomsma MF, van Straaten H, Bosschaart N. How skin anatomy influences transcutaneous bilirubin determinations: an in vitro evaluation. *Pediatr Res* 2019;86:471–7.

Epub ahead-of-print article: Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol* 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead-of-print].

Manuscript published in electronic format: Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: <http://www.cdc.gov/ncidod/EID/cid.htm>.

Book section: Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. *Infectious Diseases*. Philadelphia: Lippincott Williams; 2004.p.2290–308.

Books with a single author: Sweetman SC. *Martindale the Complete Drug Reference*. 34th ed. London: Pharmaceutical Press; 2005.

Editor(s) as author: Huizing EH, de Groot JAM, editors. *Functional reconstructive nasal surgery*. Stuttgart-New York: Thieme; 2003.

Conference proceedings: Bengissson 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: 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.

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Accepted manuscripts will be made available and citable online as rapidly as possible. The stages of publication are as follows;

Uncorrected publication: A PDF of the final, accepted (but unedited and uncorrected) paper will be published online on the journal web page under the "Accepted Articles" section. A DOI will be assigned to the article at this stage.

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Final publication: The final corrected version will appear in an issue of the journal and added to the journal website. To ensure rapid publication, we ask authors to provide your publication approval during the proofreading process as quickly as possible, and return corrections within 48 hours of receiving the proof.

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Ensure that the following forms have been properly completed and submitted:

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These forms are available for download at www.zeynepkamilmedj.com.

Further review

- Check the statistical analysis
- Use the US English spell check and grammar check software functions
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- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- All abbreviations have been identified
- All figures and tables are correctly labeled
- Journal policies detailed in this guide have been followed.

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