

Instruction for Authors

Thank you for your interest in submitting your work to the *Annals of Research Hospitals* (ARH, ISSN: 2523-0743). Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

TABLE OF CONTENT

1. ABOUT THE JOURNAL
2. MANUSCRIPT CATEGORIES
3. STRUCTURE OF THE MANUSCRIPT
4. STYLE OF THE MANUSCRIPT
5. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS
6. COPYRIGHT
7. ETHICAL CONSIDERATIONS
8. INFORMED CONSENT
9. AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST
10. SUBMISSION OF MANUSCRIPTS
11. PROOFS
12. TRACKING MANUSCRIPTS
13. NO PUBLICATION FEES
14. ARH ONLINE

1. ABOUT THE JOURNAL

Annals of Research Hospitals (ISSN: 2523-0743, Ann Res Hosp; ARH) is an open-access, peer-reviewed online journal with a focus on innovative development in research hospitals, including but not limited to biomedical science, translational medicine, life sciences, humanities and information technology. Based on this new concept of "Research Hospital", the goal of this journal is to become a forum for hospital managing staff, researchers and clinicians etc., to share research findings and clinical solutions, to identify new translational enterprises, and to shape future directions for basic research and clinical practice in the field of developing and managing research hospitals.

2. MANUSCRIPT CATEGORIES

(1) ORIGINAL ARTICLE

Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, with sub-headers (Background, Methods, Results and Conclusions).

References: No maximum.

Figures/tables: No maximum, but 8 figures should be sufficient.

Description: Such an article is to present original basic science or clinical research findings. Original article should normally be in the format of Introduction, Methods, Results, Discussion and Conclusion. Original articles should entail a section describing the contribution of each author to the manuscript. See "Author Contributions" in the section "Structure of the Manuscript" for details. Meta-analysis will be categorized into this type.

* When concerning experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national). Furthermore, authors also need to confirm that the patient has given their consent for the publication. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording used for the consent section as: "Written informed

consent was obtained from the patient for publication of this article and any accompanying images. A copy of the written consent is available for review by the Editors-in-Chief of this journal.”

* When concerning experiments on animals, authors should be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

(2) REVIEW ARTICLE

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: No maximum

Figures/tables: Minimum 1 figure or table.

Description: Reviews are comprehensive analyses of specific topics. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles should entail a section describing the contribution of each author to the manuscript. See “Author contributions” in the section “Structure of the Manuscript” for details.

(3) MINI REVIEW

Word limit: 4,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/tables: maximum 6 figures or tables.

Description: Mini Reviews are shorter reviews of topics that may be controversial or unresolved. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Mini review should entail a section describing the contribution of each author made to the manuscript. See “Author contributions” in the section “Structure of the Manuscript” for details.

(4) RESEARCH HIGHLIGHT

Word limit: 1,500 words maximum.

Abstract: 300 words maximum, unstructured (no use of sub-headers).

Description: Research Highlight is ‘digest’ of the best/most interesting research findings that have been recently published. They are usually solicited by editors and written by outstanding experts.

(5) BRIEF REPORT

Word limit: 2,500 words maximum including abstract but

excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers).

References: 35 maximum.

Figures/tables: 8 maximum.

Description: Manuscripts containing pertinent and interesting observations and reports on new observations or studies that do not warrant publication as a full research article will be considered for the brief report. These submissions will undergo full peer review. The text should be arranged as Abstract, Introduction, Patient selection and workup, Pre-operative preparation, Equipment preference card, Procedure, Role of team members, Post-operative management, Tips, Tricks and Pitfalls and Conclusion.

(6) CASE REPORT

Word limit: 2,500 words maximum excluding references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of sub-headers).

References: 20 maximum.

Figures/tables: 8 maximum.

Description: New observations of diseases, clinical findings or novel/unique treatment outcomes practitioners covering all fields. The text should be arranged as follows: Introduction, Case Report, Discussion or Introduction, Patient selection and workup, Pre-operative preparation, Equipment preference card, Procedure, Role of team members, Post-operative management, Tips, Tricks and Pitfalls, Discussion.

The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: “Written informed consent was obtained from the patient for publication of this Case Report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.”

If the patient has passed away, informed consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, informed consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the ‘Consent’ section of the manuscript should be amended accordingly.

Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors

may ask authors to shorten manuscripts and rewrite as other article types.

(7) CLINICAL GUIDELINE

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: No maximum

Figures/tables: Minimum 1 figure or table.

Description: Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

(8) PERSPECTIVE

Word limit: 3,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of sub-headers).

References: 25 maximum.

Description: Perspective can be more personal, forward-looking or speculative, compared with reviews of a scientific topic. A paper presenting controversial positions or papers of the same topic advocate opposite sides will be published as Perspective. Most of Perspectives will be solicited by the editors; however, we also welcome timely, unsolicited Perspective.

(9) EDITORIAL

Authors: 5 maximum.

Word Limit: 2,500 words maximum excluding references, tables and figures.

Abstract: Not required.

References: 25 maximum.

Figures/Tables: 2 maximum.

Description: Editorials are written by recognized leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief.

(10) COMMENTARY

Authors: 5 maximum.

Abstract: Not required.

Word limit: 1,500 words maximum excluding references, tables and figures.

References: 20 maximum, including the article discussed.

Figures/Tables: 2 maximum.

Description: Commentary, upon Editor's invitation, discusses a paper or report or event within the past few months or so, or in the near future. It should set the problems addressed by the paper/report/event in the wider context of the field.

(11) VIEWPOINT

Word limit: 1,200 words maximum excluding references, tables and figures.

Abstract: Not required.

References: 10 maximum.

Figures/tables: 1 maximum.

Description: Viewpoints may address virtually any important topic in all fields and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors.

(12) Letter to the editor

Word limit: 1,000 words maximum excluding references, tables and figures.

Abstract: Not required.

References: 10 maximum.

Figures/tables: Only 1 table or figure.

Description: Correspondence on content published in ARH or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors.

(13) Images in Clinical Medicine

Word Limit: Should contain no more than 150 words. No abstracts are required.

Title: Should contain no more than eight words.

Authors: No more than two authors may be listed.

References: Not allowed.

Description: Images in Clinical Medicine are classic images of common medical conditions. Images are an important part of much of what we do and learn in medicine. This feature is intended to capture the sense of visual discovery and variety that physicians experience. Images in Clinical Medicine are not intended as a vehicle for case reports. Original, high-quality images are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere. Images in Clinical Medicine will be reviewed and decided to be accepted or not by the (Deputy) Editor(s)-in-

chief without peer-review process.

(14) TECHNICAL NOTE

Word limit: 2,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, unstructured (no use of sub-headers).

References: 35 maximum.

Figures/tables: 10 maximum.

Description: Technical notes articles should present a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

3. STRUCTURE OF THE MANUSCRIPT

Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured in the following order:

(i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) footnote, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures.

The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be British or American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 or 4 times in the text should not be abbreviated.

Title page

The first page of each manuscript should include:

- 1) A brief and descriptive title of the article (no abbreviations allowed);
- 2) A running title of no more than 60 characters including spaces;
- 3) The full first name and last name of the author(s) (but no qualifications), and the name and location of the establishment where the work was carried out (in English);
- 4) The name, address, telephone and/or fax numbers and

the e-mail address of the corresponding author;

- 5) The contribution made by each author should be briefly stated in the Author Contributions section;
- 6) Conflicts of Interest appearing as a “Footnote”; for more details, see “Authors’ responsibility and conflict of interest” below;
- 7) Acknowledgements, where all sources of funding for the work should be included in this section.

Abstract

The Abstract should conform to the requirements noted in the “Manuscript Categories” section above. It should not contain any abbreviations, reference citations, table or figure.

Keywords

Following the Abstract, 3-5 keywords should be provided even if the manuscript type does not require an Abstract. Words should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

Main text

The text part should be arranged into short/sharp paragraphs, which are best suited for reading on-screen. ARH strongly discourages lengthy text descriptions. Authors are instead urged to use videos and figures to explain their points. Authors must use the following sub-headers to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. Plus, authors should follow the same structures in systematic review and meta-analysis. However, review, perspective, commentary and others do not have those clear sections, they can be written in several sections with their own headers according to the topic.

If an article describes any procedure, technology or apparatus that is new, has not been used in the indication described, or is being used for a purpose for which it was not originally intended, it is the responsibility of the authors to ensure that all ethical committee, institutional review board, and/or governing body approval has been properly obtained. Such approval must be explicitly stated in the main text.

Author Contributions

This section is only required for systematic review/

meta-analysis, original and review article. It describes the contribution of each author made to be manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, 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. 4) Agreement to be accountable for all aspects of the work in ensuring that questions that related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Author should meet conditions 1, 2, 3, and 4, and all who meet the four criteria should be indentified as authors. Those who do not meet all four criteria should be acknowledged (see section “Acknowledgement”). Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The “Author Contributions” section should be completed as follow:

- (1) Conception and design:
- (2) Administrative support:
- (3) Provision of study material or patients:
- (4) Collection and assembly of data:
- (5) Data analysis and interpretation:
- (6) Manuscript writing: All authors.
- (7) Final approval of manuscript: All authors.

Note: 1. Manuscript writing part and Final approval of manuscript part are required to be included while other parts are based on actual applicability; 2. Contribution is not required when there is only one author.

Acknowledgments

a. All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairman who provided only general support. Financial and material support should also be acknowledged.

b. Funding: Details of all funding sources for the work in question should be included in the Acknowledgment section.

The following rules should be followed:

The sentence should begin: “This work supported by...”;

The full official funding agency name should be given, i.e. “National Institutes of Health”, not “NIH” (full RIN-approved list of UK funding agencies);

Grant numbers should be given in brackets as follows: “[grant number XXX]”. Multiple grant numbers should be separated by a comma as follows: “[grant numbers XXX, YYY]”;

Agencies should be separated by a semi-colon (plus “and” before the last funding agency).

Where individuals need to be specified for certain sources of funding the following text should be added after the relevant agency or grant number “to [author initials]”;

An example is given here: “This work was supported by the National Institutes of Health [AA123456 to C.S., BB765432 to M.H.]; and the Alcohol & Education Research Council [hfygr667789]”.

c. When there is nobody or funding to be acknowledged, please describe as “None”.

Footnote

a. Conflicts of Interest: See section “Conflicts of Interest” for details.

b. Financial Disclose: Some variables, such as “measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good quality data across countries over the sample period”. When there is no financial disclose, this section should be removed.

References

A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be not older than 5 years.

Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text.

In the text, references should be cited using numbers in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “denocarcinoma (29,30)”].

If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, the Vancouver system of referencing should be used (examples are given below), but please cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al.

Do not use *ibid.* or *op cit.* Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: <http://>

www.ncbi.nlm.nih.gov/nlmcatalog/journals. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

Journals

- [1] Angeli E, Gerelli S, Beyler C, et al. Bicuspid pulmonary valve in transposition of the great arteries: impact on outcome. *Eur J Cardiothorac Surg* 2012; 41:248-255.

Books

- [2] Kouchoukos N, Blackstone E, Doty D, Hanley F, Karp R. *Cardiac Surgery*, WB Saunders, 2003:11-17.

Multi-author books

- [3] Laine GA, Melhorn U, Davis KL, Allen SJ. Myocardial interstitium lymphatics: pathophysiology and effects on cardiac function. In: Reed RK, McHale NH, Bert JL, Winlowe CP, Laine GA, editors. *Interstitial, connective tissue and lymphatics*, London: Portland Press, 1995:271-282.

Online publications

- [4] Hraska V, Photiadis J, Poruban R, Asfour B. Ross-Konno operation in children . *Multimed Man Cardiothorac Surg* doi: 10.1510/mmcts.2008.003160.

or

- [5] Thurber JS, Deb SJ, Collazo LR. Ascending-to-descending aortic bypass for coarctation of the aorta. *CTSNet* [published 12 May 2008, accessed 30 November 2011]. Available from: <http://www.ctsnet.org/sections/clinicalresources/adultcardiac/>

Tables

Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the Tables should be defined at the bottom. Each Table should be on a separate page.

Legends

Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be numbered

consecutively in the order of reference in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials. Size: Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).

Resolution: Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1,000 dpi.

Color figures: Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the Journal.

Line figures: Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

Text sizing: in figures Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.

Videos

ARH will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mww. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: <http://arh.amegroups.com/pages/view/submit-multimedia-files>.

Duration: Video files should be limited to 20 minutes.

Quality: Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

Text in video: All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.

Video legends: Legends for the video files should be provided. The video files should be numbered consecutively in the order of reference in the text.

Appendix

The supplementary appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article's reference list.

The appendix must be submitted in a Word file. The appendix will not be edited for style. It will be presented online as additional information provided by the authors.

The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

“Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online”.

Equations

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

4. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: <http://www.ICMJE.org/>.

Author's name: Each author's given name should be followed by his/her family name. Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam—Webster's Collegiate Dictionary.

Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the

Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>.

Abbreviations: Must be used sparingly—only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

5. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS

Permission to reproduce copyright material, for print and online publication in perpetuity, must be cleared and if necessary paid for by the author; this includes applications and payments to DACS, ARS and similar licensing agencies where appropriate. Evidence in writing that such permissions have been secured from the rights-holder must be made available to the Editorial Office. It is also the author's responsibility to include acknowledgements as stipulated by the particular institutions. Please note that obtaining copyright permission could take some time.

For a copyright prose work, it is recommended that permission is obtained for the use of extracts longer than 400 words; a series of extracts totalling more than 800 words, of which any one extract is more than 300 words; or an extract or series of extracts comprising one-quarter of the work or more.

6. COPYRIGHT

All rights of the submitted article is to be transferred and assigned to the publisher, AME Publishing Company; the latter will hold the sole right to print, publish, distribute and sell the article in all languages and media internationally. The transfer of copyright is deemed in effect if and when the submitted article is accepted for publication. If the submitted article contains any material already protected by prior copyright, the corresponding author will have to deliver to the AME Publishing Company written permission from the copyright holder, for the reproduction of the material in this article.

Permission from AME Publishing Company (permissions@amegroups.com) is required if one would like to reuse any materials published and copyrighted. Royalty fee is exempted in the case of the authors asking permission

to reuse their own materials (figure, tables) for non-commercial purposes.

7. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted ethics committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: <http://www.wma.net/en/30publications/10policies/b3/%20index.html>. ARH retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

➤ For studies in the following categories:

Randomized controlled trials or other intervention research:

This category includes any study that carries out medical intervention(s) on patients or healthy individuals. Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study

outcomes will affect the future management of the patients.

➤ For other categories:

Retrospective and ambispective cohort studies: In these studies, the patients' exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

Systematic review and meta-analysis, review, opinion, hypothesis, and editorial

- No statement on medical ethics is required.

Case report and visualized surgery:

- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- Informed consent must be obtained from the subjects or their caregivers.

Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.

- For studies in this category, authors must state whether their study had been approved by an institutional

review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.

- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:

- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.

- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

8. INFORMED CONSENT

Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for Case report, original/research articles and visualized surgery. The statement should be included in the footnote. It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

9. AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST

(1) Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere, 2) they took a significant part in the work and approved the final version of the manuscript, 3) they have complied with ethical standards, 4) they agree for AME publishing company, to get a license to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript.

(2) Conflict of Interest

ARH complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes

that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (<http://www.icmje.org/index.html>).

1). Participants

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

a. Authors

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

b. Peer Reviewers

Reviewers should be asked at the time they are asked to review a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

c. Editors and Journal Staff

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

2). Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest; and
- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict of interest section as the following format: The author has no conflicts of interest to declare or The authors have no conflicts of interest to declare.

10. SUBMISSION OF MANUSCRIPTS

All articles are now submitted electronically, and the total review process is electronic. The electronic format is through OJS system. Accordingly, the system is well designed and functions very well with minimal difficulties.

New users will find it user friendly, but if problems arise, there is a web link to the managing editor. Just contact us (arh@amegroups.com), and we will help solve the problem.

Please make sure the publication ethics (<http://arh.amegroups.com/pages/view/publication-ethics>.) are followed strictly before your submission.

Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

Submit your manuscript via: <http://arh.amegroups.com/author/submit>

Complete the online submission form carefully and upload the following items as specified:

1. Cover letter: a submission letter to the Editor must be included in the 'cover letter box'.
2. Text (including title page, main text and tables (tables

must be typed; tables should not be inserted as images) plus any embedded artwork - optional) combined into ONE word processor file (.doc) - upload as 'Manuscript file' (filename eg. text.doc).

3. Artwork: .jpg or .tif files prepared according to the aforementioned specifications. One file per figure - upload as 'Image files' (filename eg. Figure 1). Figures with composite parts A, B, C... should be mounted into one image/one electronic file.
4. Videos: Uploading large files (up to 200 MB) is possible if you have a good reliable Internet connection, but it will take time – upload as 'Multimedia file' at: <http://www.amepc.org/index/author/submitMultimediaFiles>.

Alternatively send the video sequences on a DVD to the Editorial Office or transfer them via a transfer service as you know.

11. PROOFS

It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production. Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the essential correction of errors are unacceptable at PDF proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue. Acrobat Reader will

be required in order to read the PDF. This software can be downloaded (free of charge) from the following Web site: <http://www.adobe.com/products/acrobat/readstep2.html>. This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof. Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

12. TRACKING MANUSCRIPTS

(1) BEFORE ACCEPTANCE

Authors can track your manuscript's progress through the review process at: arh.amegroups.com

(2) AFTER ACCEPTANCE

Author Services enables authors to track their article, once it has been accepted, through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated emails at key stages of production so they do not need to contact the production editor to check on progress.

13. NO PUBLICATION FEES

There is no fee involved throughout the publication process. The acceptance of the article is based on the merit of quality of the manuscripts.

14. ARH ONLINE

For more information, please visit the journal home page at: arh.amegroups.com.