Submission Checklist

Clinicopathological Cases

To facilitate prompt peer review, before submitting, please adhere to the following guidelines. Papers submitted without these features will be returned to the authors for completion.

Submission

• Word Count

<table>
<thead>
<tr>
<th>Category</th>
<th>Word count limit (excluding abstract, legends, and references)</th>
<th>Abstract limit</th>
<th>Figures and tables limit (combined)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPC</td>
<td>4000</td>
<td>N/A</td>
<td>3 Figures, 3 Tables</td>
</tr>
</tbody>
</table>

• Upload manuscript as a Microsoft Word document
  ○ Entire paper in one document (but without title page) including text with tables and figures embedded within the paper in the order in which they are cited and references
  ○ Blinded with all author information and study locations removed throughout

• Each individual table/figure with its associated legend and footnotes (if present) on the same page (All legends must be sufficiently explanatory that they could be understood without reference to the article itself.)

• Appendices should be uploaded as separate documents under “Supplemental Files”

• Cover letter including corresponding author and first author contact information
  ○ Brief statement of justification, importance, and fit with the niche of the journal
  ○ Conflicts of interest (outside jobs, consultations, stocks, research support, financial interests, honoraria, speaker fees, military support, etc.)
  ○ Address and complete contact information for corresponding author and first author

Revised 1/14/2019
- List any grants received for the manuscript both in the acknowledgements section of the manuscript as well as in the cover letter. If it was an NIH or CDC grant, provide the grant number.

- Include in the cover letter if any authors are members of one of WestJEM's sponsoring societies: ACOEP, California ACEP, & Cal/AAEM. Please list the relevant authors’ names.

- Title page should include (not to be shared with reviewer to maintain blinding):
  - Authors with respective titles (MD, PhD, MS, etc), institutions, and departments, city, state, and contact emails (12 author limit).
  - Which meeting (if any) where the research was presented.
  - Word count
  - Corresponding author and first author with complete contact information including phone number(s) - (please use institutional email addresses, personal emails will not be accepted)

- Individual files for figures, tables, and videos
  - Images in original format (.jpeg, .png, .gif, .tiff, .bmp, etc)
  - Videos must be in .mov, .mp4, or .flv format
  - Tables in Microsoft Word documents

- Signed patient consent and permissions form acknowledging potential publication and accessibility on the internet for figures/videos containing a patient’s face, eyes, other identifiers, children, or genitals

- Evidence of IRB approval, institutional policy or signed attestation by the corresponding author in the cover letter that institution does not require IRB approval for case reports and images.

**Formatting**

- Include title at the top of the first page (limited to 100 characters including spaces). Spell out all abbreviations no matter how obvious, for example, “emergency department”
- Abstract, main manuscript, and legends are all standalone documents and all

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abbreviations must be redefined in each section separately no matter how common they may be. Don’t use an abbreviation at all if it is not used again in the same standalone document. Please use abbreviations sparingly. Don’t start a sentence with an abbreviation and don’t use two abbreviations next to each other.

• Isolated single digit numbers should be in word format
• Use only generic drug names
• When giving both genus and species of an organisms please place in italics
• Include a structured abstract to include: Introduction, Case Presentation and Discussion without giving the final diagnosis.
• Continuous line numbering is included in left-hand margin [WORD directions: Page Layout →Line Numbers →Continuous]

• Text in 12 point Times New Roman font
• Entire manuscript is double-spaced including references
• All footnote numbering must be in superscript format (Ctrl shift +) with the number following punctuation per this example: …to develop a standard of care.23
• 3-5 Key teaching points required

Headlines

• List major headlines in **BOLD, UPPERCASE** lettering without colon
  ○ Subheadings are in bold and in title case lettering (first letter of each word is capitalized)
• Section headings: **CASE PRESENTATION (RESIDENT NAME), CASE DISCUSSION (ATTENDING NAME), CASE OUTCOME (RESIDENT NAME), RESIDENT DISCUSSION, FINAL DIAGNOSIS, KEY TEACHING POINTS, REFERENCES**

Figures/Tables

• For the ease of peer-review, all images/figures/tables/videos are to be referenced within text of manuscript in the order that they appear, and all figures/tables/videos are presented at the point of which they are referenced in the text (as opposed at the end of the manuscript)
• Must include original file used to create graphs/figures (e.g. excel, word, etc.)
• Remove any titles or bold fonts in graphs/figures
• Our journals convention is to use “Image” for photos, radiographs, electrocardiograms, etc, and “Figure” for drawings, graphs, etc.
• Fully descriptive legends for each figure and table such that they could stand alone if removed from the context of the larger paper.
  ○ Table legends are above the Table and Figure legends are below the Figure
• Abbreviations in figures/tables must be spelled out or notated in legend or footnote, even if already done so in text
• All line art figures have a minimum resolution of 600 dots per inch (DPI) and images 300 DPI
  ○ To check DPI: Right click image file, Click “Properties”, found under Details
  ○ To change DPI: Open image using Photoshop, Click “Image”→Image Size→Resolution→ 600 pixels/inch
• Every figure/video includes contrasting black or white arrows clearly pointing to important (even obvious) findings
• Tables are made in a Microsoft Word document using "Insert Table" function
  ○ Each column must have a heading
  ○ Minimum size of 2 X 2
  ○ Every row/column, including subcategories (i.e. female and male subcategories below gender category) should be split into own cells. This includes corresponding data for each sub-category.
  ○ Subcategories should be indented by 0.125 inches
    ➢ Sub-subcategories should be indented by 0.25 inches

Example Table: Type fully descriptive legend here. (List all abbreviations here).

<table>
<thead>
<tr>
<th></th>
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<th>Heading 2</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

Videos

• Up to 1 minute for radiologic findings such as ultrasound, CT, or MRI
• Up to 5 minutes for other videos (e.g., demonstrations of a procedure)
• Videos must be narrated or annotated
References

• All submissions must contain references
• References created by the EndNote application will not be accepted
• They must be listed in the order in which they first appear in text (not alphabetically)
• References follow the American Medical Association Citation Style Guide.
  (http://www.lib.jmu.edu/citation/amaguide.pdf) except:
  ○ Authors: List up to three authors, before putting et al.
  ○ Remove DOI
  ○ Delete spaces between publication year, volume, issue, and page numbers
• In-text reference numbers should be placed after the period as a superscript, like this.¹

  ○ Arabic numerals (i.e. 1,2,3) are used instead of roman numerals (i.e. i, ii, iii)
• Journal names must be abbreviated and italicized

Article Processing Fee

• When a paper is accepted for publication, it is understood that the author agrees to pay the indicated article processing fee, unless granted fee waiver for low income countries. For WestJEM department subscribers, there is a 15% reduced fee. For a full description you can visit http://westjem.com/cpc-em-article-processing-fee. There is never a fee to submit. If the article processing fee is not paid, the manuscript will not be published in any medium by the Clinical Practice and Cases in Emergency Medicine.