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Instructions for Authors

UTI
Urogenital Tract Infection

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GENERAL INFORMATION

Aims and Scope

Aims: *Urogenital Tract Infection* aims to free humanity suffering from urological infections and inflammations from the agony of diseases.

Scope: It publishes practical, timely, and relevant clinical and basic science research articles addressing any aspect of urologic infections and inflammations, including follows: urinary tract infection: sexually transmitted infection; epidemiology, etiology, and pathogenesis; and the detection, diagnosis, prevention, and treatment of urologic infectious diseases.

Regional scope: Its regional scope is mainly Korea, but it welcomes submissions from all over the world. Its readership includes urologists, oncologists, radiologists, pediatrician, nephrologist and clinicians treating patients and to those involved in research on diseases of urogenital tract infection.

Its publication type includes original articles, review articles, editorials, rapid communications, brief

The types of manuscripts include original articles, reviews, case reports, editorials, letters.

About the Journal

Urogenital Tract Infection (UTI; pISSN 2462-8243, eISSN 2465-8510) is the official journal of The Korean Association of Urogenital Tract Infection and Inflammation, The Korean Continence Society, The Han-nam Urological Association, and The Korean Society of Geriatric Urological Care and is international peer-reviewed journal. The ISO abbreviated journal name Urogenit Tract Infect. UTI is published three times per year, on the last day of April, August, and December. It was launched in October 2006. The title of the first volume was *Korean Journal of Urogenital Tract Infection and Inflammation* (pISSN 1975-7425). The journal title was changed to Urogenital Tract Infection from Volume 10 Number 2, 2015. For submission instructions, subscription, and all other information, please visit https://www.euti.org.

RESEARCH AND PUBLICATION ETHICS

1. Research Ethics

All manuscripts should be prepared with strict observation of the research and publication ethics guidelines presented by the Council of Science Editors (https://www.councilscienceeditors.org/recommendations-for-promoting-integrity-in-scientific-journal-publications), International Committee of Medical Journal Editors (ICMJE; https://www.icmje.org/recommendations/), World Association of Medical Editors (WAME; https://www.wame.org/recommendations-on-publication-ethics-policies-for-medical-journals), and the Korean Association of Medical Journal Editors (KAMJE; https://www.kamje.or.kr/en/main_en).

Personal information with which a patient's identity can be established cannot be published with any forms including texts, photos, and pedigree. When personal information of patients is critical as scientific data, it should be stated clearly that the purpose of the study and mental and physical damages that can be done during the participation to the study were sufficiently explained for and written contents were submitted by the participants or their caregivers. In a report of an experiment for human subjects, it should be stated that the study was performed according to the Helsinki Declaration (2013; https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/) and approved by the Research Ethics Committee (REC) or the Institutional Review Board (IRB) of the institution where the experiment was performed. A written informed consent must be obtained from all subjects. The data for explanation such as photos should not include names, English initials, and hospital numbers of patients.

Animal experiments should also be reviewed by an appropriate committee for the care and use of animals (e.g., the In-

stitutional Animal Care and Use Committee). Studies with pathogens requiring a high degree of biosafety should pass review by a relevant committee (e.g., the Institutional Biosafety Committee). UTI always requests the submission of copies of informed consent forms from human subjects in clinical studies or IRB approval documents.

2. Conflicts of Interest

A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could bias the author's decisions of the manuscript. Authors are expected to provide detailed information about all relevant financial interests and relationships or financial conflicts, particularly those present at the time the research was conducted and through publication, as well as other financial interests (such as patent applications in preparation, employment, consultancies, stock ownership, honoraria, and paid expert testimony), that represent potential future financial gain. Conflicts can occur for other reasons as well, such as personal relationships, academic competition, and intellectual passion (http://www.icmje.org/conflicts-of-interest/).

All disclosures of any potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of their manuscript will be disclosed by the corresponding author on behalf of each coauthor, if any, as part of the submission process. Likewise, authors without conflicts of interest will be requested to state so as part of the submission process. If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office. Failure to include this information in the manuscript will prohibit commencement of the review process of the manuscript.

For all accepted manuscripts, each author's disclosures of conflicts of interest and relevant financial interests and affiliations and declarations of no such interests will be published. The policy requesting disclosure of conflicts of interest applies for all manuscript submissions.

If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement. Authors are also required to report detailed information regarding all financial and material support for the research and work, including but not limited to grant support, funding sources, and provision of equipment and supplies as part of the submission process. For all accepted manuscripts, each author's source of funding will be published.

3. Authorship and Contributorship

Authors are required to clearly state their contributions to a manuscript in the cover letter. To be listed as an author, one should have contributed substantially to all four categories established by the ICMJE: (1) conception and design, or acquisition, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) 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.

Each author should be accountable for the parts of the work he or she has done. In addition, each author should be able to identify which coauthors are responsible for specific other parts of the work and should have confidence in the integrity of the contributions of any coauthors. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgments. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. Authors are responsible for replying to all questions asked by reviewers or editors that relate to the accuracy or integrity of any part of the work. All persons who have made a substantial contribution, but who are not eligible to be considered authors, should be named in the acknowledgments. Authors are expected to consider carefully the way authors should be listed and ordered before submitting their manuscript, and to provide a definitive list of authors with their original submission. Any addition, deletion, or rearrangement of author names in the authorship list should be made before the manuscript has been accepted— and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (1) the reason for requesting a change in the list of authors; and (2) written confirmation (by email or letter) from all authors saying that they agree with the addition, removal, or rearrangement.

Generative artificial intelligence (AI) including language models, chatbots, image creators, machine learning, or similar

technologies do not qualify for authorship. The technologies listed above may be used in enhancing readability and language accuracy in scientific writing. The responsibility for the manuscript's integrity ultimately rests with the human authors, and the authors employing generative AI tools in manuscript preparation are required to disclose their use in the Acknowledgments section. Such disclosure should detail the specific tools used, including the model name, version, and manufacturer, and explain the capacity in which they were employed. Should the use of AI extend beyond language enhancement, the methods and tools used must be detailed in the Materials and methods section as a formal part of the research design.

4. Readership

UTI is primarily for clinicians and researchers who seek tailored information to adopt in their research and practice, but its readership can be expanded to other roles: researchers can obtain knowledge on recent topics of clinical research in urogenital tract infection field and detailed research methods; clinicians in the field can receive new information and learn about recent developments in patient care; medical educators can access and adopt a variety of data for medical education; allied health professionals, including nurses, can obtain recent information for patient care in urogenital tract infection field; medical students can understand the recent trends in the field and learn about interesting cases for their work; policymakers can reflect the results of the articles in nationwide health care policies for patients with urogenital tract infection; the public, especially family members of patients with urogenital tract infection, can learn about advances in the diseases affecting their family member in order to obtain better knowledge about the diseases and enhance their confidence in clinicians' devotion to their family member's care.

5. Redundant Publication and Plagiarism

A redundant publication is defined as "reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source(s)." The characteristics of reports that are substantially similar include the following: (1) "at least one of the authors must be common to all reports (if there are no common authors, it is more likely plagiarism than redundant publication)," (2) "the subject or study populations are often the same or similar," (3) "the methodology is typically identical or nearly so," and (4) "the results and their interpretation generally vary little, if at all."

When submitting a manuscript, authors should include a letter informing the Editor of any potential overlap with other already published material or material being evaluated for publication and should also state how the manuscript submitted to UTI differs substantially from this other material. If all or part of the patient population was previously reported, this should be mentioned in the Materials and Methods, with citation of the appropriate reference(s).

The editorial committee checks similarity by using the iThenticate (http://www.ithenticate.com/) program for all submitted articles to prevent plagiarism. The editorial committee rejects any article suspected of plagiarism and asks the author to check whether it is plagiarized and resubmit as appropriate.

6. Obligation to Register Clinical Trials

A clinical trial defined as "any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome," and clinical trials should be registered in a primary registry prior to publication.

UTI accepts the registration in any of the primary registries that participate in the International Clinical Trials Registry Platform (ICTRP) (https://www.who.int/clinical-trials-registry-platform), as well as https://www.anzctr.org.au/, www.clinicaltrials.gov, www.umin.ac.jp/ctr/index/htm. The clinical trial registration number shall be published at the end of the abstract.

7. Process for Identifying and Dealing With Allegations of Research Misconduct

When the journal faces suspected cases of research and publication misconduct, such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and other issues, the resolving process will follow the flowchart provided by the Committee on Publication Ethics (http://publicationethics.org/ resources/flowcharts). The editorial committee will discuss the suspected cases and reach a decision. We will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

UTI adheres to the research and publication ethics policies outlined in the International Standards for Editors and Authors (https://publicationethics.org/resources/resources-and-further-reading/international-standards-editors-and-authors) and the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (https://www.icmje.org/recommendations/). Any studies involving human subjects must comply with the principles of the World Medical Association Declaration of Helsinki. Clinical research should be approved by the Institutional Review Board and obtain patient consent. A patient's personal information generally cannot be published in any form. However, if it is absolutely necessary to use a patient's personal information, the consent of the patient or his/her guardian will be needed before publication. Animal studies should be performed in compliance with all relevant guidelines, observing the standards described in the NIH Guide for the Care and Use of Laboratory Animals. Cases that require editorial expressions of concern or retraction shall follow the Committee of Publication Ethics (COPE) flowcharts available from: http://publicationethics.org/resources/flowcharts. If a correction is needed, it will follow the ICMJE Recommendation for Corrections, Retractions, Republications and Version Control available from: http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html as follows:

Honest errors are a part of science and publishing and require publication of a correction when they are detected. Corrections are needed for errors of fact. The minimum standards are as follows: First, the journal shall publish a correction notice as soon as possible, detailing changes from and citing the original publication on both an electronic and numbered print page that is included in an electronic or a print Table of Contents to ensure proper indexing; second, the journal shall post a new article version with details of the changes from the original version and the date(s) on which the changes were made through CrossMark; third, the journal shall archive all prior versions of the article, and this archive can be directly accessible to readers; and fourth, previous electronic versions shall prominently note that there are more recent versions of the article via CrossMark.

8. Handling Complaints and Appeals

The policies of the journal are primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available from: https://publicationethics.org/appeals.

Who complains or makes an appeal?

Submitters, authors, reviewers, and readers may register complaints and appeals in a variety of cases as follows: falsification, fabrication, plagiarism, duplicate publication, authorship dispute, conflict of interest, ethical treatment of animals, informed consent, bias or unfair/inappropriate competitive acts, copyright, stolen data, defamation, and legal problems. If any individuals or institutions want to inform the journal about a relevant case, they can send a letter to the editor through https://www.euti.org/. For complaints or appeals, concrete data with answers to all factual questions (who, when, where, what, how, why) should be provided.

Who is responsible for resolving and handling complaints and appeals?

The editor, editorial board, or editorial office is responsible for them.

What may be the consequences of resolution?

The consequences depend on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the COPE (https://publicationethics.org/guidance?f%5B0%5D=type%3A16).

The editorial committee of UTI will discuss suspected cases and reach a decision. UTI will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

9. Postpublication Discussions and Corrections

Postpublication discussions can be conducted through letters to the editor. If any readers have a concern about any articles published, they can submit a letter to the editor about the issue. If any errors or mistakes in the article are found, the article can be corrected through an erratum, corrigendum, or retraction.

10. Policies on Data Sharing and Reproducibility

Authors have the option to share with readers the datasets used in their research. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript, as well as in an optional category in the Structured Disclosures section. For example, "Data sharing: The data analyzed for this study have been deposited in Harvard Dataverse (https://dataverse.harvard.edu) and are available at DOI."

SUBMISSION OF MANUSCRIPTS

1. General Guideline

Authors are requested to submit their papers electronically by using online manuscript submission.
The corresponding author is responsible for the submission and revision of the manuscript. An ID is required for processing and can be generated on the homepage.

All authors should sign the Submission Agreement form to certify that the contents of the manuscript have not been published and are not being considered for publication elsewhere. If any research grant has been given by any private company or group, this information should be described on the form. All authors must sign their own signatures. The form can be downloaded at the homepage of UTI (https://www.euti.org/), and should be submitted at the time of paper submission.

Regarding author information, the list of authors in the manuscript should include only those who were directly involved in the process of the work. Authors can refer to the guideline by Harvard University in 1999 to find details on authorship (https://hms. harvard.edu/sites/default/files/assets/Sites/Ombuds/files/AUTHORSHIP%20GUIDELINES.pdf).

The decision of whether to publish a submitted manuscript will be made solely by the editorial committee.

Professional editing in English is recommended for non-native speakers. The editorial office may request English editing. For accepted manuscripts, we may provide copy editing free of charge.

All published papers become the permanent property of The Korean Association of Urogenital Tract Infection and inflammation. The copyrights of all published materials are owned by The Korean Association of Urogenital Tract Infection and inflammation. Permission must be obtained from The Korean Association of Urogenital Tract Infection and inflammation for any commercial use of materials. Every author must sign the copyright transfer agreement forms.

All manuscript pages are to be numbered consecutively, beginning with the abstract as page 1. Neither the authors' names nor their affiliations should appear on the manuscript pages. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses. Abbreviations are not allowed in the title. The names of manufacturers of equipment and non-generic drugs should be given. When quoting from other sources, give a reference number in bracket after the author's name or at the end of the quotation.

2. Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and nonrandomized studies, authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (https://www.equator-network.org) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

MANUSCRIPT PREPARATION

Authors should refer to "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (http://www.icmje.org/about- icmje/faqs/icmje-recommendations/).

1. Formatting by Manuscript Type

- Original Articles should be composed of no more than 3,500 words, excluding the references, tables, and figures. It should be organized in the following order: (1) title page, (2) abstract and keywords, (3) introduction, (4) materials (or subjects) and methods, (5) results, (6) discussion, (7) conclusions, (8) conflict of interest, (9) funding, (10) acknowledg-

ments (if necessary), (11) references, (12) tables, (13) figures, and (14) legends.

- Review Articles are reserved for important subjects relevant to the urogenital tract infection field that is selected by the editorial committee. Authors are invited based on articles published in UTI and other journals. The length of the manuscript and the number of references should not exceed 3,500 words and 100, respectively. The decision to publish the manuscript is made after review by the editorial committee. The manuscript format may vary in review articles.
- Systematic Reviews are critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as the cause, diagnosis, prognosis, therapies, and prevention. Systematic Reviews without a meta-analysis are published as reviews; those with a meta-analysis are published as Original Articles (see Meta-Analyses).
- Meta-Analyses are systematic, critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as the cause, diagnosis, prognosis, therapies, and prevention, that include a statistical technique for quantitatively combining the results of multiple studies that measure the same outcome into a single pooled or summary estimate. The requirements for the format of the abstract and the main text follow those for Original Articles.
- Case Reports select a patient you have seen who presents a diagnostic or management challenge, or may illustrate a mechanism of injury, or clinical-pathological correlation of educational value. We recommend a maximum of 2,000 words for clinical reports (excluding the summary and references), but this is not a strict word limit and may be exceeded if important points require further explanation, especially during revision. We encourage authors to provide a patient perspective detailing the patient's experience of illness, treatment, recovery and rehabilitation
- Editorial are solicited by the editor and should not be submitted without prior invitation. Editorials are invited perspectives on an area of infectious disease science, dealing with fields of research, current medical interests, fresh insights and debates.
- Letters to the Editor discuss a recent article in this journal and should be submitted within 4 weeks of the article's publication in print. It is not usually peer-reviewed but accepted on the basis of pertinence and scientific quality. The journal may invite replies from the authors of the original publication or pass on the correspondence to these authors. Upon review and approval by the editor, Letters to the Editor and relevant replies will be published together.
- Text should be written in a 12-point font with double line spacing.
- The detailed formatting recommendations for each type are shown in the table below.

Summary Table of Manuscript Types

Type	Abstract			Max. words of the main text	Max. tables	Max. references
	Max. words	Max. keywords	Format			
Review Article	250	5	Unstructured	3,500	5	100
Original Article	250	5	Structured	3,500	5	30
Case Report	150	5	Unstructured	2,000	5	10
Editorial	×	×	×	800	-	10
Letter to the Editor	×	×	×	500	-	10

Note: Exceptions may be made to the above specifications according to the decision of the editorial committee.

2. Title Page

The title page contains the article title, and full names of all authors with their institutional affiliations both. The type of manuscript (original article, review article, case report, editorial, letter to the editor) should also be indicated. If the work includes multiple authors with different affiliations, the institution where the research was mainly conducted should be spelled out first, and then be followed by footnotes in superscript Arabic numerals beside the authors' names to describe their affiliations in the consecutive order of the numbers.

The title page also contains the postal address and email address of the corresponding author at the bottom of the page, as well as information on any previous presentation of the manuscript in conferences and funding resources, if necessary.

The title should be concrete and not exceed 20 words, and the running title should not exceed 50 characters, including spaces.

3. Abstract

Abstracts for articles presenting clinical or laboratory research should contain the following sections: purpose, materials and methods, results, and conclusions. However, these sections are not necessary for other types of studies. An abstract should include brief descriptions of the purpose, materials and methods, results, and conclusions, as well as a detailed description of the data. An abstract containing 250 words or less is required for original articles and review articles. Abstracts can be revised by the decision of the editorial committee, and some sentences can be modified as a result of revision.

A list of key words, with maximum of 5 items, should be included at the end of the abstract. The selection of key words should be based on Medical Subject Heading (MeSH) of Index Medicus and the website (http://www.nlm.nih.gov/mesh/MBrowser.html), and each keywords should begin with a capital letter and be separated by a semicolon.

4. Introduction

The introduction should address the purpose of the article concisely, and include a presentation of the background relevant to the purpose of the paper. A more detailed review of the literature should be addressed in the discussion section.

5. Materials and Methods

The article should record the research plans, objectives, and methods in order, as well as the data analysis strategies and methods implemented to control bias. Sufficient details should be furnished for the reader to understand the method(s) without reference to another work described in the study.

When reporting experiments with human subjects, the authors must document the approval received from the local IRB. When reporting experiments with animal subjects, the authors should indicate whether the handling of the animals was supervised by the research board of the affiliated institution or a similar entity. The IRB approval number must be noted.

Photographs disclosing patients must be accompanied by a signed release form from the patient or the patient's family permitting publication.

Authors should ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

6. Results

The authors should describe clearly and logically their significant findings of observations or results corresponding to the purpose of the study, following the order in the methods. The authors should avoid overlapping descriptions by figures or tables and by main text, describing important results only.

It should be clear which statistical test is associated with each p-value reported. Rarely used statistical techniques should be described. Medians and percentiles (such as quartiles) are preferred over means and standard deviations (or standard errors) when analyzing asymmetric data, especially when nonparametric statistics are calculated. Fractions (e.g., 5/10) should accompany percentages. In randomized clinical trials, consider reporting separate analyses with confounding variables included. If sample sizes differ between groups when patients are randomized, reasons should be provided.

Tables and graphs should be used to show numerical data, while descriptive sentences should be reserved for only important data. Demographic data of study subjects, such as age and the sex/gender distribution, should not be mentioned in this section. The repetitive enumeration of findings shown in tables and graphs should be avoided. The past tense should be used.

7. Discussion

Important or new findings from the results of the study should be emphasized and the consequent conclusions are described, while repetition of the contents in the introduction and the results should be avoided. The authors are needed to describe the significance and limitations of the study and directions for the further studies, comparing with the results of the other related studies.

8. Conclusions

Conclusions should be comprehensive, be in accordance with the observations stated in the Results and Discussion sections, and befit the purpose of the study. A simple summary of the results should be avoided. An attempt at presenting future study directions or expected benefits is not recommended.

9. References

All references should be numbered consecutively in the order in which they are first mentioned in the text. In using in-text reference citation, each reference should be cited in square brackets as [1], [1,2], or [1-3]. The reference format should conform to the Vancouver form (N Engl J Med 1997;336:309-15; https://www.nejm.org/doi/full/10.1056/nejm199701233360422).

Use the style of the examples below, which are based on the formats used by the U.S. National Library of Medicine (NLM) in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Authors should consult the List of Journals Indexed in Index Medicus, published annually as a separate publication by the library and as a list in the January issue of Index Medicus. The list can also be obtained through the library's web site: https://www.nlm.nih.gov/bsd/aim.html.

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source.

Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

The references must be verified by the author(s) against the original documents.

The "Uniform Requirements" style (the Vancouver style) is based largely on an ANSI standard style adapted by the NLM for its databases.

1) Articles in Journals

(1) Standard journal article

List the first six authors followed by et al.

- Lee KS, Han DH, Lee YS, Choo MS, Yoo TK, Park HJ, et al. Efficacy and safety of tamsulosin for the treatment of non-neurogenic voiding dysfunction in females: an 8-week prospective study. J Korean Med Sci 2010;25:117-22.
- Djavan B. Nickel JC, de la Rosette J, Abrams P. The urologist view of BPH progression: results of an international survey. Eur Urol 2002;41:490-6.

(2) Other samples

- Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102 Suppl 1:275-82.
- Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996;23(1 Suppl 2):89-97.
- Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. Ann Clin Biochem 1995;32(Pt 3):303-6.
- Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. N Z Med J 1994;107(986 Pt 1):377-8.
- Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. Clin Orthop 1995;(320):110-4.
- Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. Lancet 1996;347:1337.
- Clement J, De Bock R. Hematological complications of hantavirus nephropathy (HVN) [abstract]. Kidney Int 1992;42:1285.

2) Books

(1) Personal author(s)

- Partin AW, Peters CA, Kavoussi LR, Dmochowski RR, Wein AJ, editors. Campbell Walsh Wein urology. 12th ed. Amsterdam (Netherlands): Elsevier, Inc.; 2020.

(2) Editor(s), compiler(s) as author

- Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York (NY): Churchill Livingstone; 1996.

(3) Organization as author and publisher

- Institute of Medicine (US). Looking at the future of the Medicaid program. Washington (DC): The Institute; 1992.

(4) Chapter in a book

- Klein EA, Platz EA, Thompson IM, Epidemiology, etiology, and prevention of prostate cancer. In: Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA, editors. Campbell-Walsh urology. 9th ed. Philadelphia (PA): Saunders; 2007. p. 2854-73.

3) Conference proceedings

- Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam (Netherlands): Elsevier, Inc.; 1996.

4) Conference paper

- Bengtsson S, Solheim 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 Sep 6-10; Geneva, Switzerland. Amsterdam (Netherlands): North-Holland; 1992. p. 1561-5.

5) Scientific or technical report

- Smith P, Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX): Dept. of Health and Human Services (US), Office of Evaluation and Inspections; 1994 Oct. Report No.: HHSI-GOEI69200860.

6) Dissertation

- Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington Univ.; 1995.

7) Patent

- Larsen CE, Trip R, Johnson CR, inventors; Novoste Corporation, assignee. Methods for procedures related to the electrophysiology of the heart. US patent 5,529,067. 1995 Jun 25.

8) Newspaper article

- Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. The Washington Post 1996 Jun 21;Sect. A:3 (col. 5).

9) In press

- Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med Forthcoming 1997.

10) Websites

- World Health Organization. Depressive disorder (depression) [Internet]. Geneva (Switzerland): World Health Organization; 2023 [cited 2022 Jul 6]. Available from: https://www.who.int/news-room/fact-sheets/detail/depression.

10. Tables

- Tables should be created using the table formatting and editing feature of Microsoft Word and should not be provided in noneditable image format.
- The title of the table must be noted. Tables cannot be submitted in a picture format.
- Each table should be inserted on a separate page, with the table number, table title and legend above the table.
- Tables should be concise and not duplicate information found in figures.
- The significance of results should be indicated by an appropriate statistical analysis.
- Unnecessary longitudinal lines should not be drawn. Horizontal lines should be used as sparingly as possible.
- All symbols and abbreviations should be described below the table.
- Table footnotes should be indicated with superscript alphabet in sequence: $^{a), b), c), \cdots}$, etc.
- All units of measurement and concentrations should be designated.

11. Figures

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