

Journal of Investigative Medicine High Impact Case Reports

Instructions for Authors

Aims and Scope

The AFMR is committed to enhancing the training and career development of our members and to furthering its mission to facilitate the conduct of research to improve medical care. The publication of high quality case reports represents a critical element of investigative medical science and important for avenue for career development. To facilitate this process, the AFMR has established ***The Journal of Investigative Medicine High Impact Case Reports***.

The online submission tool receives manuscript submissions through SAGE Track, powered by Scholar One Manuscripts™. This submission site is located at: <http://mc.manuscriptcentral.com/jimhic>

SAGE Track will serve as the center for editorial staff to communicate with authors, editors, and reviewers electronically, and it will function as the platform for the review process.

Ethical/Legal Considerations: A submitted manuscript must be an original contribution not previously published (except as an abstract or preliminary report), must not be under consideration for publication elsewhere, and if accepted, it must not be published elsewhere in similar form, in any language. Each person listed as an author is expected to have participated in the study to a significant extent. Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with the Journal, its editors, or the publisher.

Patient anonymity and informed consent: It is the author's responsibility to ensure that a patient's anonymity be carefully protected and to verify that any experimental investigation with human subjects reported in the manuscript was performed with informed consent and following all the guidelines for experimental investigation with human subjects required by the institution(s) with which all the authors are affiliated. Authors should mask patients' eyes and remove patients' names from figures unless they obtain written consent from the patients and submit written consent with the manuscript.

JIM High Impact Case Reports seeks to be the world's premier open access outlet for case reports that will be of broad interest to academic physicians and scientists. As such, it evaluates the scientific and research methods of each article for validity and accepts articles solely on the basis of the medical impact and scientific importance of the observations reported. This approach allows readers greater access and gives them the power to determine the significance of each article through our interactive comments feature.

Each article undergoes rigorous peer review. The **JIM High Impact Case Reports'** peer review process will assess the importance of a given article to its respective field and the quality of the scientific methodology underlying the report. Readers and the academic community at large will then have the power to continue the peer review process after online publication, helping to determine the significance of each article through our interactive comments feature.

In addition, ***The Journal of Investigative Medicine High Impact Case Reports*** will consider the submission of review articles, particularly those that are focused on areas that relate directly to subjects that are addressed in case reports that are to be or have been published in the journal.

Manuscript Preparation

In general, Case Reports should not exceed 2500 words (excluding references). The word count (which includes all text including the abstract, manuscript, notes, tables, figures, etc.) should appear on the title page. Exceptions will be considered on a case-by-case basis. Generally, proposed reviews should be less than 4000 words (excluding references). The submission of potential review articles should be discussed with the editorial office prior to submission.

Manuscripts should include an abstract of approximately 250 words, and, beneath the abstract, 4-5 keywords. All manuscripts should follow the style guidelines set forth in the American *Medical Association Manual of Style* (9th edition) (<http://www.amamanualofstyle.com>). Refer to drugs and therapeutic agents by their accepted generic or chemical names, and do not abbreviate them. Use code numbers only when a generic name is not yet available. In that case, supply the chemical name and a figure giving the chemical structure of the drug is required. Copyright or trade names of drugs should be capitalized and placed in parentheses after the name of the drug. Names and locations (city and state in USA; city and country outside USA) of manufacturers of drugs, supplies, or equipment cited in a manuscript are required to comply with trademark law and should be provided in parentheses. Units of measure should be expressed in the metric system, and temperatures should be expressed in degrees Celsius. Conventional units should be written as SI units as appropriate.

Abbreviations: For a list of standard abbreviations, consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814) or other standard sources. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure.

Figures: Art should be created/scanned and saved and submitted as either a TIFF (tagged image file format), an EPS (encapsulated PostScript) file, or a PPT (PowerPoint) file. Line art must have a resolution of at least 1200 dpi (dots per inch), and electronic photographs; radiographs, CT scans, MRIs, all medical imaging, and all scanned images must have a resolution of at least 300 dpi. If fonts are used in the artwork, they must be converted to paths or outlines or they must be embedded in the files. Color images must be created/scanned and saved and submitted as CMYK files. Please note that artwork generated from office suite programs such as CorelDRAW and MS Word and artwork downloaded from the Internet (JPEG or GIF files) cannot be used. Cite figures consecutively on the site, and number them in the order in which they are discussed in the text of the manuscript.

Figure legends: Legends must be submitted for all figures. They should be brief and specific, and they should appear on a separate manuscript page place to follow the references. Use scale markers in the image for electron micrographs and indicate the type of stain used.

Color figures: The journal welcomes and encourages color figures and will publish them without charge to the author.

Tables: Create tables using the table creating and editing feature of your word processing software (e.g., Word, WordPerfect). Do not use Excel or comparable spreadsheet programs. Group all tables at the end of the manuscript, or supply them together in a separate file. Cite tables consecutively in the text, and number them in that order. Key each on a separate sheet, and include the table title, appropriate column heads, and explanatory legends (including definitions of any abbreviations used). Do not embed tables within the body of the manuscript. They should be self-explanatory and should supplement, rather than duplicate, the material in the text.

References: The authors are responsible for the accuracy of the references. Key the references (double-spaced) at the end of the manuscript. Cite the references in text in the order of appearance. Cite unpublished data—such as papers submitted but not yet accepted for publication and personal communications, including e-mail communications—in parentheses in the text. If there are more than three authors, name only the first three authors and then use et al. Refer to the *List of Journals Indexed in Index Medicus* for abbreviations of journal names, or access the list at <http://www.nlm.nih.gov/tsd/serials/lji.html>.

Publication Fee

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