INSTRUCTIONS TO AUTHOR

The Journal of Laboratory and Precision Medicine (JLPM, J Lab Precis Med, Online ISSN: 2519-9005) is an open access, peer review, international online journal that publishes manuscripts that describe new findings and provide current, practical information on laboratory medicine and precision medicine, defined as analytical and clinical aspects of biomarkers in body fluid. Besides, topics concerning clinical microbiology and genetics are also in the scope of JLPM. Original articles are considered most important and will be processed for rapid review by the members of Editorial Board. Case reports implying new findings that have significant clinical impact are carefully processed for possible publication. All the submission and reviewing are conducted electronically so that rapid review is assured.

MANUSCRIPT CATEGORIES

Original article
Originality and clinical impact are essential for acceptance of Original Articles. Structured abstract is limited to 300 words. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Descriptions of the following points are critically evaluated.

Original article should entail a section describing the contribution each author made to the manuscript. See section “Author contributions” for details. Meta-analysis will be categorized into this type.

Review article
A Review Article is a timely, in-depth focus of an issue. Review articles are generally solicited by the editors, but unsolicited materials may be considered. Proposals for reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles must be no longer than 6000 words excluding title page, abstract, tables, figures, figure legends, and references. Abstracts are limited to 300 words. Review Article should entail a section describing the contribution each author made to the manuscript. See section “Author contributions” for details.

Editorial Commentary
The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field. The lengthy should be 1500 words maximum with no more than 25 references (including the article discussed) and 2 maximum figures or tables. No abstracts are required.

Perspective
Perspective articles can be more subjective, forward-looking or speculative. A paper presenting controversial positions or papers of the same topic advocating opposite opinions will be published as Perspectives. Most perspective articles will be solicited by the editors. However, we also welcome timely, unsolicited perspective articles. Proposals for perspectives may be submitted; however, in this case authors should send an outline of the proposed article prior to submission. The text is limited to 3000 words. The abstract is limited to 300 words.

Letter to the Editor
Letter to the Editor on content published in the Journal or on other topics of interest to our readers are welcomed.
The journal might invite replies from the authors of the original publication, or pass on letters to these authors. The length should be 1000 words maximum with no more than 10 references and only one table or figure. No abstracts are required. An appropriate title should be provided.

**Case Report**

The JlPM publishes case reports with new findings that may alter the disease concept of laboratory and precision medicine. The former includes unreported adverse events of remarkable effects of a new therapy; novel suggestions or pitfalls in diagnosing laboratory and precision medicine. Authors are requested to clarify in Discussion what readers could learn from the case. A pathologist should be included as an author when the histological findings play a key role of the report. Information that can be linked to the patients’ identification must be carefully masked. The abstract is limited to 300 words.

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 be 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 died, then 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, then 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.

**MANUSCRIPT SUBMISSION REQUIREMENTS**

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 (jlpm@amegroups.com), and we will help solve the problem.

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

Studies concerning diagnostic accuracy of a test should be reported complying with STARD guideline. http://www.stard-statement.org

Studies investigating the prognostic value of tumor marker should comply with Reporting Recommendations for Tumor Marker Prognostic Studies (REMARK)


**Text**

Before submission, please prepare the main document including the title page and save it as a Microsoft Word document (.doc), Rich Text Format (.rtf), or PostScript (.ps) file. Set the page layout of A4 or letter-size paper with margins of at least 25 mm. Use a large, clear font (e.g. 12-point or larger Times New Roman or Arial) and double-spacing throughout. Number pages consecutively, beginning with the title page. Line number is encouraged to used in the text.

**Title page**

The title page should carry: a) the title of the article; b) authors’ names with institutional affiliations; c) corresponding author’s name with phone and fax numbers, street address and E-mail address; d) a running head of no more than 60 characters including spaces.

**Abstract and key words**

The second page should carry an abstract of no more than 300 words (see also instructions for specific categories above). Do not use reference, table or figure in the abstract. The abstract of an original article should be structured into four paragraphs with headings of Background, Methods, Results and Conclusions. The abstracts for all other manuscript types should be non-structured.

Provide three to five key words. Use terms from the medical subject headings (MeSH) list of Index Medicus.

**References**

The Vancouver system of referencing should be used. In the text, references should be identified using numbers in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “adenocarcinoma (29,30)”]. Number references consecutively in the order in which they are first mentioned in the text. The titles of journals should be abbreviated according to the style used in Index Medicus.

List all authors, but if the number exceeds three, give three followed by “et al.”

McLeer-Florin A, Lantuéjoul S. Why technical aspects rather than biology explain cellular heterogeneity in ALK-


For other styles of publication or Internet articles, see http://www.nlm.nih.gov/bsd/uniform_requirements.html

Endnote is encouraged to be used to manage the references. Please refer to the journal's website for specific reference style in endnote.

Table
Number all tables consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. When statistical methods are used, exact P values should be given, such as P=0.230 instead of the term ‘N.S.’ or ‘not significant’. For online submission, insert tables at the end of the text to be saved as a part of the main document, or save them as separate image files. (Note that when a manuscript is accepted for publication, tables must be submitted as data-.doc, .rtf, Excel or PowerPoint files-because tables submitted as image data cannot be edited for publication.) The Journal may reject manuscripts if remarkable deviation from this instruction is found.

Figure
All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

- 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 1000 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 be printed in the journal.
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- 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.
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Abbreviation and symbol
The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. If many (>20) abbreviations are used, they should also be listed and explained at the foot of the first page of the text.

Statistic
Describe which statistical methods were used for which analyses. A P value or confidence interval should be cited in the abstract and in the text for any statistically significant finding reported; wherever possible, exact P values should be given. Outcome variables should generally be given as point estimates, with 95% confidence intervals rather than standard deviations or standard errors.

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.”

AUTHORS’ RESPONSIBILITIES AND CONFLICTS OF INTEREST FORM

Authors’ responsibilities
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 AME publishing company, to get a licence 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.

The ICMJE recommends that authorship be based on the following 4 criteria:
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• Drafting the work or revising it critically for important intellectual content; AND
• Final approval of the version to be published; AND
• Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged (see section “Acknowledgement”).

Author contributions
This section is only required for original article and review article. It describes the contribution each author made to the 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. Authors should meet conditions 1, 2, and 3. 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:
(I) Conception and design:
(II) Administrative support:
(III) Provision of study materials or patients:
(IV) Collection and assembly of data:
(V) Data analysis and interpretation:
(VI) Manuscript writing: All authors
(VII) Final approval of manuscript: All authors

Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contributions section is not required when there is only one author.

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Our journal complies with the International Committee of Medical Journal Editors’ uniform requirements on Conflict of Interest statement.

Conflicts of Interest exist 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).

Conflict of interest would be included in the FOOTNOTE section.

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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.

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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.

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Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that
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Articles should be published with statements or supporting documents, declaring:

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- 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”.

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. The journal 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:
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.

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

- No statement on medical ethics is required.

Case report:

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

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- If the study has a prospective design: the 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.
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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.

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).

**Acknowledgements**

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**Funding**

Details of all funding sources for the work in question should be included in the Acknowledgement section.

The following rules should be followed:

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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 xxxx]’

Multiple grant numbers should be separated by a comma as follows: ‘[grant numbers xxxx, yyyy]’

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].’

**Footnote**

a. **Conflicts of Interest:** See section “Conflict 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, authors should also indicate “Financial Disclose” section as “None”.

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Submitted manuscripts are first read by the editors within two days. Some papers may be declined at this stage. The others will be sent for peer-review to more than two external referees usually selected from among the specialists in the Reviewers Board of the Journal. The editors decide whether to accept or reject based on the referees’ recommendations.

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