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Preparing Your Manuscript

General Guidelines:
Language: US English
Paper size: letter format (8.5 x 11 inches)
Paper margin: 1 inch on all sides
Font style: Times New Roman
Font size: 12
Text layout: double-spaced
Page numbering: number the pages of the manuscript consecutively, beginning with the title page as page one
Tables and figures: placed within the text at the appropriate points with labels, rather than at the end

Order of the Manuscript:
1. Title page
2. Abstract including keywords
3. Manuscript text
4. Acknowledgements
5. References
6. Appendix (if applicable)

Title Page

The title page should include:

1. Title of the article
2. Full name of each author (given, middle initial, last) with highest academic degree(s) and the name and the address of the department(s)/institution(s) with which each author is affiliated or to which the work should be attributed.
3. Corresponding author's name and contact details (mailing address, phone/fax numbers and email address). The corresponding author (who does not need to be the first author on the manuscript, and preferably occupies a more permanent position in the institution) will be responsible for all inquiries about the manuscript.
4. Statements relating to ethics and integrity policies, which may include any of the following:
    - Financial or funding statement
    - Conflict of interest disclosure
    - Ethics approval statement (if applicable)
    - Patient consent statement (if applicable)
    - Permission to reproduce material from other sources (if applicable)
    - Clinical trial registration (if applicable)
5. Word count and number of tables and figures
6. List of meeting(s) where the material has been previously presented or is under consideration for presentation. Indicate name, place, date, of meeting and any prizes or awards (if presented in a contest).

Abstract

A structured abstract should provide the context or background for the study and state the study's purposes, basic procedures (selection of study participants or laboratory animals, settings, measurements, observational and analytical methods), main findings (giving specific effect-sizes and their statistical and clinical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations, note important limitations without over interpreting findings, and reflect the content of the article. Generally it should have the following format:

For Original Research Articles (Experimental, Retrospective and Prospective Studies)

- Significance - explain the importance of the research. Introduce the conflicting evidence that warranted the study. On the last statement, clearly state the objective/s
- Methodology - should include the following: study design, study population, intervention or exposure, outcome measures, statistical analysis
- Results - indicate how many subjects were recruited, and how many completed the study. State the drop-outs, if any. Summarize the important findings, indicating the point estimates, confidence intervals, p values, odds ratio
- Conclusion

For Meta-analysis:

- Significance - explain the importance of the research. Introduce the conflicting evidence that warranted the meta-analysis. On the last statement, clearly state the objective/s
- Methodology - should include the following: inclusion/exclusion, search strategy, assessment of articles, statistical analysis
- Results - indicate how many studies were found, total number of included and excluded studies. Summarize the important findings, indicating the point estimates, confidence intervals and p values. Note for presence of heterogeneity and how it was addressed.
- Conclusion

For Case Reports or Case Series:

- Significance - explain the uniqueness of the case or its importance. Literature search, both local and abroad, on similar case/s
- Clinical Presentation - summarize major points in the demographic data and clinical history. Describe the pertinent physical examination findings
- Management - include relevant work-ups, diagnosis and treatment
- Recommendation

Keywords

Provide 3 to 10 key words or short phrases that capture the main topics of the article to assist in cross-indexing. First keyword must be the type of research. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used; except when suitable MeSH terms are not yet available for recently introduced terms.

Manuscript Text

The following sections should generally be included:

Introduction: without a heading, provide a context and brief background for the study, giving only pertinent references in the literature review. State the gap or nature of the research problem and its significance, major hypothesis or rationale, and objectives or purpose of the study or observation.

Methods: should only include information available at the time the study plan or protocol was written; all information obtained during the course of the study belongs in the Results section. Provide sufficient detail to permit replication by others. Generally, It should contain the following:

- *Study Design:* use phrases such as randomized or nonrandomized clinical trial, case-control or cross-sectional study, cohort study, case series or report, systematic review, meta-analysis, review, experimental study, historical manuscript. Additional modifiers may be used (e.g. retrospective, prospective, double-blinded). Where applicable, reporting guidelines should be followed, and may be accessed as follows:

Initiative	*Type of study*	*Source*
CONSORT	Randomized controlled trials	http://www.consort-statement.org
PRISMA	Systematic reviews and	http://www.prisma-statement.org

	meta-analyses	
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
STARD	Studies of diagnostic accuracy	http://www.stard-statement.org
CARE	Case reports	http://www.care-statement.org

- *Setting:* Multicenter, Primary, Secondary, Tertiary, Public or Private, Hospital, University Hospital or Clinical Practice (e.g. Tertiary Public University Hospital)

- *Subjects or Participants:* Number of patients, selection procedures, eligibility and exclusion criteria, randomization procedure, masking. Do not use patients' names, initials, or hospital numbers. For studies involving humans subjects, indicate whether Institutional Review Board (IRB) / Ethics Committee approval was granted (indicating the approval number), if procedures were in accord with the Helsinki Declaration revised in 2013 (http://www.wma.net/policies-post/wma-declation-of-helsinki-ethical-principles-for-medicalresearch-involving-human-subjects/), and whether informed consent was obtained. In addition to informed consent from parents or legal guardians, state whether assent was obtained from pediatric participants. For animal subjects, indicate whether the institution's or National Research Council's guide for the care and use of laboratory animals were allowed.

- Intervention or observation procedure(s) should be identified in sufficient detail to allow reproducibility of results. Identify methods, instruments and equipment with the manufacturer's name and address in parenthesis, e.g. (Zeiss Corporation, San Leandro, CA, USA). Identify all drugs and chemicals including generic name(s), dosage(s) and route(s) of administration. Use milligram per kilogram dosages for pediatric patients. For meta-analysis or systematic reviews, cite methods used for locating, selecting, extracting and synthesizing data.

- *Data and Statistical analysis:* Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify reported results. When possible, quantify findings and represent them with appropriate indicators of measurement error or certainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use p values, which fail to convey important information about effect size. References for the study design and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify computer software and statistical packages used, e.g. MS Excel (Microsoft Corporation, Redmond, WA, USA) or Statistical Analysis System (SAS) version 6.12 (SAS Institute, Cary, NC, USA).

Result: provide demographic data of the study population. Describe outcomes and measurements in a logical sequence with minimum discussion. Do not repeat in the text what can be summarized in tables and figures. When data are summarized in the Result section, give numeric results not only as derivatives (for example, percentage) but also as the absolute numbers (for example, fractions) from which the derivatives were calculated, and specify the statistical methods used to analyze them. Unless absolutely necessary, limit numeric result to a maximum of two (2) decimal places, but avoid using decimal places or fractions that are not meaningful (such as age of 56.33 years). Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistic, such as "random" (which implies a randomizing device), "normal", "significant", "correlation", and "sample". Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: restrict to what the significant findings presented mean, emphasizing new and important aspects of the study. Compare and contrast these findings with those of previous studies. Offer plausible explanations from basic science mechanisms or pathophysiology. Avoid excessive generalization, undue speculation, digressions and theorizing. Elucidate but do not repeat data in the

results section discuss implications and limitations and relate these to other and contradictory literature.

Conclusion: should be supported by the data. State new hypothesis when warranted, but clearly label them as such. Avoid making statements on economic benefits and cost unless the study includes economic data and analysis. Avoid claiming priority of content unless you provide the literature search protocol used. Include recommendations when appropriate.

Acknowledgement

All contributors who do not meet the criteria for authorship should be listed in the acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, statistical analysis, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had writing assistance and identify the entity that paid for this assistance. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as “clinical investigators” or “participating investigators”, and their function or contribution should be described – for example, “served as scientific advisors”, “critically reviewed the study proposal, “ “collected data”, or “provided and cared for study patients”. Because readers may infer their endorsement of the data and conclusions, all persons so named must be given written permission to be acknowledged. The Acknowledgement Statement form should be filled out and signed.

References

- The Vancouver system of referencing should be used. In the text, references should be cited using superscript Arabic numerals in the order in which they appear.
- All non-original material should acknowledge the source reference: direct quotations should be enclosed in quotation marks and cited. Paraphrasing does not render material original, and should be avoided.
- References cited only in the tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.
- In the reference list at the end of the manuscript, the references should be numbered and listed consecutively in order of which they are first mentioned in the text.
- Cite the names of all authors when there are six or less; when seven or more list the first three followed by et al.
- Names of journals should be abbreviated in the style used in MEDLINE.
- Only literature that is published or in press (with the name of the publication known) should be cited in the reference list. Abstracts and letters to the editor may be cited, but they must be less than 3 years old and identified as such. Reference to unpublished data, submitted manuscripts and personal communications should appear in the text only as in the following example: (Chercheur X, unpublished data). If the owner of the unpublished data or personal communication is not an author of the manuscript under review, a signed statement is required verifying the accuracy of the attributed information and agreement to its publication.

References should be listed in the following form:

Journal articles

1 Crawley AC, Brook DA, Muller VJ, Petersen BA, Isaas EL, Biekicki J, et al. Enzyme replacement therapy in feline model of the Matroteaux-Lamysyndrome. J Clin Invest 1996; 97: 1864-1873.

Book

2 Watson JD. The Double Helix. New York: Atheneum, 1968: 1-6.

Book Chapters

3 Hofmann AF. The enterohepatic circulation of bile acids in health and disease. In: Sleisinger MH, Fordtran JS, eds. Gastrointestinal Disease. Volume 1. 5th ed. Philadelphia: Saunders, 1993: 127-150.

Abstract or Article in a Supplement

4 Klin M, Kaplowitz N. Differential susceptibility of hepatocystesto TNF-induced apoptosis vs necrosis [Abstract]. HEPATOLOGY 1998; 28(Suppl): 310A.

Journal article in electronic format

4 Spycher C, Zimmerman A, Reichen J. The diagnostic value of liver biopsy. BMC Gastroenterol. 2001; 1: 12. Cited 22 Nov 2007. Available from URL: http://www.biomedcentral.com/1471-230X/ 1/12.

Online article not yet published in an issue - an online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

5. Testro AG, Visvanathan K. Toll-like receptors and their role in gastrointestinal disease. J.Gastroenterol. Hepatol 2009 doi 10.1111/j.1440-1746.2009.05854.x