Frigid Zone Medicine

Instructions for Authors

General Information

Frigid Zone Medicine (FZM) is a peer-reviewed online journal with quarterly print on demand compilation of issues published. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional/subject-based repository. The official website is at: http://www.frigidzonemedicine.com. All manuscripts must be submitted online via the official online system (http://www.editorialmanager.com/fzm).

Scope of the Journal

This journal publishes articles on the latest research results and leading developments in the field of frigid-zone medicine, providing an international academic platform for the local and overseas researchers of related fields. It aims at building a qualified international medical bridge for academic communication and development, leading the academic study of frigid-zone medicine, promoting the basic and clinical research levels in frigid zones, and improving the academic impact of China in this field.

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to FZM alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. During this process, editors will also check if the manuscripts are prepared according to the Author Instructions and the “International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals” (The Requirements, at http://www.icmje.org/recommendations/). Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that
are unlikely to be of interest to the readers of FZM are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in the Journal are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other’s identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point-by-point response to reviewers’ comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as ‘Ahead of Print’ immediately on acceptance.

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<th>Authorship Criteria</th>
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Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or 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.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each
contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

**Contribution Details**

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. Authors’ contributions will be printed along with the article. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

**Conflicts of Interest/ Competing Interests**

All authors of must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

**Statement of Human and Animal Rights**

For research studies using human or animal subjects, the trial’s design, conduct and reporting of results must conform to Good Clinical Practice guidelines (such as the Good Clinical Practice in Food and Drug Administration (FDA)-Regulated Clinical Trials (USA) or the Medical Research Council Guidelines for Good Clinical Practice in Clinical Trials (UK)) and/or to the World Medical Association (WMA) Declaration of Helsinki. Generally, we suggest that the national standard of the lead investigator be followed. If authors have any doubt as to whether the research was conducted in accordance with the above standards, the rationale for the chosen experimental approach must be clearly presented, along with a statement and proof of explicit approval given by the appropriate Institutional Review Board (IRB, for
human subjects) and/or the Institutional Animal Care and Use Committee (IACUC, for animal subjects) for conducting the doubtful aspects of the study. All research reports that are submitted for consideration of publication in this journal must include statement(s) of proof that the appropriate approvals were obtained from the relevant IRB or research ethics committee. Any manuscript describing a study that used human subjects must include a statement that affirms the experiments were performed with prior informed consent (written or verbal, as appropriate) from each participant. All personal information must be anonymized prior to publication, unless a record of explicit consent from the involved patient(s) has been provided. Any manuscript describing a study that used animal subjects must include a statement in the Materials and Methods section (or text describing the experimental procedures) that affirms all appropriate measures were taken to minimize pain or discomfort, and details of the animals’ care should be provided.

**Informed Consent**

Any research article describing a study (clinical research and case report) involving humans should contain a statement in the title page clearly stating that all involved persons (subjects or legally authorized representative) gave their informed consent (written or verbal, as appropriate) prior to study inclusion. In general, *FZM* requires that any and all details that might disclose the identity of the subjects under study should be omitted or anonymized. In the rare situation that a study participant’s identifiable information is crucial to the case presentation, the statement of informed consent is absolutely necessary, unless the participant is deceased. In addition, a copy of any approval document(s)/letter(s) or waiver should be provided to the *FZM* in PDF format.

**Submission of Manuscripts**

All manuscripts must be submitted on-line through the website (http://www.editorialmanager.com/fzm). First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at editorialoffice@frigidzonemedicine.com. Authors are strongly recommended to read “The Requirements” as mentioned above (http://www.icmje.org/recommendations/) during the preparation of the papers.
The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/peer-review. Generally, the manuscript should be submitted in the form of two separate files:

[1] Title Page/First Page File/covering letter:

This file should provide

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### Preparation of Manuscripts

Manuscripts must be prepared in accordance with "The Requirements" developed by the International Committee of Medical Journal Editors ([http://www.icmje.org/recommendations/](http://www.icmje.org/recommendations/)). The uniform requirements and specific requirement of **FZM** are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. **FZM** accepts manuscripts written in American English.
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**Types of Manuscripts**

**Original articles:**

These include randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

**Introduction:** State the purpose and summarize the rationale for the study or observation.

**Materials and Methods:** It should include and describe the following aspects:

- **Selection and Description of Participants:** Describe your selection of observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population.
- **Technical Information:** Identify the methods, apparatus (give the manufacturer’s name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (http://www.consort-statement.org).
**Statistics:** Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics ($P_{0.048}$). For all $P$ values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

**Results:** Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. 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. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

**Discussion:** Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research).
Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

**Review Articles:**

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

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New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order. The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

**Letter to the Editor:**

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should
not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

**Other:**

Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.

**References**

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation marks. References cited only in 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. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. 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.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (http://www.icmje.org or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

**Articles in Journals**


**Books and Other Monographs**


**Electronic Sources as reference**


**Tables**

- Tables should be self-explanatory and should not duplicate textual material.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
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- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
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- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
• Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.

• Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.

• Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.

• When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.

• The photographs and figures should be trimmed to remove all the unwanted areas.

• If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.

• If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.

• Legends for illustrations: Type or print out legends for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.

• Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

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Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives written informed consent for publication. Authors should remove patients' names from figures
unless they have obtained written informed consent from the patients. When informed consent has been obtained, it should be indicated in the article and copy of the consent should be attached with the covering letter.

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The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the “First Page” or “Covering Letter” file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the ‘referees’ remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

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**Covering letter**

- Signed by all contributors
- Previous publication / presentations mentioned
• Source of funding mentioned
• Conflicts of interest disclosed

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