



SurgiColl
SURGICAL COLLECTIVE

MANUSCRIPT REQUIREMENTS

SurgiColl welcomes articles from all over the world dedicated to the surgical specialties that present significant and new findings.

Papers are accepted for consideration with the understanding that their contents have not been published elsewhere or are currently under review at another journal, that they are of clinical relevance, and that the Editor-in-Chief will oversee its peer review and its ultimate acceptance or rejection. The Editor-in-Chief and the Editorial Board are free from enforcement or conflict of any institution or company for publishing preferences.

The corresponding and / or senior author are expected to register and submit for an ORCID number prior to submission. (click here for free ORCID submission: <http://orcid.org/>).

FILES TO SUBMIT

Cover letter:

The cover letter should state the following:

- Why the authors believe their manuscript warrants consideration for publication
- That the authors have not published or submitted for publication this manuscript or a similar manuscript with similar results in any other journal
- That all the authors have participated in the manuscript, helped in the preparation of the manuscript, and have approved this submission

Title Page:

The title page should be arranged as follows:

- **Title:** Use capital letters for the first letter of each word in the title, except articles, prepositions, and conjunctions
- **Short Title:** Provide a short title of no greater than 50 characters, including spaces.
- **Author names:** Authors should be listed in their preferred order and numbered accordingly. Author names should include full name of each author (CAPITALIZED SURNAME) with the highest degree qualification, and institutional affiliation. (e.g., Gillian Broderick SMITH, MBBS, Central University Hospital, Auckland, New Zealand)
- **ORCID ID:** is mandatory for at least one author, and preferably the first author and /or senior author
- **Study location:** name of the institution where the work was done
- **Corresponding author information:** name, address, telephone number, and email
- **Declaration of conflict of interest:** All submissions must be accompanied by a declaration of conflict of interest. If you have a conflict of interest, please declare the conflict of interest on the title page. If you are unsure if you have a conflict of interest, please write to the Editor-in-Chief explaining your situation and await their advice. Please include the following statement on the title page if you have no conflict of interest: *“The author(s) do NOT have any potential conflicts of interest in the information and production of this manuscript.”*
- **Declaration of funding:** All forms of financial support, including grants or pharmaceutical company support, should be mentioned on the title page. Please include the following statement on the title page if you have no funding support: *“The author(s) received NO financial support for the preparation, research, authorship, and publication of this manuscript.”*
- **Declaration of ethical approval for study:** Please declare the ethical approval obtained for conducting this study. This should include the name of the approving body (Institutional Review Board, Ethics Committee, etc.), the approval number, and the approval date. If your manuscript does not require ethical approval to report its findings, your institution does not require ethical approval for reporting individual cases, case series, etc., or if you have a waiver of ethical approval (e.g., basic science studies involving cadaver specimens etc.), please state so.

- **Declaration of informed consent:** Please declare that there is no information (names, initials, hospital identification numbers, or photographs) in the submitted manuscript that can be used to identify patients. If there is identifiable information and this information is essential for scientific reasons, written informed consent must be obtained from the patient (parent or guardian) and submitted along with the manuscript.
- **Novel Manuscript:** Please declare that the manuscript is not being considered for publication with another journal, the findings of the manuscript have not been previously published, and whether the manuscripts data has been presented (not published) or not.
- **Acknowledgments:** All persons who have made substantial contributions, but have not met the criteria for authorship, should be acknowledged here. Examples include somebody who provided technical help, writing or administrative assistance, or the head of the department that provided general support.

TYPES OF ARTICLES

Original Research (clinical, basic science, or clinical trial):

- The Abstract should not exceed **300 words** and should be **structured** in four sections: *Objectives, Methods, Results, and Conclusion*.
- The Level of Evidence must also be included and is determined by the lowest level study included in the review.
 - Level 1 – Prospective Randomized Clinical Trials
 - Level 2 – Prospective Cohort Studies
 - Level 3 – Retrospective Case Control Studies
 - Level 4 – Retrospective Case Series
 - Level 5 – Expert Opinions
- The manuscript should have a maximum length of **5000 words** and **75 references**, and it should be **structured** in five sections: *Introduction, Methods, Results, Discussion, Conclusion, References, and Legend for Figures/Tables*.

- No patient identifying information can be included.
- No author(s) identifying information including names and affiliations should be included in the abstract or manuscript. If necessary, author(s) initials can be included in the manuscript.
- A maximum of **6 additional materials** (figures and/or tables) are allowed.
- A maximum of **12 authors** are allowed for an Original Research manuscript. The presence of the additional authors must be justified by submitting a cover letter explaining the contributions, otherwise a study group should be formed (see below).
- **SurgiColl** endorses the CONSORT statement. According to the CONSORT checklist and statement, a declaration of transparency should be made for each research article.
(<http://www.consort-statement.org/>)

Scoping Review, Systematic Review, or Meta-analysis:

- Authors may conduct scoping reviews instead of systematic reviews where the purpose of the review is to identify knowledge gaps, scope a body of literature, clarify concepts or investigate research conduct. Scoping reviews still require rigorous and transparent methods in their conduct to ensure that the results are trustworthy.
- These manuscripts should adhere to the PRISMA guideline. (<http://www.prisma-statement.org/statement.htm>)
- The Abstract should not exceed **300 words** and should be **structured** in four sections: *Objectives, Methods, Results, and Conclusion*.
- The Level of Evidence must also be included and is determined by the lowest level study included in the review.
- The manuscript should have a maximum length of **3000 words** and **75 references**, and it should be **structured** in five sections: *Introduction, Methods, Results, Discussion, Conclusion, References, and Legend for Figures/Tables*.
- No author(s) identifying information including names and affiliations should be included in the abstract or manuscript. If necessary, author(s) initials can be included in the manuscript.
- A maximum of **6 additional materials** (figures and/or tables) are allowed.

- A maximum of **6 authors** are allowed for Scoping Reviews, Systematic Reviews, or Meta-Analysis.

Current Concepts Review:

- Authors should focus on a specific topic of broad interest, applicability, or controversy.
- The abstract should not exceed **300 words** and must be written as one **unstructured** paragraph.
- The manuscript should have a maximum length of about **3000 words** and **30 references**, and it should be **structured** in the following sections: *Introduction, Main Text with Subheadings, Conclusion, References, and Legend for Figures/Tables*.
- No author(s) identifying information including names and affiliations should be included in the abstract or manuscript. If necessary, author(s) initials can be included in the manuscript.
- A maximum of **3 additional materials** (figures and/or tables) are allowed.
- A maximum of **6 authors** are allowed for the Current Concept Reviews.

Surgical Technique:

- Authors should focus on a specific surgical procedure of broad interest, controversy, or a technique recently advanced.
- The technique should avoid the use of commercial or proprietary names and elements whenever possible.
- The Abstract should not exceed **150 words** and must be written as one **unstructured** paragraph.
- The manuscript should have a maximum length of about **2000 words** and **10 references**, and it should be **structured** in the following sections: *Introduction, Indications & Contraindications, Surgical Technique (including relevant steps and technical descriptions, Pearls & Pitfalls, Discussion, References, and Legend for Figures/Tables*.
- A maximum of **6 additional materials** (figures and/or tables) are allowed.
- A maximum of **3 authors** are allowed for Surgical Techniques.

Surgical Exposures:

- Authors should focus on a specific surgical exposure.
- The Abstract should not exceed **150 words** and must be written as one **unstructured** paragraph.
- The manuscript should have a maximum length of about **2000 words** and **10 references**, and it should be **structured** in the following sections: *Introduction, Indications, Surgical Technique (including relevant steps and technical descriptions), Pearls & Pitfalls, Discussion, References, and Legend for Figures/Tables.*
- A maximum of **6 additional materials** (figures and/or tables) are allowed.
- A maximum of **3 authors** are allowed for Surgical Exposures.

Case Reports:

- Authors should provide a focused description of a case report following the CARE checklist for case reports. (<https://www.care-statement.org/checklist/>)
- The Abstract should not exceed **150 words** and must be written as one **unstructured** paragraph.
- The manuscript should have a maximum length of about **1000 words** and **30 references**.
- A maximum of **2 additional materials** (figures and/or tables) are allowed.
- A maximum of **3 authors** are allowed for Case Reports.

Guidelines:

- Authors can provide guidelines or policy manuscripts to address broader clinical issues to provide evidenced-based guidance and / or consensus.
- The Abstract should not exceed **300 words** and must be written as one **unstructured** paragraph.
- The manuscript should have a maximum length of **5000 words** and with **no references limit**, and it should be **structured** in five sections: *Introduction, Main Text with Subheadings, Conclusion, References, and Figure/Table Legend.*
- A maximum of **6 additional materials** (figures and/or tables) are allowed.
- There is **no author limits** for Guidelines.

Letter to the Editor:

- Letters to **SurgiColl** are accepted and accepted at the Editor-in-Chief's discretion without peer review. Letters should reference the title and authors of the article they are in response to and should be no longer than **500 words** with no more than **10 references**. It should not include an Abstract.
- Letters to the Editor will be sent to the referenced article's author(s) for response prior to publication. The Editor-in-Chief's will make the final decision on whether the Letter to the Editor and the rebuttal are published.
- No **additional materials** (figures and/or tables) are allowed.
- A maximum of **3 authors** are allowed for Letters to the Editor.

MANUSCRIPT PREPARATION

We highly recommend reviewing guidelines before preparing your scientific manuscript. Two valuable resources include the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (http://www.icmje.org/urm_main.TML) by the International Committee of Medical Journal Editors (ICMJE) and the *EASE Guidelines for Authors and Translators of Scientific Articles to be Published in English* (<http://www.ease.org.uk/guidelines/index.shtml>) by the European Association of Science Editors (EASE).

General Requirements:

- Manuscripts must be prepared in English.
- Font should be Times New Roman, font size 12, with double-spaced lines.
- Page layout should include continuous line numbering, margins set at 2.5 cm, and left-hand justified only.
- Page numbers should be placed at the bottom and center of the page.
- Insert the Short Title in the header of the page.
- Page Break to separate each section of Introduction, Methods, Results, Discussion, Conclusion, References, and Figure Legends.

Formatting Requirements:

- Use Brackets for Figure and Table numbers in **Bold**, (e.g., **[Figure 1]**)
- Use *Italic* style for *P values* with CAPITAL P.
- Note: *et al.* within the text should be *italicized*.
- Numbers less than ten should be spelled out, e.g., '5' should be written as 'five.'
Numbers 10 and greater should be in Arabic numerals; therefore, 3,456 (not three thousand, four hundred and fifty-six).
- Avoid starting a sentence with a number.
- Use Standard International metric units. (e.g., avoid inches, feet, yards)

Abstract:

A structured abstract with 300 words maximum is used for Original Research, Scoping Reviews, Systematic Reviews, and Meta-Analysis. The Abstract should include:

- **Title of Paper** (Capitalize Each Word)
- **Objectives:** Describe the rationale, importance, or objective of the study in one or two sentences.
- **Methods:** Describe the procedures conducted to achieve the objective of the study with details concerning how data were obtained and analyzed.
- **Results:** The most important results and analysis of the study should be presented with specific experimental data. Relevant numerical data should be included.
- **Conclusion:** The conclusions derived from the results should be described in one or two sentences, and must match up with the objective of the study.
- **Keywords:** 5 keywords should be listed in the following order: anatomical name (illness), diagnosis, and treatment. Authors are recommended to use the Medical Subject Headings (MeSH).
- **Levels of Evidence:** A Level of Evidence (I-V) must be provided for all clinical studies (not required for laboratory/ basic science studies). Please use this document to identify the 'Level of Evidence' for your article. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4671889/>

Manuscript Sections:

Original Research, Scoping Reviews, Systematic Reviews, and Meta-Analysis should include the following sections:

- **Introduction:** State the purpose of the study and summarize its rationale and provide relevant background justify the need of the study.
- **Methods:** Provide enough information for the reader to understand the method(s) without reference to another work. Methods can be written in continuous prose with generous use of paragraphs or sub-headings. The following issues should be covered:
 - Demographics of the patients or subjects
 - Inclusion and exclusion criteria
 - Study design
 - Interventions, treatment
 - Methods of measurement
 - Statistical analysis
 - Compliance with the ethical standards in the 1964 Declaration of Helsinki for all papers
 - Document approval of the study by the local institutional review board (IRB) and state that informed consent was obtained.
 - In case of interventional clinical trials, provide the trial's registration number and the name and URL of the registry.
 - No data or images revealing the identification of patients or healthy volunteers should be presented in the manuscript. If identifying data or images are deemed vital, a signed consent form from the patient/volunteer or person authorized to give consent, permitting publication in both print and electronic versions of the journal, must be available.
- **Results:** Concisely summarize the study findings. It is important to avoid including methods or discussion in the results section. The reader should be helped to see exactly what has happened, using a combination of text, tables, and figures. The expert advice of a statistician should be used. Good visual presentation is often the best way of making the data precise. Figures should be clear, and the legend should explain the figure without referencing the text.

- **Discussion:** Review the study's major findings and their significance relative to the current known literature. The hypothesis raised in the introduction should be reconciled. Specifically, the discussion should explain why the results support the hypothesis or why they do not. Avoid simply repeating the results' findings in the discussion section. Close the discussion section by reviewing the study's limitations and suggest directions for future research.
- **Conclusions:** The major study findings should be concisely stated and their potential clinical implications should be offered.

References:

- References follows the American Medical Association (AMA) Manual of Style (11th Ed, 2020). This was created by editors of the Journal of the American Medical Association (JAMA) and specifies writing and citation styles for scholarly works in medicine.
- Free online citation generators can help authors automatically generate citations in the AMA format, including:
 - www.citethisforme.com
 - www.bibguru.com
 - www.mybib.com
 - www.edubirdie.com
 - www.papersowl.com
- Authors are responsible for the accuracy of references. All references must be cited in the text. Always consult the primary source and never cite a reference you have not read. Please cite only essential references.
- References should be numbered in the order they are cited in the manuscript.
- **Reference formatting:**
 - **Authors:** List their last name and the initials of their first and middle names. Separate author names with commas. Do not use periods between initials. If there are one to six authors, list all authors. If there are seven or more authors, list the first three and then abbreviate with et al.

- *Editors*: Follow the same rules as authors for formatting and determining how many editors to list. After the list of editor names, include "ed." (if one editor) or "eds." (for two or more).
 - *References without Authors or Editors*: begin the citation with the title of the item.
 - *Title*: List full article/chapter title. Capitalize only first letter of first word, acronyms, and any proper nouns.
 - *Abbreviate* journal names using National Library of Medicine Abbreviations.
- **Journal articles:**
 - Author Last Name First Initial Middle Initial. Title of article. *Accepted Abbreviation of Journal Title* Year; Volume:Inclusive Page Numbers. doi.(if available)
 - In listed references, the names of all authors should be given unless there are more than 6, in which case the names of the first 3 authors are used, followed by "et al."
 - **Examples:**

Morris JL, Kraus DM. New antiretroviral therapies for pediatric HIV infection.

J Pediatr Pharmacol Ther 2005;10:215-247.

Overholser BR, Kays MB, Forrest A, et al. Sex-related differences in the pharmacokinetics of oral ciprofloxacin. *J Clin Pharmacol* 2004;44:1012-1022.

Roumie CL, Zillich AJ, Bravata DM, et al. Hypertension treatment intensification among stroke survivors with uncontrolled blood pressure. *Stroke* 2015;46:465-470. doi:10.1161/STROKEAHA.114.007566.

- **Internet sites:**
 - Authors (if indicated). Organization responsible for the site. Title of page or document. Available at: URL. Accessed Month day, year.

- **Examples:**

Food and Drug Administration. MedWatch. Available at: <http://www.fda.gov/medwatch/index.html>. Accessed June 13, 2007.

American Diabetes Association. Gestational diabetes. Available at: <http://www.diabetes.org/gestational-diabetes.jsp>. Accessed June 13, 2007.

- **Books:**

- Editor's Last Name First Initial Middle Initial followed by "eds". *Title of Book*. Edition number. City of publication, State Abbreviation: Name of Publisher; Year.

- **Example:**

Tisdale JE, Miller DA, eds. *Drug-Induced Diseases: Prevention, Detection and Management*. 1st ed. Bethesda, MD: American Society of Health-System Pharmacists; 2005.

- **Book Chapter:**

- Chapter Author Last Name First Initial Middle Initial. Title of chapter. In: *Name of Book*. Edition Number. Editors Last Name First Initial Middle Initial, eds. City of publication, State Abbreviation: Name of Publisher; Year.

- **Examples:**

Calis KA, Sheehan AH. Formulating effective responses and recommendations: A structured approach. In: *Drug Information: A guide for pharmacists*. 4th ed. Malone PM, Kier KL, Stanovich JE, eds. New York: McGraw Hill; 2012.

Scott SA. The prescription. In: *Remington: The Science and Practice of Pharmacy*. 21st Edition. Beringer P, Gupta PK, DerMarderosian A, et al., eds. Philadelphia PA: The University of the Sciences in Philadelphia; 2005.

- **Other:**

- **Personal Communication Example** – written as statements within the text, including email and listserv messages; permission should be obtained from the author: In a conversation with A. H. Sheehan, PharmD (August 2007)...
- **Government Agency Publication Example**
US Department of Health and Human Services. National Heart Lung and Blood Institute Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Washington, DC: U.S. Public Health Service, 1998.
- **Poster Presentation Example**
Schellhase EM, Abel SA, Carlstedt BC. An interdisciplinary collaboration: the development of a pharmacology course for a doctor of physical therapy program. Presented at: American Society of Health-System Pharmacists Annual Meeting; June 2, 2003; San Diego, CA.

Citations in the text of your manuscript:

- Citations are to be included for any information quoted or paraphrased from a source.
- All citations should be marked in consecutive numerical order by means of superscript Arabic numerals.
- Place the number directly after the fact, idea, or quotation that is being cited.
- If a reference is used multiple times in one document, use the same number throughout the document.
- Use superscript numerals outside periods and commas, and inside colons and semicolons. Example: The derived data were as follows^{3,4}:
- Use commas (without space) to separate multiple citation numbers in text, but use a hyphen if you are citing consecutive citation numbers. Example: As reported previously,^{1,3-8,19}
- References should be numbered according to the citation order in the text.
- If reference has 2 authors, use both their last names. If the reference has more than 2 authors, use the first author's last name followed by "et al" (Latin phrase meaning "the others"). Examples: Smith¹ reported...; Smith and Johnson² reported... Smith et al³ reported...

- Unpublished works and personal communications should not be included in the reference list, but may be included in the text by enclosing within parenthesis.
- Avoid placing a superscript reference citation immediately after a number or a unit of measure. Example: The two largest studies to date included 35 patients² and 40 patients.³
- If you are using a figure/table from another source, cite it after the legend/title. Example: Figure 1. Structure of salbutamol.⁷
- If you use a direct quotation from another work, you should enclose the quotation within quotation marks. Example: The engineer announced that “the house was built on solid ground.”³⁸

Tables and Charts:

- This should be created in Microsoft Excel or Microsoft Word (using "Insert Table").
- Tables must be editable; tables not editable will be returned.
- Each table should be submitted separately, with the table legend in the first row of the table.
- Do not include the table legend at the end of the manuscript. All tables should be cited in the text sequentially (They should be inserted in brackets: **[Figure 1 and 2] [Figure 1; Table 2]**).
- Abbreviations used in tables must be addressed scientifically. Instructions are the same for charts.
- Literature review tables should be listed from the left side, starting with the first author's last name, et al., and the publication date. References listed in a literature review table must also be addressed in the Reference section of the manuscript.

Figures:

- Figures and images of the radiologic studies should be reproduced in their best quality. Authors are responsible for providing high-resolution images. If images do not meet our requirements, we will return them and ask for higher quality.

- *File Requirements:* Acceptable format is JPEG/PNG with a minimum of 300 dpi. Submit each figure separately and name it correctly (i.e., Figure1.jpg). For figures containing more than one part, use letters.
- *Charge for Printing Color Figures:* The journal's current policy requires **no** charge to include black and white or color figures in the print version of the paper.
- *Photographs and Graphs:* Remove all information that reveals the identity of study participants. If there is a potential risk of identification, the participant must be informed and sign the patient consent form ([link to patient consent form](#)). Y and x-axis of the graphs should be addressed.
- *Original Figures:* Authors should assign transfer, all copyright ownership of previously unpublished figures to the ABJS by signing the Copyright form ([link to copyright form](#)).
- *Previously published figures and tables:* Authors must ask for signed permission from the copyright owner to reproduce the figure or table if they have already been published in another journal before.

Forms for Submission:

1. Conflict of Interest Form
2. Author Contribution Form
3. Article Publishing Cost Agreement Form

MANUSCRIPT PROCESSING

All manuscripts submitted to **SurgiColl** are subject to peer review through an electronic process. Manuscripts are usually reviewed by a minimum of two reviewers selected from a reviewer database according to specific expertise, editorial board recommendation, and the Editor-in-Chief's selection. The reviewers are encouraged to complete the review within three weeks. The reviewers assess the paper's suitability for publication against defined criteria. The reviewer is looking for a paper written with clarity in grammatically correct English. It should be original and the conclusions supported by robust statistics and ethically sound data. The paper should present a coherent story. It is important that the paper fits the aims and scope of the journal.

The Editor-in-Chief will make the final decision regarding publication, based upon the reviewer's comments. If the paper is not accepted for publication, a revision may be requested. Authors must review and respond to the recommendations made by the reviewers and the editor before resubmitting the article.

Editors & Reviewers:

- **SurgiColl** editors are invited subject matter experts that provide manuscript reviews, identify qualified reviewers, and advise on manuscript acceptance.
- **SurgiColl** editors adhere to the principles of the Singapore Declaration, and the authors are advised to familiarize themselves with the statement:

<http://www.singaporestatement.org/statement.html>

- **SurgiColl** reviewers are required to have a terminal degree (e.g. MD, DO, MBBS, or PhD), have a minimum of 3 peer-reviewed publications, and have established expertise in the area of the manuscript's concentration.
- **SurgiColl** reimburse reviewers for their time and expertise.

Manuscript Preparation:

- **Submission PDF:** Upon receipt of a completed manuscript submission through the submission platform, a submitted PDF will be produced that will require approval by the corresponding author. Upon approval, the submitted manuscript will be reviewed to confirm that the submission meets the manuscript requirements outlined here. If it does not, the manuscript will be returned to the corresponding author to remedy. If the manuscript meets the submission requirements and proper formatting, it will be forwarded to the Editor-in-Chief to begin the peer review process. In addition, all co-authors will be notified by email about the submission.
- **Page proofs:** Upon acceptance of a manuscript by the Editor-in-Chief, the corresponding author will receive page proofs for final checking.
- **Publication Time:** After checking and acceptance of the page proof, an email will be sent to the corresponding author, and timelines of the acceptance date and print date will be informed. The Editor-in-chief will decide when to publish a paper.

- **Publication process:** After the Editor-in-Chief has accepted a paper for publication, it is transferred electronically to the production office. Typically, the paper is copyedited, and any minor errors in spelling and grammar are corrected. The paper is then typeset in the journal style, and a PDF of the paper is produced.
- **PDF Publication:** Once the publication fee has been processed, the PDF will be posted on the *SurgiColl's* website, and will be freely accessible to all without a subscription or fees.

Manuscript Rejection:

Manuscripts failing the peer review process will be returned to the corresponding author.

Manuscript Withdrawal:

Articles that have been published shall remain exact and unaltered as far as is possible.

However, circumstances may arise where an article is published that must be retracted or removed later. Such actions will not be undertaken lightly and will only occur under exceptional circumstances, such as:

- **Article Withdrawal:** Used for Articles in press, which represent early versions of articles and sometimes contain errors, or may have been accidentally submitted twice. Occasionally, the articles may represent infringements of professional, and ethical codes, such as multiple submissions, bogus claims of authorship, plagiarism, fraudulent use of data, or the like.
- **Article Retraction:** Infringements of professional, ethical codes, such as multiple submission, bogus claims of authorship, plagiarism, fraudulent use of data, or the like.
- **Article Removal:** Legal limitations upon the publisher, copyright holder, or author(s).
- **Article Replacement:** Identification of false or inaccurate data that, if acted upon, would pose a serious health risk.

Authorship:

SurgiColl endorses the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org>) criteria for authorship.

- **ICMJE Criteria for Authorship:** should reflect all 4 of the following:

- "Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work" AND
 - "Drafting the article 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."
- **Author Contribution Form:** All listed authors are held responsible for their contributions to the paper and must complete the Author Contribution Form.
 - **Group Authorship:** In manuscripts with greater than 12 authors, including multi-center or multi-national clinical trials, up to 6 authors can be selected to represent the group and take responsibility for the manuscript. All 6 authors also should meet all four ICMJE criteria for authorship mentioned before. They all must sign the Author Contribution Form. The remaining co-authors will be listed in the appendix as a member of the "Study Group", which will be named and listed in the author heading on the manuscript and upon future citation.
 - **Authors in Industry-sponsored Clinical Trials:** The author must state a disclosure for access to all data and their analysis in studies sponsored by a drug manufacturing company or a surgical device company. This disclosure should be submitted as a letter when the main manuscript is submitted as well as noted on the Title Page. The author should state: "*The manufacturer did not influence what is reported in the manuscript.*"
 - **Corresponding Author:** The corresponding author holds and guarantees the transparency of the study. This author represents all authors in communicating with the journal and the reviewers. This author is also expected to be available and responsive by email in a timely manner.

Special Considerations:

- **Confidentiality of Patient Identity:** No names, initials, dates of birth, or any clues that can lead to identifying the patient or volunteer should be revealed in the manuscript. This information could be manuscript text, figures, imaging studies, or tables.

- **IRB Approval:** In the Methods section of the manuscript, it should be stated that the relevant institutional review board (IRB) or ethics committee approved the study protocol. The human subject identifier code should be presented to us. The Editor-in-Chief reserves the right to request and review the IRB approval or exemption letter if necessary.
- **Studies Involving Human Stem Cells and DNA Recombinants:** such Studies must follow the principles set in the Guidelines for Research Involving Recombinant DNA Molecules issued from US National Institutes of Health (<http://grants.nih.gov/grants/guide/notice-files/not-od-02-052.html>). Authors should disclose the protocol in the methods section.
- **Scientific misconduct:** In any case of scientific misconduct, or the suspicion of this matter, the **SurgiColl** will forward that manuscript to an appropriate authority (e.g., the authors' institution) for investigation. After the investigation has been done, the **SurgiColl** will act to withdraw manuscript (if being reviewed) or retract the paper (if published).
- **Plagiarism:** All manuscripts will be reviewed for plagiarism and duplication (<https://www.doccop.com/index.html>). The accepted threshold is up to 15%, and more than this percentage is not acceptable. All contents should provide a clear reference to the previous work. Use quotation marks for addressing an identical work of others. It is acceptable to paraphrase or quote as long as the original work is referenced. For longer quotations, the author should ask permission from the copyright. **SurgiColl** will execute further steps in case of any conflicts. <http://publicationethics.org/resources/flowcharts>)