

## INSTRUCTION FOR AUTHORS

Thank you for your interest in AME Case Reports (ISSN 2523-1995; AME Case Rep; ACR; <http://acr.amegroups.com/index>). Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. All material to be considered for publication in AME Case Reports should be submitted in electronic form via journal's online submission system ([acr.amegroups.com](http://acr.amegroups.com)). We are looking forward to your submission.

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### 1. ABOUT THE JOURNAL

AME Case Reports (ISSN 2523-1995; AME Case Rep; ACR; <http://acr.amegroups.com/index>) is an international, open access, peer-reviewed online journal publishing original and educationally valuable case reports. ACR covers all medical disciplines including oncology, pulmonology, cardiothoracic disease and urology etc.. The journal aims to provide clinically information on common and rare cases for healthcare professionals, researchers and others.

The high quality of its content is assured by a rigorous

review process and supervised by a strong editorial board. All submissions are reviewed by the Editor-in-Chief, Associate Editors or Editorial board members, as well as invited referees. The entire submission is managed through OJS system, an electronic system to provide an efficient way and ensure a rapid turn around of papers submitted for publication. See more at Information for Authors.

ACR is indexed in PubMed and PMC in July 2018.

Submission Turnaround Time:

- External peer review: 3-4 weeks
- Revision time: 2-4 weeks
- Acceptance to Publication: 2-3 weeks

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### 2. MANUSCRIPT CATEGORIES

#### Case Report

Word limit: 2,000 words maximum excluding abstract, references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of sub-headers).

**Description:** It is supposed to report new observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in the fields of medicine. The text should be arranged as follows: Introduction, Case Presentation, Investigations (if relevant), differential diagnosis (if relevant), treatment (if relevant), outcome and follow-up, patient's perspective (if relevant), Discussion. There is no limit on the numbers of figures, tables or references. Video files are appreciated. (More information see section "**STRUCTURE OF THE MANUSCRIPT**".)

The authors should provide a statement in foot note to confirm that the patient has given their consent for the Case reports to be published and send a copy of the informed consent in submission. We recommend the following wording 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.

### **Image in Clinical Medicine**

**Word limit:** 500 words maximum excluding references, and figures. No abstract are required.

**Description:** Image in Clinical Medicine articles are 1 or 2 striking and clinically important images with a brief description and an educational message. The title should contain no more than eight words. Image in Clinical Medicine is intended to capture the sense of visual discovery and variety of physicians’ experience and will be reviewed.

### **Visualized Article**

**Word limit:** 2,000 words maximum excluding abstract, references, tables and figures.

**Abstract:** 300 words maximum, unstructured (no use of sub-headers).

“Visualized Article” is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed “how to” multimedia manual for specific procedures, e.g. surgical techniques. The submitted videos of each article must have a maximal limit of twenty minutes in duration and it must be accompanied with descriptive text. The text should include four subheadings– Abstracts, Introduction, Specific Techniques and Comments. The abstract is limited to 300 words. The main section on Specific Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, ACR reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

## **3. STRUCTURE OF THE MANUSCRIPT**

The length of manuscripts must adhere to the specifications

under the section Manuscript Categories. Manuscripts should be presented in the following order: (i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) footnote, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures.

### **Title Page**

The title page should contain (i) the title and running title of the paper. The title should be concise, specific and informative. The words “case report” and the area of focus should appear in the title (e.g. presentation, diagnosis, surgical technique or device or outcome). A short running title (less than 60 characters) should also be provided. (ii) the full names of the authors (first name, then family name) and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote.

### **Abstract And Keywords**

The un-structured abstract should be comprehensible to readers before they have read the paper. Do not use reference, table or figure in the abstract. The use of abbreviations and acronyms should be limited and general statements (e.g. “the significance of the results is discussed”) should be avoided. For surgical case report, we recommend briefly including 1) What is unique or educational about the case? What does it add to the surgical literature? Why is this important? 2) The patient’s main concerns and important clinical findings. 3) The main diagnoses, therapeutic interventions, and outcomes. 4) What are the “take-away” lessons from this case?

For subject indexing, three to six key words should be given below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

### **Text**

The text should be arranged as follows: Introduction, Case Report, Discussion.

For the surgical case report, ACR is pleased to support the SCARE Statement: Consensus-based surgical case report guidelines (link to SCARE guidelines).

## Acknowledgments

- a. All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairman who provided only general support. Financial and material support should also be acknowledged.
- b. Funding: Details of all funding sources for the work in question should be included in the Acknowledgment section.

The following rules should be followed:

The sentence should begin: “This work supported by...”;

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 XXX]”. Multiple grant numbers should be separated by a comma as follows: “[grant numbers XXX, YYY]”;

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]”.

- c. When there is nobody or funding to be acknowledged, please describe as “None”.

## Footnote

- a. Conflicts of Interest: See section “Conflicts 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, this section should be removed.
- c. Informed Consent: See section “Informed Consent” for details.

## References

In the text, references should be cited using Arabic numerals in round brackets in which they appear consecutively [e.g.,

“cancer-related mortality (19)”; “heart failure (29,30)”. If cited in tables or figure legends, number according to the first identification of the table or figure in the text.

In the reference list, cite the names of all authors when there are three or fewer; when three or more, list the first three followed by et al. Do not use *ibid.* or *op cit.* Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in Pubmed. Authors are responsible for the accuracy of the references.

The format of reference sees as follow.

### ❖ Journal article

e.g.: Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet* 1986; 19: 254-52.

### ❖ 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.

e.g.: Furuya R, Takahashi R, Furuya S, et al. Is urethritis accompanied by seminal vesiculitis? *Int J Urol*. DOI: 10.1111/j.1442-2042.2009.02314.x

### ❖ Book

e.g.: Ernstoff M. *Urologic Cancer*. Blackwell Science, Boston, 1997.

### ❖ Chapter in a Book

e.g.: Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds). *Bladder Reconstruction and Continent Urinary Diversion*. Year Book Medical, Chicago, 1987; 204-5.

## Tables

Tables should be self-contained and complement, but not duplicate information contained in the text. All tables should be numbered 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. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡,

§, ¶, should be used (in that order) and \*, \*\*, \*\*\* should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

If tables have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials during paper submission. Plus, when a manuscript is accepted for publication, please provide us with the tables in tabular form which is convenient for copyediting and typesetting.

### Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be numbered consecutively in the order of reference in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials.

**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 1,000 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 print in the Journal.

**Line figures:** Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

**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.

**Figure legends:** Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/ explain all abbreviations and units of measurement.

### Video files

ACR will accept digital files in mp4, flash video (flv.), MPEG (MPEG video file), DVD video format, mov, avi etc.. Video files can be submitted with a manuscript online: <http://acr.amegroups.com/pages/view/submit-multimedia-files>.

**Duration:** Video files should be limited to 20 minutes.

**Quality:** Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280\*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

**Text in video:** All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be erased from the video.

**Video legends:** Legends for the video files should be provided. The video files should be numbered consecutively in the order of reference in the text.

### 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”.

### Equations

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

## 4. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: <http://www.ICMJE.org/>.

**Author name:** Each author's given name should be followed by family name.

Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region

Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

**Spelling:** The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam–Webster’s Collegiate Dictionary.

**Units:** All measurements must be given in SI or SI- derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>.

**Abbreviations:** Must be used sparingly – only where they ease the reader’s task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

**Trade names:** Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

## 5. REVIEW PROCESS

Manuscripts are assigned sequentially to Science Editors. An Science Editor solicits reviewers (typically, two external reviews are sought). The reviewers’ evaluations and Science Editor’s comments are compiled by the Editor-in-Chief for disposition and transmittal to the authors. A decision is made usually within four weeks of the receipt of the manuscript.

The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within two weeks of decision; major revisions within three weeks. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief and Science Editor find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the re-view process for manuscripts felt to be of high priority in order to reach a rapid decision. Such ‘fast-track decisions’ will normally occur within one week of receipt of the manuscript.

Authors may provide the Editor-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing who would be competent to referee the work, although the Editor-in-

Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.

The Editor-in-Chief’s decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write to the Editor-in-Chief.

All journals Manuscripts should be written in a clear, concise, direct style so that they are intelligible to the professional reader who is not a specialist in the particular field. When contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between authors and readers. If extensive alterations are required, the manuscript will be returned to the author for revision.

## 6. 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 the Declaration of Helsinki (as revised in Edinburgh 2000), available at: <http://www.wma.net/en/30publications/10policies/b3/>. 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).

In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.

Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

## 7. 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 or Image in Clinical Medicine (if relevant). 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).

## 8. POLICIES ON CONFLICT OF INTEREST

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

Conflict of Interest exists 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.

### (1) Participants

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.

#### a. Authors

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.

#### b. Peer Reviewers

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that

could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

### c. Editors and Journal Staff

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

### (2) Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- ❖ Authors' conflicts of interest; and
- ❖ Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- ❖ 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 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.”.

## 9. COPYRIGHT

AME Publishing Company owns copyright to papers accepted for publication in ACR. Copyright materials cannot be reused or printed without consent from the publishing company. To obtain any permission, please contact [acr@amegroups.com](mailto:acr@amegroups.com).

The author will be granted to use materials of the article without any cost but application is still required.

## 10. SUPPORTING INFORMATION

Supporting Information is provided by the authors to support the content of an article but they are not integral to that article. They are hosted via a link on Synergy but do not appear in the print version of the article. Supporting Information must be submitted together with the article for review; they should not be added at a later stage. They can be in the form of tables, figures, appendices and even video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to a piece of Supporting Information may indicate that it would be better suited as a proper reference or fully included figure/table. The materials will be published as they are supplied and will not be checked or typeset in any way. All Supporting Information files should come with a legend, listed at the end of the main article. Each figure and table file should not be larger than 5MB.

## 11. SUBMISSION OF MANUSCRIPTS

Manuscripts must be submitted online at: <http://acr.amegroups.com/login>

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

### General

All articles submitted to the Journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

- ❖ Submissions must be double-spaced.
  - ❖ All margins should be at least 30 mm.
  - ❖ All pages should be numbered consecutively in the

top right-hand corner, beginning with the title page.

- ❖ Do not use Enter at the end of lines within a paragraph.
  - ❖ Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
  - ❖ Specify any special characters used to represent non-keyboard characters.
  - ❖ Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for (Greek beta).
  - ❖ Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells).

Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high-resolution figures (at least 300 d.p.i.) saved as .eps or .tif files should be uploaded. Digital images supplied only as low-resolution files cannot be used for publication.

### Cover Letter

Papers are accepted for publication in the Journal on the understanding that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium. This must be stated in the covering letter.

The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified.

### Suggest Reviewers

Authors could suggest three reviewers to the Editorial Office during the online submission of the manuscript.

## 12. PROOFS

It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production. Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the essential correction of errors are unacceptable at PDF

proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue. Acrobat Reader will be required in order to read the PDF. This software can be downloaded (free of charge) from the following Web site: <http://www.adobe.com/products/acrobat/readstep2.html>. This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof.

### 13. ARTICLE PROCESSING CHARGES

Journal Title	Article Processing Charges (USD)
AME Case Reports (ACR)	\$ 690*
* Free of charge for all invited articles, and those submitted by ACR's editorial members.	

What do the article processing charges pay for?

Article processing charges pay for:

- Immediate, worldwide open access to the full article text;
- Developing and maintaining electronic tools for peer review and publication;
- Preparation in various formats for print & online publication;
- Securing inclusion in PubMed/PubMed Central (PMC), ScholarOne and Google Scholar etc., enabling electronic citation in other journals that are available electronically.

When and how to pay the article processing charges?

Once your article is accepted, the editorial office will send you payment instructions, a bill number and a Paypal account in the final decision letter. After payment, please send the PAYMENT PROOF (bank slip or screenshot) to [acr@amegroups.org](mailto:acr@amegroups.org) and [cc\\_accounting@amepc.org](mailto:cc_accounting@amepc.org). Your article will be proceeded with copy-editing and type-setting soon after the payment has been received.

### 14. TRACKING MANUSCRIPTS

#### 1) Before Acceptance

Authors can track your manuscript's progress through the review process at: <http://acr.amegroups.com>

#### 2) After Acceptance

Author Services enables authors to track their article, once it has been accepted, through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated emails at key stages of production so they do not need to contact the production editor to check on progress.

### 15. ACR ONLINE

For more information, visit the journal home page at: <http://acr.amegroups.com>

If you have any questions, please feel free to contact us through the email ([acr@amegroups.com](mailto:acr@amegroups.com)).