

BioMedicine, a peer-reviewed, open access quarterly journal, publishes high-quality scientific research in the fields of precision medicine with the goal of promoting and disseminating medical knowledge to improve global health. Articles of interest on clinical, laboratory, and social research in precision medicine and articles regarding health issues and herbal medicine are eligible for consideration. Reviews, originals, case reports, short communications, and letters to the editor are also accepted.

1. Manuscript Submission

Manuscripts should be submitted to the online article submission and editorial system :<http://www.editorialmanager.com/bmdcn/default.aspx>

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1.1. Important Information

Articles submitted should be in Microsoft Word document format and prepared in the simplest form possible. We will add in the correct font, font size, margins and so on according to the journal's style.

1.2. Supporting Documents

The following documents must be included (refer also to the Checklist that follows these author instructions):

Cover Letter. This must include the name, address, telephone and fax numbers, and e-mail address of the corresponding author.

Authorship Statement. You may use the form that follows these author instructions. ALL the authors' signatures must be included.

Conflict of Interest Statement. You may use the form that follows these author instructions. Also see Section 2 below.

Copyright Transfer Agreement. You may use the form that follows these author instructions.

Ethics Statement. Articles covering human or animal experiments must be accompanied by a letter of approval from the relevant review committee or authorities. Also see Section 3 below.

Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication. Also see Section 4 below.

Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from each subject who can be identified. Also see Section 5 below.

Where material has been reproduced from other copyrighted sources, the letter(s) of permission from the copyright holder(s) to use the copyrighted sources must be supplied.

2. Disclosure of Conflicts of Interest

All authors are required to sign and submit a financial disclosure statement at the time of manuscript submission, for example:

I certify that all my affiliations with or financial involvement in, within the past 5 years and foreseeable future, any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript are completely disclosed (e.g., employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, royalties).

Authors who have no relevant financial interests should provide a statement indicating that they have no financial interests related to the material in the manuscript. Any non-financial conflicts of interest should also be explicitly declared in your own words.

3. Ethical Approval of Studies and Informed Consent

For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (World Medical Association. Declaration of Helsinki: ethical principles for medical research involving human subjects. Available at: <http://www.wma.net/en/30publications/10policies/b3/index.html>).

For investigations in humans, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adults and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (ex. oral or written).

For work involving experimental animals, the guidelines for their care and use should be in accordance with European Commission Directive 86/609/EEC for animal experiments (available at http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm); this should be stated in the methods section of the manuscript.

4. Reporting Clinical Trials

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (available at <http://www.consort-statement.org>). This Journal has adopted the proposal from the International Committee of Medical Journal Editors (ICMJE) that require, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) do not require registration. Further information can be found at <http://www.icmje.org>.

5. Identification of Patients in Descriptions, Photographs and Pedigrees

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs and pedigrees should be obtained from all subjects (parents

or legal guardians for minors) who can be identified (including by the subjects themselves) in such written descriptions, photographs or pedigrees. Such persons should be shown the manuscript before its submission. Omitting data or making data less specific to de-identify patients is acceptable, but changing any such data is not acceptable.

6. Previous Publication or Duplicate Submission

Submitted manuscripts are considered with the understanding that they have not been published previously in print or electronic format (except in abstract or poster form) and are not under consideration in totality or in part by another publication or electronic medium.

7. Basic Criteria

Articles should be written in English (using American English spelling) and meet the following basic criteria: the material is original, the information is important, the writing is clear and concise, the study methods are appropriate, the data are valid, and the conclusions are reasonable and supported by the data.

8. Article Categories

8.1. Review Articles

These should aim to provide the reader with a balanced overview of an important and topical subject in the field, and should be systematic and critical assessments of literature and data sources. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

By invitation only. The format for review articles will be jointly decided by the Editors and the contributing author. Typical length: no more than 4000 words, 50–100 references.

8.2. Original Articles

These may be randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Acknowledgments (if applicable), Conflicts of Interest (if any), and References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, or data sources and how these were selected for the study, patient samples or animal specimens used, explain the laboratory methods followed), and state the statistical procedures employed in the research.

The Results section should comprise the study results presented in a logical sequence,

supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of any interventions, the main outcome measures, and the main results.

The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results. Typical length: no more than 5500 words, 40–80 references.

8.3. Case Reports

These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques, novel use of equipment, or new information on diseases of importance. Section headings should be: Abstract, Introduction, Case Report, Discussion, Acknowledgments (if applicable), Conflicts of Interest (if any), and References.

The Introduction should describe the purpose of the report, the significance of the disease and its specificity, and briefly review the relevant literature.

The Case Report should include the general data of the case, medical history, family history, chief complaint, present illness, and clinical manifestation, methods of diagnosis and treatment, and outcome.

The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar previously reported cases. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention. Typical length: no more than 1500 words, 20–40 references.

8.4. Short Communications

These should be concise presentations of clinical or preliminary experimental results. Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Acknowledgments (if applicable), Conflicts of Interest (if any), and References.

Typical length: no more than 1000 words, 20–40 references, with no more than four figures or tables. The Editors reserve the right to decide what constitutes a Short Communication.

8.5. Letters to the Editor

Letters are welcome in response to previously published articles, and may also include interesting cases that do not meet the requirement of being truly exceptional, as well as other communications of general interest. Letters should have a title and include appropriate references, and include the corresponding author's mailing and e-mail addresses. Letters are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of the Editors. Letters are selected based on clarity, significance, and space. Typical length: no more than 600 words, 5–10 references; 1 table and/or 1 figure may be included.

8.6. Editorials

Editorials are invited articles or comments concerning a specific paper in the Journal or a topical issue in the field. While normally invited, unsolicited editorials may be submitted. Typical length: no more than 1500 words, 15–30 references.

9. Manuscript Preparation

Text should be typed double-spaced on one side of white A4 (297 × 210 mm) paper, with outer margins of 2.5 cm. A manuscript should include a title page, abstract, text, acknowledgments (if any), conflicts of interest statement (if any), references, and figures and tables as appropriate. Each section of the manuscript should begin on a new page. Pages should be numbered consecutively, beginning with the title page.

9.1. Title Page

The title page should contain the following information (in order, from the top to bottom of the page):

category of paper

article title

names (spelled out in full)* of all the authors, and the institutions with which they are affiliated; indicate all affiliations with a superscripted lowercase letter after the author's name and in front of the appropriate affiliation

corresponding author details (name, e-mail, mailing address, telephone and fax numbers)

*The name of each author should be written with the family name last, e.g., Jing-Lin Chang. Authorship is restricted only to direct participants who have contributed significantly to the work.

9.2. Abstract and Keywords

Abstracts should be no more than 300 words in length. Abstracts for Original Articles should be structured, with the section headings: Background/ Introduction, Purpose(s)/Aim(s), Methods, Results, Conclusion. Abstracts for Case Reports are unstructured, but should include the significance and purpose of the case presentation, the diagnostic methods of the case, the key data, and brief comments and suggestions with regard to the case. Abstracts for Review Articles and Short Communications should also be unstructured. No abstract is required for Letters to the Editor and Editorials. For the article categories that require abstract, 3–5 relevant keywords should also be provided in alphabetical order.

9.3. Main Text

The text for Original Articles should be organized into the following sections: Background/ Introduction, Purpose(s)/Aim(s), Methods, Results and Discussion. Sections for Case Reports are: Introduction, Case Report, and Discussion. Each section should begin on a new page.

9.3.1. Abbreviations

Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses. Thereafter, the abbreviation may be used. An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary.

9.3.2. Units

System International (SI) units must be used, with the exception of blood pressure values which are to be reported in mmHg. Please use the metric system for the expression of length, area, mass, and volume. Temperatures are to be given in degrees

Celsius.

9.3.3. Names of drugs, devices and other products

Use the Recommended International Nonproprietary Name for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. For devices and other products, the generic term should be used, unless the specific trade name is directly relevant to the discussion. If the trade name is given, then the manufacturer name and the city, state and country location of the manufacturer must be provided the first time it is mentioned in the text, for example, "...SPSS version 11 was used (SPSS Inc., Chicago, IL, USA)."

9.3.4. Statistical requirements

Statistical analysis is essential for all research papers except case reports. Use correct nomenclature of statistical methods (e.g., two sample t test, not unpaired t test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail. All p values should be expressed to 2 digits to the right of the decimal point, unless $p < 0.01$, in which case the p value should be expressed to 3 digits to the right of the decimal point. The smallest p value that should be expressed is $p < 0.001$, since additional zeros do not convey useful information; the largest p value that should be expressed is $p > 0.99$.

9.3.5. Personal communications and unpublished data

These sources cannot be included in the references list but may be described in the text. The author(s) must give the full name and highest academic degree of the person, the date of the communication, and indicate whether it was in oral or written (letter, fax, e-mail) form. A signed statement of permission should be included from each person identified as a source of information in a personal communication or as a source for unpublished data.

9.4. Acknowledgments and Conflicts of Interest Statement

General acknowledgments for consultations, statistical analysis, etc., should be listed concisely at the end of the text, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before their names are listed in this section. All financial and material support for the research and work from internal or external agencies, including commercial companies, should be clearly and completely identified. Ensure that any conflicts of interest (financial and/or non-financial) are explicitly declared.

9.5. References

9.5.1. In the main text, tables, figure legends

References should be indicated by numbers in square brackets in line with the text, and numbered consecutively in order of appearance in the text.

References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in the main text.

Do not cite uncompleted work or work that has not yet been accepted for publication (i.e., "unpublished observation", "personal communication") as references. Also see Section 9.3.5 above.

Do not cite abstracts unless they are the only available reference to an important

concept.

9.5.2. In the references section

References should be limited to those cited in the text and listed in numerical order, NOT alphabetical order.

References should include, in order, author surnames and initials, article title, abbreviated journal name, year, volume and inclusive page numbers. The last names and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 6 authors only followed by “et al”. Abbreviations for journal names should conform to those used in MEDLINE.

If citing a website, provide the author information, article title, website address and the date you accessed the information.

Reference to an article that is in press must state the journal name and, if possible, the year and volume. Authors are responsible for the accuracy and completeness of their references and for correct text citation.

Examples are given below.

Standard journal article

Chen Z, Fan M, Bian Z, Zhang Q, Zhu Q, Lu P. Immunolocalization of heat shock protein 70 during reparative dentinogenesis. *Chin J Dent Res* 2000;3:50–5.

Journal supplement

Kaplan NM. The endothelium as prognostic factor and therapeutic target: what criteria should we apply? *J Cardiovasc Pharmacol* 1998;32(Suppl 3):S78–80.

Journal article not in English but with English abstract

Nakayama H, Ishikawa T, Yamashita S, Fukui I, Mutoh T, Hikichi K, et al. CSF leakage and anosmia in aneurysm clipping of anterior communicating artery by basal interhemispheric approach. *No Shinkei Geka* 2011;39:263–8. [In Japanese, English abstract]

Book

Bradley EL. Medical and surgical management. Philadelphia: Saunders; 1982, p. 72–95.

Book chapter in book with editor and edition

Greaves M, Culligan DJ. Blood and bone marrow. In: Underwood JCE, editor. *General and systematic pathology*. 4th ed. London: Churchill Livingstone; 2004, p. 615–72. *Bulletin World Health Organization*. World health report 2002: reducing risk, promoting healthy life. Geneva, Switzerland: World Health Organization; 2002.

Company/manufacture publication/pamphlet

Eastman Kodak Company, Eastman Organic Chemicals. Catalog no. 49. Rochester, NY: Eastman Kodak; 1977, p. 2–3.

Electronic publications

Duchin JS. Can preparedness for biological terrorism save us from pertussis? *Arch*

Pediatr Adolesc Med 2004;158:106–7. Available from: <http://archpedi.amaassn.org/cgi/content/full/158/2/106>. Accessed June 5, 2004.

Smeeth L, Iliffe S. Community screening for visual impairment in the elderly. *Cochrane Database Syst Rev* 2002(2):CD001054. doi:10.1002/14651858.CD1001054.

Items presented at a meeting but not yet published

Durbin D, Kallan M, Elliott M, Arbogast K, Cornejo R, Winston F. Risk of injury to restrained children from passenger air bags. Paper presented at: 46th Annual Meeting of the Association for the Advancement for Automotive Medicine; September 2002; Tempe, AZ.

Greenspan A, Eerdeken M, Mahmoud R. Is there an increased rate of cerebrovascular events among dementia patients? Poster presented at: 24th Congress of the Collegium Internationale Neuro- Psychopharmacologicum (CINP); June 20–24, 2004; Paris, France.

Khuri FR, Lee JJ, Lippman SM. Isotretinoin effects on head and neck cancer recurrence and second primary tumors. In: *Proceedings from the American Society of Clinical Oncology*; May 31–June 3, 2003; Chicago, IL. Abstract 359.

Item presented at a meeting and published

Cionni RJ. Color perception in patients with UV- or blue-light-filtering IOLs. In: *Symposium on Cataract, IOL, and Refractive Surgery*. San Diego, CA: American Society of Cataract and Refractive Surgery; 2004. Abstract 337.

Material accepted for publication but not yet published

Carrau RL, Khidr A, Crawley JA, Hillson EM, Davis JK, Pashos CL. The impact of laryngopharyngeal reflux on patient-reported quality of life. *Laryngoscope*. In press.

Ofri D. *Incidental findings: Lessons from my patients in the art of medicine*. Boston, MA: Beacon Press. In press.

Theses and dissertations

Undeman C. Fully automatic segmentation of MRI brain images using probabilistic diffusion and a watershed scale-space approach [master's thesis]. Stockholm, Sweden: NADA, Royal Institute of Technology; 2001.

Ayers AJ. Retention of resin restorations by means of enamel etching and by pins [dissertation]. Indianapolis: Indiana University; 1971.

Website

American Association of Oral and Maxillofacial Surgeons. Wisdom teeth. AAOMS Web site. http://www.aaoms.org/wisdom_teeth.php. Published January 23, 2008. Updated March 9, 2009. Accessed November 15, 2009.

9.6. Tables

Tables should supplement, not duplicate, the text. They should have a concise table heading, be self explanatory, and numbered consecutively in the order of their citation

in the text. Information requiring explanatory footnotes should be denoted using superscripted lowercase letters in alphabetical order (a, b, c, etc.). Asterisks (*, **) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

9.7. Figures

9.7.1. General guidelines

The number of figures should be restricted to the minimum necessary to support the textual material. They should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the legend. Patient identification should be obscured. All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files at the correct resolution (see Section 9.7.2 below). The files should be named according to the figure number, e.g., "Article1_Fig1", "Article1_Fig2".

9.7.2. Formats

Regardless of the application used, when your electronic artwork is finalized, please "save as" or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS: Vector drawings. Embed the font or save the text as "graphics".

TIFF: Color or grayscale photographs (halftones): always use a minimum of 300 dpi.

TIFF: Bitmapped line drawings: use a minimum of 1000 dpi.

TIFF: Combination of bitmapped line/half-tone (color or grayscale): a minimum of 600 dpi is required.

DOC, XLS or PPT: If your electronic artwork is created in any of these Microsoft Office applications, please supply "as is".

Please do not:

Supply files that are optimized for screen use (like GIF, BMP, PICT, WPG); the resolution is too low;

Supply files that are too low in resolution;

Submit graphics that are disproportionately large for the content.

10. The Editorial and Peer Review Process

As a general rule, the receipt of a manuscript will be acknowledged within 1 week of submission, and authors will be provided with a manuscript reference number for future correspondence. If such an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

Submissions are reviewed by the Editorial Office to ensure that it contains all parts.

The Editorial Office will not accept a submission if the author has not supplied all the material and documents as outlined in these author instructions.

Manuscripts are then forwarded to the Editor-in- Chief, who makes an initial

assessment of it. If the manuscript does not appear to be of sufficient merit or is not appropriate for the Journal, then the manuscript will be rejected without review. Manuscripts that appear meritorious and appropriate for the Journal are reviewed by at least two Editorial Board members or expert consultants assigned by the Editor-in-Chief. Authors will usually be notified within 6 weeks of whether the submitted article is accepted for publication, rejected, or subject to revision before acceptance. However, do note that delays are sometimes unavoidable.

11. Preparation for Publication

Once a manuscript has been accepted for publication, the authors should submit the final version of the manuscript in MS Word format, with all tables/figures as applicable, to the Editorial Office.

Accepted manuscripts are copyedited according to the Journal's style and PDF page proofs are e-mailed by the Publisher to the corresponding author for final approval. Authors are responsible for all statements made in their work, including changes made by the copy editor.

12. Publication criteria

BioMedicine submitted work implies that it has not been published and / or is not submitted for publication anywhere else. Publication must be approved by all authors. BioMedicine has adopted a rigorous examination of every submitted manuscript towards plagiarism or text recycling using Turnitin. This tool allows the assigned editors to quickly identify even partial use of already published content, which cannot be re-published in this journal for various reasons, such as copyright issues, autoplagiarism, plagiarism, etc. In case of doubt, and in order to avoid any forms of plagiarism or text recycling, authors are invited to visit relevant webpages of universities across the world dealing with this topic, or probably the websites of their own institutions. Please visit these few examples:

- [MIT](#)
- [Plagiarism.org](#)
- [Stanford University](#)
- [University of Toronto](#)