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Online Manuscript Submission

Manuscripts must be submitted through the publisher’s online manuscript system Editorial Manager® that manages the entire workflow of all manuscripts. Careful attention to the submission process is critical. I appreciate that the process may be cumbersome and value your patience.

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For Questions related to manuscript submission or preparation, please contact the Editorial Office of Neurocritical Care: Michael N. Diringer, MD at diringerm@wustl.edu

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Overview of the submission process

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   b. Indicates that all component of the manuscript details page were completed appropriately
   c. Lists suggested/avoided reviewers (optional)
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3. Separate files for each table and figure
4. Comments to the editorial staff (if any)
5. Supplemental Files (optional)
6. ICJME Conflict of Interest (COI) form for each author. [found here]

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4. Select Classifications (used to match the manuscript with appropriate reviewers)
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7. Provide clinical trial registration number, if applicable
8. Provide any additional comments, if desired
9. Review information and update as needed
10. Provide funding information
11. Create pdf for review
12. Correct or approve the pdf for submission

**Types of Articles (see detailed description below)**

- Original work (Clinical Investigation, Translational Science)
- Brief communication
- Review article
- Viewpoint
- Editorial
- Ethical Matters
- Take a closer look at trials
- Take Notice: Technology
- Neuro-Images
- Practical Pearl
- A Day in the Life of a Neurocritical Care Trainee
- Letters to the editor
- Response to a Letter to the Editor
- Invited editorial commentary
- Special article

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**General requirements all for submissions**

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**Title Page**

The title page should contain the following information:

1) Full Title without subtitles
2) For each author name, highest degree and current institutional affiliation
3) Name of the institution(s) where the work was performed
4) Word count (excluding abstract, acknowledgments, tables, figure legends, and references)
5) Number of Figures and Tables
6) Corresponding author contact information including e-mail address
7) Key words for indexing, using terms from the Medical Subject Headings list of Index Medicus
**Word count**

- Word counts apply to the body of the manuscript
- They do NOT include abstract, figure legends, table legends, references, acknowledgments, sources of funding, COI disclosures, ethical information or authors contributions
- See below for specific limit for each article type.

**Details page**

This should include statements that:

1) Confirm that manuscript complies with all instructions to authors
2) Confirm that authorship requirements (see below) have been met and the final manuscript was approved by all authors
3) Confirm that this manuscript has not been published elsewhere and is not under consideration by another journal
4) Confirm adherence to ethical guidelines and indicate ethical approvals (IRB) and use of informed consent, as appropriate (see below). *Retrospective studies require a statement regarding IRB approval.*
5) Include Conflict of Interest statement for all authors *(use text copied from Section 6 of the ICJME COI form)* (see below)
6) Confirm the use of reporting checklist (PRISMA, CONSORT etc.), if appropriate

**Checklists**

Must be conformed to, completed as appropriate, and included at the end of the manuscript:

- Observational studies – **STROBE**
- Randomized trials – **CONSORT**
- Systematic review, meta-analysis -- **PRISMA**
- Diagnostic accuracy – **STARD**
- Quality improvement studies -- **SQUIRE**
- Animal research -- **ARRIVE**
- Multivariable prediction model for individual prognosis or diagnosis -- **TRIPOD**

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**Abstracts**

Abstracts are only to be included for Original Articles, Reviews, and Take Notice: Technology submissions. Structured abstracts for original work submissions should be no more than 400 words in length and include the following headings: Background/Objective, Methods, Results, and Conclusions. Abstracts for other types of articles do not require those headings. The Results should include data values, not just descriptive terms.
Text

The text should be double-spaced, written in standard scientific English, and carefully proofread. Include page numbers.

Non-standard abbreviations should be avoided wherever possible; if used they should be defined on first use and be dissimilar from other abbreviations.

References

References should be listed in numerical order and follow the style of The New England Journal of Medicine. An EndNote template can be found here. Arabic numbers should be used for in-text citations (set within parentheses at point of citation).

Figure and tables

Provide titles, spell out all abbreviations (in alphabetical order), and number consecutively with Arabic numerals. See below for specific article type. Use a separate page for each; callouts (if any) should be in CAPITAL LETTERS.

Figure captions

Figure captions should be placed in a separate section at the end of the manuscript. Define all abbreviations (in alphabetical order) and provide sufficient information to interpret the figure without reading the text.

Illustrations

Illustrations must be provided in professional-quality, finished form, ready for direct reproduction without revision (see below). Micrograph magnification should be given with scale bars defined in microns, not as “x magnification.”

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If your submission includes Computer Graphics, acceptable software formats are Adobe Illustrator versions 5 and up, Adobe Photoshop versions 5 and up, and MS Office. Acceptable file formats are as follows: EPS (Encapsulated Postscript), TIFF, and those native software formats listed above. DPI specifications: line art should be no less than 1200 dpi; halftone scans should be 300 dpi.

Preferred file formats for graphics are as follows:
Vector graphics: EPS
Line art (black & white with no shading) and halftone art (photographs, drawings, or paintings with shading):TIFF

Preferred file formats for media: avi, wmv, mp4, mov, m2p, mp2, mpg, mpeg, flv, mxf, mts, m4v, 3gp. Resolution: 16:9 or 4:3. Maximum file size: 25 GB. Minimum video duration: 1 second

Current Springer art guidelines are available here.
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For color printed in the hardcopy version, there is a flat $1,150 fee. Color figures will be published online at no cost. If the fee represents a hardship, contact the editor. All color art must adhere to the guidelines under Computer Graphics. Color art must be prepared in RGB color mode.

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Special Requirements for Submission Types

Original Work

- Original work submitted should consist of a scholarly clinical investigation, translational science or formal literature review that produces new knowledge.
- There are no specific limits to number of authors, word count, or tables/figures; still authors are expected to communicate their message succinctly.
- **Abstract:** Structured abstract, maximum of 400 words. The abstract should provide the context or background for the study and should state the study's purpose, basic procedures, main findings (include data values and their statistical and clinical significance, if appropriate, not just descriptive terms), and principal conclusions. It should emphasize new and important aspects of the study or observations, note important limitations, and not overinterpret findings. It should include the following sections: Background/Objective, Methods, Results, and Conclusions.
- **Body of Manuscript:** The text should be divided into the following sections: Introduction, Methods, Results, Discussion, and Conclusions.
  - **Introduction:** Provide a context or background for the study (that is, the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation. Cite only directly pertinent references and do not include data or conclusions from the work being reported.
  - **Methods:** The guiding principle of the Methods section should be clarity about how and why a study was done in a particular way. Methods section should aim to be sufficiently detailed such that others with access to the data would be able to reproduce the results. It should include a statement indicating that the research was approved by an independent local, regional or national review body.
  - **Results:** Present your results in logical sequence in the text, tables, and figures, giving the main or most important findings first. Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations. Provide data on all primary and secondary outcomes identified in the Methods section. Give numeric results not only as derivatives (e.g. percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical significance attached to them, if any.
  - **Discussion:** Begin the discussion by briefly summarizing the main findings, and explore possible mechanisms or explanations for these findings. Emphasize the new and important aspects of your study and put your findings in the context of the totality of the relevant evidence. State the limitations of your study and explore the
implications of your findings for future research and for clinical practice or policy.

- **Conclusions:** Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data.

**Brief communication**

- Brief communications are for manuscripts with less complete data sets than would be appropriate for original contributions such as descriptive surveys.
- No abstract
- Maximum number of authors: 3
- Maximum length is 1,000 words
- Maximum 3 figures and tables
- Maximum 7 references.

**Review Article**

- Review articles should address a focused topic, issue or question relevant to neurocritical care.
- Submissions should be balanced, comprehensive, and up-to-date.
- Submissions should not simply restate the literature but rather interpret and integrate the findings to provide a framework for understanding the literature on a particular topic.
- Maximum number of authors: 7
- Abstract: no headings required, 400 words maximum
- Maximum article length: 5,500 words (applies to the body of the manuscript only)

**Viewpoint**

- Submissions for Viewpoints should raise an issue, provide a perspective, or make an argument about a topic relevant to neurocritical care.
- Maximum number of authors: 7
- Abstract: no headings required, 400 words maximum
- Maximum article length: 5,500 words (applies to the body of the manuscript only)

**Editorial**

- Editorials are solicited by invitation only.
- Maximum number of authors: 3
- No abstract
- Maximum article length: 2,500 words (applies to the body of the manuscript only)

**Ethical Matters**

- Submissions should provide a balanced discussion of an ethical issue of clinical relevance to neurocritical care.
- Maximum number of authors: 5
- Abstract: no headings required, 400 words maximum
- Maximum article length: 5,500 words (applies to the body of the manuscript only)
Take a Closer Look at Trials

- Submission should inform the reader about new, ongoing or recently completed trials. They may include trial protocols, reports of ongoing trials, or perspective on completed trials.
- No limit on number of authors
- Abstract: no headings required, 400 words maximum
- Maximum article length: 2,500 words (applies to the body of the manuscript only)

Take Notice: Technology

- The manuscript should focus on raising awareness of a new device or new application of an old device.
- Maximum number of authors: 3
- Abstract: no headings required, 400 words maximum
- Maximum article length: 2,500 words (applies to the body of the manuscript only)

Neuro-Images

- Focus on unusual and informative images that impact clinical decision making
- Include an Introduction and a description of the case
- Figure legends/descriptions may be up to 250 words each
- Images should be at least 300 dpi
- Maximum number of authors: 3
- No Abstract
- Maximum article length: 1,000 words (applies to the body of the manuscript only)

Practical Pearl

- Submission should focus on a clinical observation or the use of a diagnostic test, tool or approach that uniquely informs clinical decision making. This is not meant to be a case report.
- Include a description of the situation, the clinical observation, diagnostic test, tool or approach used, and the results and implications of its use.
- Explain why it is a “Practical Pearl” and how you would apply it in your practice.
- Figure are encouraged
- Maximum number of authors: 3
- No abstract
- Maximum article length: 1,500 words (applies to the body of the manuscript only)

A Day in the Life of a Neurocritical Care Trainee

- Submissions should be directed primarily at residents and fellows and should discuss important lessons that trainees should learn during their training. This is not meant to be a case report.
- Maximum number of authors: 3
- No abstract
- Maximum article length: 1,500 words (applies to the body of the manuscript only)
Letter to the editor

- Submissions should express views related to articles previously published in *Neurocritical Care* or present ideas or findings of scientific interest that do not constitute original research.
- Maximum number of authors: 4
- Maximum article length: 1,500 words
- Reference limit: 5; the first reference must be the publication in question.

Response to a Letter to the Editor

- Maximum number of authors: 4
- Maximum article length: 1,500 words
- Reference limit: 5

Invited editorial commentary

- Invited only
- Commentaries will accompany selected papers.
- Single author
- The primary focus is on how to interpret the article.
- The commentary could include: 1) discussion of the strengths and weakness of the paper that you identified in the review process, 2) placing the paper in the context of what is known about the topic, 3) clarifying what message the reader should take away from the paper, 4) how the findings should be (or not) integrated into practice.
- 500-1,000 words
- Cite the paper they discuss; other references are optional.

Special article

- Neurocritical Care Society guidelines, position statements, policy statements etc.

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The editorial staff will review your submission and determine whether the work meets our criteria for external peer review. Those that do not are rejected, and the authors are sent a brief description of the reasons.

We strive to have three blinded peer reviewers evaluate your submission. When complete, reviews are evaluated by the editors, and an initial decision is made using the following options:
• Reject – there are major uncorrectable concerns about originality, relevance, validity or overall quality.
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• Revisions needed – the manuscript is almost acceptable, but additional revisions are needed.
• Accept as is

If a revision is requested, you will be provided with the reviewers’ and editor’s comments and asked to provide point-by-point responses along with a revised manuscript. Additional rounds of peer review and revision may be required.

Once accepted, the manuscript is sent for production, and page proofs are generated. This process usually takes about three weeks. The proofs will be sent to you for you to review. We ask that you complete your review within 48 hours so as to not delay posting your paper online. Later on, it will be incorporated into an issue of Neurocritical Care.

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Include details about support for the work including Funder, Award Number, and Grant Recipient

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Authors must disclose all relationships or interests that could influence or bias the work using the ICMJE form found here. Although an author may not feel there are conflicts, disclosure of relationships and interests that might appear to represent a potential conflict of interest affords a more transparent process, leading to an accurate and objective assessment of the work. Awareness of real or perceived conflicts of interests is a perspective to which the readers are entitled and is not meant to imply that a financial relationship with an organization that sponsored the research or compensation for consultancy work is inappropriate. Examples of potential conflicts of interests that are directly or indirectly related to the research or manuscript may include but are not limited to the following:

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