

# IJPEM-Author Guidelines

## IJPEM-Author Guidelines

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### A. Defining the Role of Authors and Contributors

#### 1. Why Authorship is important?

Authorship confers credit and has important academic, social, and financial implications. Authorship also implies responsibility and accountability for published work. The guidelines is intended to ensure that contributors who have made substantive intellectual contributions to a paper are given credit as authors, but also that contributors credited as authors understand their role in taking responsibility and being accountable for what is published.

Because authorship does not communicate what contributions qualified an individual to be an author, it is important to publish information about the contributions of each person named, as having participated in a submitted study, at least for original research as per the norms of [contributorship policy](#) to remove the ambiguity surrounding contributions, the criteria for authorship that distinguish authors from other contributors.

#### 2. Who Is an Author?

The IJPEM recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or reviewing it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. 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.

In addition to being accountable for the parts of the work done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship. Those who do not meet all four criteria should be acknowledged. These authorship criteria are intended to reserve the status of authorship for those who deserve credit and can take responsibility for the work and are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria. Therefore, all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript.

The individuals who conduct the work are responsible for identifying who meets these criteria and ideally should do so when planning the work, making modifications as appropriate as the work progresses. It is important to have collaboration and co-authorship with colleagues in the locations where the research is conducted. It is the collective responsibility of the authors, to determine that all people named as authors meet all four criteria; it is not the role of journal editors to determine who qualifies or does not qualify for authorship or to arbitrate authorship conflicts. If agreement cannot be reached about who qualifies for authorship, the institution(s) where the work was performed, should be asked to investigate. The criteria used to determine the order in which authors are listed on the byline may vary, and are to be decided collectively by the author group and not by editors. If authors request removal or addition of an author after manuscript submission or publication, journal editors should seek an explanation and signed statement of agreement for the requested change from all listed authors and from the author to be removed or added.

The **corresponding author** is the one individual who takes primary responsibility for communication with the journal during the manuscript submission, peer-review, and publication process. The corresponding author typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and disclosures of relationships and activities, are properly completed and reported, although these duties may be delegated to one or more co-authors. The corresponding author should be available throughout the submission and peer-review process to respond to editorial queries in a timely way, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information, should respond to the questions about

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the paper that arise after publication. Although the corresponding author has primary responsibility for correspondence with the journal, **as per IJPEM guideline, copies of all correspondence will be sent to all listed authors.**

When a **large multi-author group** has conducted the work, the group ideally should decide who will be an author before the work is started and confirm who is an author before submitting the manuscript for publication. All members of the group named as authors should meet all four criteria for authorship, including approval of the final manuscript, and they should be able to take public responsibility for the work and should have full confidence in the accuracy and integrity of the work of other group authors. They will also be expected as individuals to complete disclosure forms.

Some large multi-author groups designate authorship by a group name, with or without the names of individuals. When submitting a manuscript authored by a group, the corresponding author should specify the group name if one exists, and clearly identify the group members who can take credit and responsibility for the work as authors. The byline of the article identifies who is directly responsible for the manuscript, and MEDLINE lists as authors whichever names appear on the byline. If the byline includes a group name, MEDLINE will list the names of individual group members who are authors or who are collaborators, sometimes called non-author contributors, if there is a note associated with the byline clearly stating that the individual names are elsewhere in the paper and whether those names are authors or collaborators.

### 3. Non-Author Contributors

Contributors who meet fewer than all 4 of the above criteria for authorship should not be listed as authors, but they should be acknowledged. Examples of activities that alone (without other contributions) do not qualify a contributor for authorship are acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading. Those whose contributions do not justify authorship may be acknowledged individually or together as a group under a single heading (e.g., “Clinical Investigators” or “Participating Investigators”), and their contributions should be specified (e.g., “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” “provided and cared for study patients,” “participated in writing or technical editing of the manuscript”).

Because acknowledgment may imply endorsement by acknowledged individuals of a study's data and conclusions. The corresponding author should obtain written permission to be acknowledged from all acknowledged individuals.

### 4. ArtificialIntelligence(AI)–AssistedTechnology

At submission, the journal should require authors to disclose whether they used artificial intelligence (AI)– assisted technologies (such as Large Language Models [LLMs], chatbots, or image creators) in the production of submitted work. Authors who use such technology should describe, in both the cover letter and the submitted work, how they used it. Chatbots (such as ChatGPT) should not be listed as authors because they cannot be responsible for the accuracy, integrity, and originality of the work, and these responsibilities are required for authorship. Therefore, humans are

responsible for any submitted material that included the use of AI-assisted technologies. Authors should carefully review and edit the result because AI can generate authoritative-sounding output that can be incorrect, incomplete, or biased. Authors should not list AI and AI assisted technologies as an author or co-author, nor cite AI as an author. Authors should be able to assert that there is no plagiarism in their paper, including in text and images produced by the AI. Humans must ensure there is appropriate attribution of all quoted material, including full citations.

### B. Disclosure of Financial and Non-Financial Relationships and Activities, and Conflicts of Interest

Public trust in the scientific process and the credibility of published articles depend in part on how transparently an author's relationships and activities, directly or topically related to a work, are handled during the planning, implementation, writing, peer review, editing, and publication of scientific work.

The potential for conflict of interest and bias exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Perceptions of conflict of interest are as important as actual conflicts of interest.

Individuals may disagree on whether an author's relationships or activities represent conflicts. Although the presence of a relationship or activity does not always indicate a problematic influence on a paper's content, perceptions of conflict may erode trust in science as much as actual conflicts of interest. Ultimately, readers must be able to make their own judgments regarding whether an author's relationships and activities are pertinent to a paper's content. These judgments require transparent disclosures. An author's complete disclosure demonstrates a commitment to transparency and helps to maintain trust in the scientific process.

Financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony) are the most easily identifiable, the ones most often judged to represent potential conflicts of interest and thus the most likely to undermine the credibility of the journal, the authors, and science itself. Other interests may also represent or be perceived as conflicts, such as personal relationships or rivalries, academic competition, and intellectual beliefs.

Authors should avoid entering into agreements with study sponsors, both for-profit and nonprofit, that interfere with authors' access to all of the study's data or that interfere with their ability to analyze and interpret the data and to prepare and publish manuscripts independently when and where they choose. Policies that dictate where authors may publish their work violate this principle of academic freedom. When authors submit a manuscript of any type or format they are responsible for disclosing all relationships and activities that might bias or be seen to bias their work in the **Disclosure Form** to facilitate and standardize authors' disclosures, purposeful failure to report those relationships or are a form of misconduct. Authors should abide by all principles of authorship and declaration of relationships and activities

To support the above statements, the authors of a study sponsored by a funder with a proprietary or financial interest in the outcome should sign a statement, such

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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.”

## C. Protection of Research Participants

All investigators should ensure that the planning, conduct, and reporting of human research are in accordance with the Helsinki Declaration as revised in 2013 ([www.wma.net/policies-post/wma-declaration-of-helsinkiethical-principles-for-medical-research-involving-humansubjects/](http://www.wma.net/policies-post/wma-declaration-of-helsinkiethical-principles-for-medical-research-involving-humansubjects/)). All authors should seek approval to conduct research from an independent local, regional, or national review body (e.g., ethics committee, institutional review board). If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the local, regional, or national review body explicitly approved the doubtful aspects of the study. Approval by a responsible review body does not preclude editors from forming their own judgment whether the conduct of the research was appropriate.

Patients have a right to privacy that should not be violated without 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 for this purpose requires that an identifiable patient be shown the manuscript to be published. Authors should disclose to these patients whether any potential identifiable material might be available via the Internet as well as in print after publication. The author can archive the consent and instead provide the journal with a written statement that attests that they have received and archived written patient consent.

Nonessential identifying details should be omitted. Informed consent should be obtained if there is any doubt that anonymity can be maintained. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are de-identified, authors should provide assurance, and the editors will note that such changes do not distort scientific meaning. The requirement for informed consent should be included in the journal's instructions for authors. When informed consent has been obtained, it should be indicated in the published article.

When reporting experiments on animals, authors should indicate whether institutional and national standards for the care and use of laboratory animals were followed.

## D. Scientific Misconduct, Expressions of Concern, and Retraction

Scientific misconduct in research and non-research publications includes but is not necessarily limited to data fabrication; data falsification, including deceptive manipulation of images; purposeful failure to disclose relationships and activities; and plagiarism. Some people consider failure to publish the results of clinical trials and other human studies a form of scientific misconduct. While each of these

practices is problematic, they are not equivalent. Each situation requires individual assessment by relevant stakeholders. When scientific misconduct is alleged, or concerns are otherwise raised about the conduct or integrity of work described in submitted or published papers, the editors will initiate appropriate procedures detailed by Publication ethics committee and consider informing the institutions and funders, and may choose to publish an expression of concern pending the outcomes of those procedures. If the procedures involve an investigation at the authors' institution, the editor will seek to discover the outcome of that investigation; notify readers of the outcome if appropriate; and if the investigation proves scientific misconduct, publish a retraction of the article. There may be circumstances in which no misconduct is proven, but an exchange of letters to the editor could be published to highlight matters of debate to readers.

Expressions of concern and retractions should not simply be a letter to the editor. Rather, they should be prominently labelled, appear on an electronic or numbered print page that is included in an electronic or a print Table of Contents to ensure proper indexing, and include in their heading the title of the original article. Online, the retraction and original article should be linked in both directions and the retracted article should be clearly labelled as retracted in all its forms (abstract, full text, PDF). Ideally, the authors of the retraction should be the same as those of the article, but if they are unwilling or unable the editor may under certain circumstances accept retractions by other responsible persons, or the editor may be the sole author of the retraction or expression of concern. The text of the retraction should explain why the article is being retracted and include a complete citation reference to that article.

Retracted articles should remain in the public domain and be clearly labelled as retracted.

The validity of previous work by the author of a fraudulent paper cannot be assumed. Editors may ask the author's institution to assure them of the validity of other work published in their journals, or they may retract it. If this is not done, editors may choose to publish an announcement expressing concern that the validity of previously published work is uncertain.

The integrity of research may also be compromised by inappropriate methodology that could lead to retraction.

## E. Overlapping Publications

### 1. Duplicate Submission

Authors should not submit the same manuscript, in the same or different languages, simultaneously to more than one journal. The rationale for this standard is the potential for disagreement when two (or more) journals claim the right to publish a manuscript that has been submitted simultaneously to more than one journal, and the possibility that two or more journals will unknowingly and unnecessarily undertake the work of peer review, edit the same manuscript, and publish the same article.

### 2. Duplicate and Prior Publication

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Duplicate publication is publication of a paper that overlaps substantially with one already published, without clear, visible reference to the previous publication. Prior publication may include release of information in the public domain.

Readers of medical journals deserve to be able to trust that what they are reading is original unless there is a clear statement that the author and editor are intentionally republishing an article (which might be considered for historic or landmark papers, for example). The bases of this position are international copyright laws, ethical conduct, and cost-effective use of resources. Duplicate publication of original research is particularly problematic because it can result in inadvertent double-counting of data or inappropriate weighting of the results of a single study, which distorts the available evidence.

When authors submit a manuscript reporting work that has already been reported in large part in a published article or is contained in or closely related to another paper that has been submitted or accepted for publication elsewhere, the letter of submission should clearly say so and the authors should provide copies of the related material to help the editor decide how to handle the submission.

This recommendation does not prevent a journal from considering a complete report that follows publication of a preliminary report, such as a letter to the editor, a preprint, or an abstract or poster displayed at a scientific meeting. The results or data contained in assessment reports published by health technology assessment agencies, medical regulators, medical device regulators, or other regulatory agencies will not be considered to be duplicate publication. It also does not prevent journals from considering a paper that has been presented at a scientific meeting but was not published in full, or that is being considered for publication in proceedings or similar format. Press reports of scheduled meetings are not usually regarded as breaches of this rule, but they may be if additional data tables or figures enrich such reports. Authors should also consider how dissemination of their findings outside of scientific presentations at meetings may diminish the priority journal editors assign to their work.

Authors who choose to post their work on a preprint server should choose one that clearly identifies preprints as not peer-reviewed work and includes disclosures of authors' relationships and activities. It is the author's responsibility to inform a journal if the work has been previously posted on a preprint server. In addition, it is the author's (and not the journal editors') responsibility to ensure that preprints are amended to point readers to subsequent versions, including the final published article.

In the event of a public health emergency (as defined by public health officials), information with immediate implications for public health should be disseminated without concern that this will preclude subsequent consideration for publication in a journal. We encourage editors to give priority to authors who have made crucial data publicly available without delay.

Sharing with public media, government agencies, or manufacturers the scientific information described in a paper or a letter to the editor that has been accepted but not yet published violates the policies of many journals. Such reporting may be warranted when the paper or letter describes major therapeutic advances; reportable diseases; or public health hazards, such as serious adverse effects of drugs, vaccines, other biological products, medical devices. This reporting, whether in print or online,

should not jeopardize publication, but should be discussed with and agreed upon by the editor in advance when possible.

The IJPEM will not consider as prior publication the posting of trial results in any registry, if results are limited to a brief structured abstract or tables (to include participants enrolled, key outcomes, and adverse events). It encourages authors to include a statement with the registration that indicates that the results have not yet been published in a peer-reviewed journal, and to update the results registry with the full journal citation when the results are published.

Authors who attempt duplicate publication without such notification should expect at least prompt rejection of the submitted manuscript. If the editor was not aware of the violations and the article has already been published, then the article might warrant retraction with or without the author's explanation or approval.

### 3. Preprints

#### a. Choosing a Preprint Archive

There has been an increase in preprint archives in biomedicine. There are both benefits and harms in dissemination of scientific findings prior to peer review. To maximize potential benefits and minimize potential harms, authors who wish to make preprints of non-peer reviewed work publicly available should choose preprint archives that have the following characteristics:

- Clearly identify preprints as work that is not peer reviewed;
- Require authors to document disclosures of interest;
- Require authors to indicate funding source(s);
- Have a clear process for preprint archive users to notify archive administrators about concerns related to posted preprints—a public commenting feature is desirable for this purpose;
- Maintain metadata for preprints that are withdrawn from posting and post withdrawal notices indicating the timing and reason for withdrawal of a preprint; and
- Have a mechanism for authors to indicate when the preprint article has been subsequently published in a peer-reviewed journal.

#### b. Submitting Manuscripts That Are in Preprint Archives to a Peer-Reviewed Journal

Authors should inform a journal if the work submitted to the journal has been posted on a preprint server and provide a link to the preprint, whether the posting occurs prior to submission or during the peer-review process. It is also helpful to indicate in the text of the manuscript, perhaps in the introduction, that a preprint is available and how reviewers can access that preprint. In addition, it is the authors' (and not the journal editors') responsibility to ensure that preprints are amended to point readers to subsequent versions of the work, including the published article. Authors should not post in the preprint archive the published article nor interim versions that are produced during the peer-review process that incorporate revisions based on journal feedback.

#### b. Referencing Preprints in Submitted Manuscripts



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When preprints are cited in submitted manuscripts or published articles, the citation should clearly indicate that the reference is a preprint. When a preprint article has been subsequently published in a peer-reviewed journal, authors should cite the subsequent published article rather than the preprint article whenever appropriate. Journals should include the word “preprint” following the citation information in the reference list and consider indicating that the cited material is a preprint in the text. The citation should include the link to the preprint and DOI if the preprint archive issues DOIs. Authors should be cautious about referencing preprints that were posted and never subsequently published in a peer-reviewed journal, but the time interval of concern will vary depending on the topic and specific reasons for citation.

### 4. Acceptable Secondary Publication

Secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience (e.g., guidelines produced by government agencies and professional organizations in the same or a different language). Secondary publication for various other reasons may also be justifiable provided the following conditions are met:

1. The authors have received approval from the editors of both journals (the editor concerned with secondary publication must have access to the primary version).
2. The priority of the primary publication is respected by a publication interval negotiated by both editors with the authors.
3. The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
4. The secondary version faithfully reflects the authors, data, and interpretations of the primary version.
5. The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere—for example, with a note that might read, “This article is based on a study first reported in the [journal title, with full reference]”—and the secondary version cites the primary reference.
6. The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication. Of note, the NLM does not consider translations to be “republications” and does not cite or index them when the original article was published in a journal that is indexed in MEDLINE.

### F. Correspondence

The authors of articles discussed in correspondence or an online forum have a responsibility to respond to substantial criticisms of their work using those same mechanisms and should declare any competing relationships or activities.

Correspondence may be edited for length, grammatical correctness, and journal style. Alternatively, editors may choose to make available to readers unedited correspondence.

### G. ClinicalTrials

#### 1. Registration

A clinical trial is any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the relationship between a health-related intervention and a health outcome. Health-related interventions are those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes. Health outcomes are any biomedical or health related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. The ICMJE does not define the timing of first participant enrollment, but best practice dictates registration by the time of first participant consent.

The journal accepts publicly accessible registration in any registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP) ([www.who.int/clinical-trials-registry-platform/network/whodata-set](http://www.who.int/clinical-trials-registry-platform/network/whodata-set)) that includes the minimum acceptable 24-item trial registration data set or in ClinicalTrials.gov, which is a data provider to the WHO ICTRP. The ICMJE endorses these registries because they meet several criteria. They are accessible to the public at no charge, open to all prospective registrants, managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and are electronically searchable. An acceptable registry must include the minimum 24-item trial registration data set (<http://prsinfo.clinicaltrials.gov/trainTrainer/WHO-ICMJE-ClinTrialsgov-Cross-Ref.pdf> or [www.who.int/clinical-trials-registry-platform](http://www.who.int/clinical-trials-registry-platform)) at the time of registration and before enrollment of the first participant.

The journal considers inadequate trial registrations missing any of the 24 data fields, those that have fields that contain uninformative information, or registrations that are not made publicly accessible such as phase I trials submitted to the CTIS (Clinical Trials Information System) and trials of devices for which the information is placed in a “lock box.” In order to comply with the journal policy, investigators registering trials of devices at ClinicalTrials.gov must “opt out” of the lock box by electing public posting prior to device approval. Approval to conduct a study from an independent local, regional, or national review body (e.g., ethics committee, institutional review board) does not fulfill the journal requirement for prospective clinical trial registration. Although not a required item, the journal encourages authors to include a statement that indicates that the results have not yet been published in a peer-reviewed journal, and to update the registration with the full journal citation when the results are published.

The purpose of clinical trial registration is to prevent selective publication and selective reporting of research outcomes, to prevent unnecessary duplication of research effort, to help patients and the public know what trials are planned or ongoing into which they might want to enroll, and to help give ethics review boards considering approval of new studies a view of similar work and data relevant to the

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research they are considering. Retrospective registration, for example at the time of manuscript submission, meets none of these purposes. Those purposes apply also to research with alternative designs, for example observational studies. For that reason, the journal encourages registration of research with non-trial designs, but because the exposure or intervention in non-trial research is not dictated by the researchers, the journal does not require it.

Secondary data analyses of primary (parent) clinical trials should not be registered as separate clinical trials, but instead should reference the trial registration number of the primary trial.

The journal expects authors to ensure that they have met the requirements of their funding and regulatory agencies regarding aggregate clinical trial results reporting in clinical trial registries. It is the authors', and not the journal editors', responsibility to explain any discrepancies between results reported in registries and journal publications. The journal will not consider as prior publication the posting of trial results in any registry that meets the above criteria if results are limited to a brief structured abstract or tables (to include trial participants enrolled, baseline characteristics, primary and secondary outcomes, and adverse events).

## 2.Data Sharing

Data sharing statements must indicate the following: whether individual de identified participant data (including data dictionaries) will be shared (“undecided” is not an acceptable answer); what data in particular will be shared; whether additional, related documents will be available (e.g., study protocol, statistical analysis plan, etc.); when the data will become available and for how long; by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism).

Authors of secondary analyses using shared data must attest that their use was in accordance with the terms (if any) agreed to upon their receipt. They must also reference the source of the data using its unique, persistent identifier to provide appropriate credit to those who generated it and allow searching for the studies it has supported. Authors of secondary analyses must explain completely how theirs differ from previous analyses. In addition, those who generate and then share clinical trial data sets deserve substantial credit for their efforts. Those using data collected by others should seek collaboration with those who collected the data. As collaboration will not always be possible, practical, or desired, the efforts of those who generated the data must be recognized.

## H. Manuscript Preparation and Submission: Manuscript guidelines

### I. Sending the Manuscript to the Journal

Manuscripts should be accompanied by a cover letter or a completed journal submission form, which should include the following information:

A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any

such work should be referred to specifically and referenced in the new paper. Copies of such material should be included with the submitted paper to help the editor address the situation.

A statement of financial or other relationships and activities that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form.

A statement on authorship. Journals that do not use contribution declarations for all authors may require that the submission letter includes a statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work if that information is not provided in another form

Contact information for the author responsible for communicating with other authors about revisions and final approval of the proofs, if that information is not included in the manuscript itself.

The letter or form should inform editors if concerns have been raised (e.g., via institutional and/or regulatory bodies) regarding the conduct of the research or if corrective action has been recommended. The letter or form should give any additional information that may be helpful to the editor, such as the type or format of article in the particular journal that the manuscript represents. If the manuscript has been submitted previously to another journal, it is helpful to include the previous editor's and reviewers' comments with the submitted manuscript, along with the authors' responses to those comments. Editors encourage authors to submit these previous communications. Doing so may expedite the review process and encourages transparency and sharing of expertise.

Many journals provide a pre submission checklist to help the author ensure that all the components of the submission have been included. Some journals also require that authors complete checklists for reports of certain study types (e.g., the CONSORT checklist for reports of randomized controlled trials). Authors should look to see if the journal uses such checklists, and send them with the manuscript if they are requested.

The manuscript must be accompanied by permission to reproduce previously published material, use previously published illustrations, report information about identifiable persons, or to acknowledge people for their contributions.