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Contact
Address: Büyükdere Cad. No: 105/9
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Archives of Basic and Clinical Research aims to contribute to the literature by publishing original clinical and experimental research articles at the highest scientific quality in all fields of medicine. The journal also publishes rare case reports, reviews, letters to the editor, and images of interest. The target audience of the journal includes physicians, researchers, and healthcare professionals who are interested or working in all fields of medicine.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

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Editor in Chief: Prof. Mecit Kantarcı

Address: Department of Radiology, Erzincan Binali Yıldırım University School of Medicine, Erzincan, Turkey

E-mail: akkanrad@hotmail.com

Publisher: Cordus

Address: Büyükdere Cad., 105/9 34394 Mecidiyeköy, Şişli, İstanbul, Turkey

Phone: +90 212 217 17 00

E-mail: cordus.com.tr

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- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for Letters to the Editor and Images of Interest. The abstract of Original Articles should be structured with subheadings (Objective, Materials and Methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for sub-

ject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

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Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

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Image of Interest: This type of submissions should present a striking image that may challenge and inform readers and contribute to their education. Submissions can include high quality clinical images, radiology results or surgical images. Please check Table 1 for the limitations for Images of Interest.

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Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

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Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits,

the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

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- Charts or illustrations created in Microsoft Office (Word, PowerPoint, Excel) are submitted in native format and do not include embedded images.
- Charts created in SPSS, SigmaPlot or ChemDraw are submitted as EPS images.
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- Images have been scanned according to our scanning guidelines.
- Files are named using our recommended naming conventions.

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Case Report	1000	200	15	No tables	4 or total of 8 images
Letter to the Editor	500	No abstract	5	No tables	No media
Image of Interest	500	No abstract	5	No tables	2 or total of 4 images



B. Color. When preparing digital images for publication, it is important to scan and save the electronic files in the correct color space.

1. Photographic images. Images such as photographs, angiograms, echocardiograms, etc., should be scanned and saved in RGB color mode, even if the images will be printed in grayscale. (The journal compositors will convert these images to their final grayscale or CMYK color modes.) Note: Printing in color is expensive and is not always necessary. Please inform the Journal editors if an image requires color for clarity.

2. Line art. Black-and-white images, including line drawings, charts, graphs, and ECG and EEG tracings, should be scanned and saved in gray-scale mode (not black-and white or color). (For charts created in SPSS, refer to Section C.2 on creating EPS file formats. For charts and graphs created in Microsoft Office, refer to Section C.3.).

3. Avoid ICC Profiles. Images should not contain any ICC profiles.

C. File Format. Submit only TIFF or EPS for electronic images. See instructions for submitting artwork that was created in Microsoft Office programs (Word, PowerPoint, Excel).

1. TIFF (Tagged Image File Format). TIFF is recommended for photographic images. When preparing TIFF images, be sure to refer to our scanning guidelines for the proper resolution. Note: The Journal accepts TIFF images that are saved with LZW compression; choosing this option will result in smaller files. In most software programs, a TIFF is made by choosing File/Save as... or Export/TIFF or TIF. For more information, consult the Help menu of your software.

2. EPS (Encapsulated Postscript). EPS is recommended for line art, charts, and illustrations that are created using professional drawing programs such as Adobe Illustrator, SPSS, ChemDraw, CorelDraw, Sigma-Plot, etc. When submitting EPS files for publication, be sure to use the following guidelines:

- Convert text to outlines or include/embed fonts. Use only Journal-approved fonts.
- Flatten any layers.
- Use line weights greater than 0.5 points.
- Include an 8-bit preview/header at a resolution of 72 dpi.
- Save color images in RGB color mode.

In most drawing programs, an EPS file is made by choosing File/Save as ... or Export/EPS. For more information, consult the Help menu of your software.

3. Microsoft Office (Word, Excel, PowerPoint). Charts and illustrations created in any Microsoft Office programs are accepted. Do not submit Microsoft Office files that contain embedded images. When creating charts and illustrations, use the following guidelines:

- Work in black and white, not color.
- Do not use patterns for fill color; use black, white, and shades of gray.
- Avoid 3-dimensional charts.
- Use only Journal-approved fonts.
- Use line weights greater than 0.5 points.
- Submit the grouped image so that the Journal compositors can access the datasheet.

4. AVOID THE FOLLOWING:

- Submitting graphics that are downloaded or saved from Web pages.
- Low resolution images, regardless of how the image looks on screen.
- Submitting GIF files. GIF files are never appropriate for publication.
- Scanning preprinted photographs (already published halftones). The printing process introduces distortion into the photograph that will transfer to the scan.
- Generating TIFFs within the Microsoft Office Document.
- Scanning Program. This proprietary program changes the image formatting in such a way that the image cannot be opened in our image evaluation program.

D. Resolution and Scanning

1. Images must be scanned at the proper resolution to ensure print quality. Use the following guidelines to select the correct scanning resolution. Images that are scanned at lower resolutions will be rejected.

- Photographic images without text or arrows: 300 dpi/ppi
- Photographic images with text or arrows: 600 dpi/ppi
- Black-and-white line art: 1200 dpi/ppi
- a. Scanning photographic images without text or arrows
 - Scan in RGB mode.
 - Scan at 300 dpi/ppi.
 - Select a target width of 7.5 cm for 1-column figures and 15.5 cm for 2 Column figures.
 - Crop images tightly; do not scan the margins.
 - Use the Arch Basic Clin Res naming convention; save as a TIFF and apply LZW compression.
- b. Scanning photographic images with text or arrows
 - Scan in RGB mode.
 - Scan at 600 dpi/ppi (even if text or labels will be added after the image is scanned).

- Select a target width of 7.5 cm for 1-column figures or 15.5 cm for 2-column figures.
 - Crop images tightly; do not scan the margins.
 - If you need to add labels, use an approved font. If the labels are pixelated, you may be asked for an unlabeled version.
 - Use the Arch Basic Clin Res naming convention; save as a TIFF and apply LZW compression.
- c. Scanning black-and-white line art
- Scan in grayscale mode.
 - Scan at 1200 dpi/ppi.
 - Select a target width of 7.5 cm for 1-column figures and 15.5 cm for 2-column figures. Images should be tightly cropped; do not scan the margins.
 - If you need to add labels, use an approved font. If the labels are pixelated, you may be asked for an unlabeled version.
 - Use the Arch Basic Clin Res naming convention; save as a TIFF and apply LZW compression.

2. Scanning originals that are smaller than the target width

- Choose the correct color space for the photographic image or line art.
- Determine the correct resolution. If an image has a width smaller than the target width, it is necessary to compensate by increasing the scanning resolution. To increase the resolution, divide the actual width by the target width (either 7.5 cm or 15.5 cm). Multiply the answer by the target dpi and round up to the nearest hundred. The result will determine the scanning dpi. Use the following example: If an image is 2.4" wide and needs to be 300 dpi/ppi at 3" wide, then $3 \div 2.4 = 1.251.25$, 1.25 times $300 = 375$, and round up to 400. Thus, if the 2.4" image is scanned at 400 dpi/ppi, the Journal can properly convert the image to be 3" wide at 300 dpi.
- Use the Arch Basic Clin Res naming convention and save.

E. Naming Files

1. Naming convention. Please use the following naming convention for electronic images:

Author last name + figure number.file format
For example: Okur1.eps or Okur1A.tif

2. Revising images. Any time that you revise an image and resubmit it to the Journal, you need to add a version number to ensure that the image will be re-evaluated.

For example: Smith1.eps would be saved the next time as Smith1_v2.eps

Note: Always allow the software program to add the file format extension. Files that do not contain an extension will

be rejected. To change a file format extension, you must use a software program; renaming a file extension does not properly convert a file. For example, simply renaming the JPG extension as TIFF does not convert the file to a TIFF image. Opening a JPG file in Photoshop (or in a comparable software program) and saving as a TIFF does properly convert the file.

Note: You can safely change the author last name + figure number (i.e., anything before the "dot-file format" portion) by using the Rename command.

F. Approved Fonts. Please use one of the following fonts for text in labels, graphs, and charts:

- Adobe Garamond
- Arial
- Helvetica
- Symbol
- Times New Roman
- Univers LT

G. Labels

1. Do not place figure labels (A, B, C, etc.) on the digital images; include the letter in the figure file name (for example, Smith2B.tif).

2. If images are part of an A, B, C series, scan and submit each image separately.

H. How to Submit Images. Please submit your digital files via online manuscript system of the journal during the initial submission.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

Both in-text citations and the references must be prepared according to the AMA style.

While citing publications, preference should be given to the latest, most up-to-date publications. Authors are responsible for the accuracy of references. If an ahead-of-print publication is cited, the DOI number should be provided. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first six authors should be listed followed by "et al." In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples.

Journal Article: Erkul E, Cekin IE, Kurt O, Gungor A, Babayigit MA. Evaluation of patients with unilateral endoscopic sinus surgery. *Turk Arch Otorhinolaryngol* 2012;50(1):40-45.

Book Section: Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. *Infectious Diseases*. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a Single Author: Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

Editor(s) as Author: Huizing EH, de Groot JAM, editors. *Functional reconstructive nasal surgery*. Stuttgart-New York: Thieme; 2003.

Conference Proceedings: Bengissson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report: Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

Thesis: Yılmaz B. Ankara Üniversitesindeki öğrencilerin beslenme durumları, fiziksel aktiviteleri ve beden kitle indeksleri kan lipidleri arasındaki ilişkiler. H.Ü. Sağlık Bilimleri Enstitüsü, Doktora Tezi. 2007.

Manuscripts Accepted for Publication, Not Published Yet:

Slots J. The microflora of black stain on human primary teeth. *Scand J Dent Res*. 1974.

Epub Ahead of Print Articles: Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol*. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

Manuscripts Published in Electronic Format: Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

Editor in Chief: Prof. Mecit Kantarcı

Address: Department of Radiology, Erzincan Binali Yıldırım University School of Medicine, Erzincan, Turkey

E-mail: akkanrad@hotmail.com

Publisher: AVES

Address: Büyükdere Cad., 105/9 34394 Mecidiyeköy, Şişli, İstanbul, Turkey

Phone: +90 212 217 17 00

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