

Medicina Intensiva (English Edition)

Guide for authors

- Introduction
 - [Introduction](#)
 - [Types of article](#)
 - [Contact details for submission](#)
 - [Language](#)
 - [Submission checklist](#)
- Before you begin
 - [Ethics in publishing](#)
 - [Studies in humans and animals](#)
 - [Informed consent and patient details](#)
 - [Declaration of interest](#)
 - [Declaration of generative AI in scientific writing](#)
 - [Submission declaration and verification](#)
 - [Preprints](#)
 - [Use of inclusive language](#)
 - [Reporting sex- and gender-based analyses](#)
 - [Authorship](#)
 - [Changes to authorship](#)
 - [Clinical trial results](#)
 - [Reporting clinical trials](#)
 - [Registration of clinical trials](#)
 - [Copyright](#)
 - [Responsible sharing](#)
 - [Funding source](#)
 - [Open access](#)
 - [Elsevier Researcher Academy](#)
 - [Language](#)
 - [Submission](#)
 - [Submit your article](#)
 - [Referees](#)
 - [Letter of Presentation](#)
- Preparation
 - [Peer review](#)
 - [Double anonymized review](#)
 - [Use of word processing software](#)
 - [Article structure](#)
 - [Subdivision - unnumbered sections](#)
 - [Introduction](#)
 - [Patients and Methods](#)
 - [Results](#)
 - [Discussion](#)
 - [Conclusions](#)
 - [Appendices](#)
 - [Essential title page information](#)
 - [Abstract](#)

- [Structured abstract](#)
- [Keywords](#)
- [Abbreviations](#)
- [Acknowledgements](#)
- [Units](#)
- [Artwork](#)
- [Image manipulation](#)
- [Electronic artwork](#)
- [Color artwork](#)
- [Figure captions](#)
- [Tables](#)
- [References](#)
- [Citation in text](#)
- [Reference links](#)
- [Web references](#)
- [Data references](#)
- [Preprint references](#)
- [References in a special issue](#)
- [Reference style](#)
- [Video](#)
- [Supplementary material](#)
- [Research data](#)
- [Data linking](#)
- [After acceptance](#)
 - [Proofs](#)
 - [Offprints](#)
- [Author inquiries](#)
 - [Author Inquiries](#)

Introduction

Introduction

MEDICINA INTENSIVA will consider for publication those works based on topics related to the practice of intensive medicine, medical emergencies, and critical care medicine in coronary units. Manuscripts will be evaluated for publication if they meet the following requirements: the material is original, presentation is clear, the methodology of the study is appropriate, the results are valid, the conclusions are reasonable, and the information is relevant. MEDICINA INTENSIVA complies with the guidelines of the International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals. If the authors have further questions that are not answered within these instructions, they should refer to <https://www.icmje.org>.

Types of articles, sections

The MEDICINA INTENSIVA journal is comprised of the following sections:

Original Articles. This category includes randomised clinical trials, cohort studies, studies on screening or diagnostic tests, cost-effective analyses, meta-analyses, systematic reviews, decision-making evaluation studies, other interventionist studies, case-control studies, and studies based on questionnaires that have received a high response rate. This section will include clinical articles as well as animal research or experimental studies. The maximum length of the text must not exceed 3,500 words (excluding the *Resumen*/Abstract, Tables and References). The information that cannot be included in the manuscript due to this word count limit can be published as electronic supplementary material (ESM), which has no length limitations. The maximum allowed literature references is 40. Up to 6 Figures and 6 Tables will be admitted. In multicentre studies, the number of authors will be limited to 12; the rest will appear at the end of the article. The total number of Tables and Figures will not exceed 6. The length of the structured *Resumen*/ Abstract will be 250 words.

Review Articles. These articles present updates on a specific topic in the field of intensive care medicine. Reviews will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee in order to propose the review article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text will not exceed 5,000 words (excluding the *Resumen*/Abstract, Tables and References). The maximum number of literature references permitted is 80. Authors may also make use of the ESM for more extensive information that cannot be included in the print edition due to the Word count limitations. Up to 6 Figures and 6 Tables will be allowed. It is recommended to include one or several figures in this type of manuscripts. The number of authors will be limited to 4. The *Resumen*/Abstract will not be structured, but it must provide information on its content, with a length limit of 150 words.

Special Articles. This section includes articles written by scientific societies, workgroups or groups of experts (clinical practice guidelines, consensus conferences, systematic reviews, etc.) that review a topic of current interest in intensive care medicine. Other publications include articles sent by renowned experts that analyse current social aspects or those of special interest for our specialty. The maximum length must not exceed 5,000 words (excluding the *Resumen*/Abstract, Tables and References). The maximum number of references permitted is 80. Up to 4 Tables and 4 Figures will be allowed. It must include an unstructured Abstract in English (and a *Resumen* in Spanish) of approximately 150 words.

Types of article

Updates. Reviews commissioned by the Editorial Committee of MEDICINA INTENSIVA are included in this section and will be part of a series that will review in detail current topics in intensive care medicine in successive issues of the journal. The maximum length must not exceed 5,000 words (excluding the *Resumen*/Abstract, Tables and References). The maximum number of literature references permitted is 80. The ESM may be used for information that cannot be included in the print edition due to the word count limit. Up to include always 6 Tables and 6 Figures will be allowed. It is recommended to include always one or several figures in this type of manuscripts. The number of authors is limited to 4. It must include an unstructured Abstract in English (and a *Resumen* in Spanish) of approximately 150 words.

Points of View. The articles included in this section are those in which an opinion is expressed about a controversial topic in the field of intensive care medicine. Points of View will preferably be commissioned by the Editorial Committee, although those proposed by collaborators may be accepted. Thus, before submitting the manuscript, the authors should always contact the Editorial Committee in order to propose the Point of View article in question, at which time it will be determined whether the journal would be interested in its publication. The maximum length of the text must not exceed 1,000 words (excluding Tables and References). The maximum number of references allowed will be 10, and up to 2 Tables and one Figure. The number of authors is limited to 2. It will not have a *Resumen* /Abstract.

Editorials. Included in this section are works in which the author/s discuss and analyse an Original published in the Journal. The Editorials will always be commissioned by the Editorial Committee. Also included in this section will be articles that summarise the view of a current topic by the Editorial Committee of MEDICINA INTENSIVA or the Board of Directors of Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias (SEMICYUC). The maximum length of the text must not exceed 1,000 words (excluding the bibliography). The maximum number of references allowed is 10 and one Table or Figure will be admitted. The number of authors will be limited to 2. It will not include a *Resumen* or Abstract.

Scientific letters. A description of one or several clinical cases in which are described new aspects or important added value on the pathophysiology of the disease, its diagnosis or treatment. The maximum length of the text must not exceed 1,000 words, and the text will not be structured into sections. Up to 2 Figures or Tables will be allowed. The number of signatories must not be greater than 6, and the number of literature references is limited to 10. Scientific Letters will not have a *Resumen*/Abstract.

Letters to the editor. In this open section, objections or comments related to articles recently published in the Journal, and possibly on relevant articles published in other journals of special interest for intensive medicine, or comments on topics of importance associated with the speciality. Letters to the Editor sent to Medicina Intensiva must refer to articles published within the two previous months at most. The maximum length of the text must not exceed 500 words, and up to 5 literature references will be allowed. There must be no more than four signing authors. Those Letters to the Editor that deal with articles previously published in the Journal will have the right to reply. They will be submitted to the author of the original work, who will be able to reply in a letter of the same length within a period of one month. The Editorial Committee will try to publish the Letter to the Editor and the reply together.

Images in Intensive Medicine. This section will publish all types of images that are demonstrative and contain a teaching message by themselves. They must be accompanied by a text of less than 10 lines. Whenever possible, the image should include graphic aids (arrows, asterisks). The number of signing authors will be limited to 3, and the image must be of sufficient graphical quality (minimum resolution of 300 dots per inch (dpi)). No abstract or references are allowed.

Contact details for submission

You can submit your manuscript at <https://www.editorialmanager.com/medintensiva>

Language

This journal is published in Spanish and in English language.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

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All necessary files have been uploaded:

Manuscript

- Include keywords
- All figures (include relevant captions)
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- Ensure all figure and table citations in the text match the files provided; Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations:

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed

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Before you begin

Ethics in publishing

Please see our information on [Ethics in publishing](#).

Studies in humans and animals

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association ([Declaration of Helsinki](#)) for experiments involving humans; [Uniform Requirements for manuscripts submitted to Biomedical journals](#). Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

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Studies on patients or volunteers (including organ/tissue donors) require informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author, but copies should not be provided to the journal.

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Unless the author has written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Declaration of interest

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Declaration of generative AI in scientific writing

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the

writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's [AI policy for authors](#).

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Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication

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Submission declaration and verification

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify compliance, your article may be checked by [Crossref Similarity Check](#) and other originality or duplicate checking software.

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and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

Reporting sex- and gender-based analyses

Reporting guidance

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research \(SAGER\) guidelines](#) and the [SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous--thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [resources on this page](#) offer further insight around sex and gender in research studies.

Authorship

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Contributors Each author is required to declare his or her individual contribution to the article: all authors must have materially participated in the research and/or article preparation, so roles for all authors should be described. The statement that all authors have approved the final article should be true and included in the disclosure.

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their

manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Clinical trial results

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

Reporting clinical trials

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrolment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

Registration of clinical trials

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with [International Committee of Medical Journal Editors](#) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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Language

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Submission

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The authors may propose a maximum of three people whom they consider qualified to conduct a critical review of the manuscript. The suggested reviewers should not have collaborated with the authors in the previous three years, nor should they have contributed substantially to the current manuscript. For more details, visit our [Support site](#). Note that the editor retains the sole right to decide whether or not the suggested reviewers are used.

Letter of Presentation

It is required for all manuscripts to be accompanied by a letter of presentation in Editorial Manager, indicating: 1) the section of the journal for which the paper is being submitted; 2) an explanation (max. one paragraph) of the original contribution and relevance of the article to the field of medicine; 3) a declaration that author instructions were followed and ethical responsibilities complied with; 4) if part of the article has been previously submitted for assessment to another journal or had been previously published (redundant or duplicated publication), the details should be specified, and it is necessary to declare whether permission for publication has been granted by the author(s) or Editor.

Preparation

Peer review

This journal operates a double anonymized review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. [More information on types of peer review](#).

Double anonymized review

This journal uses double anonymized review, which means the identities of the authors are concealed from the reviewers, and vice versa. [More information](#) is available on our website. To facilitate this, please include the following separately:

Title page (with author details): This should include the title, authors' names, affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.

Anonymized manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

This section describes the article structure for this journal.

Subdivision - unnumbered sections

Each part of the manuscript should start on a new page, in the following order: title on the first page, together with the information specified in the previous section, then the text, references, figure and table legends. The figures (diagrams, photos, algorithms) should be attached as independent files through Editorial Manager in the Attach Files section.

Text. The text should be divided into sections. Original articles will have the following headings: Introduction, Patients and Methods, Results and Discussion. Especially complex articles can

include subsections to aid in the comprehension of the information.

Contribution of the authors. In the case of Original Articles, the contribution of each of the authors should be explained in detail at the end of the manuscript on a separate page.

Other sections. The authors should declare any total or partial funding of the study, any grant or other financial support and the existence of any conflicts of interests of any of the authors, regardless of whether it has already been mentioned in the Additional Information section. When mention is to be made of any persons, hospitals or entities that may have collaborated with the study, without being considered authors, it should be included in the Acknowledgements section. The authors are responsible for obtaining the necessary permission from the persons or entities names, as the readers could infer their support of the data and the conclusions of the study.

Summary of a manuscript structure (Original Article)

1. Title
2. Abstract: a) Objective, b) Design, c) Setting, d) Patients or participants, e) Interventions, f) Main variables of interest, g) Results, h) Conclusions
3. Text: a) Introduction, b) Patients and Methods, c) Results, d) Discussion
4. Contribution of the Authors
5. Funding
6. Conflict of Interest
7. Acknowledgements
8. References
9. Tables
10. Figures

Introduction

The introduction should be clear and concise while establishing the purpose of the study and reasonably summarising the current situation of the topic to be discussed. The introduction should prepare the reader to comprehend the text that follows. It should not be a review of the topic itself, nor a hurried discussion. It should finish with a clear and specific description of the study objectives.

Patients and Methods

This section should provide sufficient details so that a specific experience can be reproduced based on the information given. It should indicate the hospital where the experiment or research has been conducted, its duration, characteristics of the series studied, selection criteria used, variables of interest (primary and secondary) and the techniques used (devices used with name and city of manufacturer in parentheses), drugs used with generic name, dose and means of administration). If the methods or procedures are widely used and well known, the corresponding bibliographic reference should be provided to avoid a detailed description. In the case of clinical trials with randomised distribution, randomisation methods should be explained and it should be stated whether the random assignment was blinded. The statistical methods used should be appropriately described.

Results

The findings should be quantified and presented with the appropriate indicators for error or

uncertainty (such as confidence intervals). This section should state, but not discuss, the observations made of the patients and the method used, in logical sequence. The results can be expressed in detail in the text or rather in the form of tables and figures, but unnecessary repetitions should be avoided of the results shown in the tables and figures. Manuscripts that present results of a clinical trial of parallel groups with random distribution should include the [CONSORT flowchart](#), which illustrates the distribution and patient progress throughout the study. Manuscripts that present reports about systematic reviews or meta-analyses will follow the guidelines from the [PRISMA declaration](#). The manuscripts that assess the utility of diagnostic tests should follow the [STARD format](#).

Discussion

The authors should expand on their own opinion about the topic without repeating data provided in the Introduction or Results. This section should include the following aspects: a) the most relevant findings; b) the practical application of the results; c) the possible methodological limitations and the reasons for which the results are valid; d) the correlation with similar publications and the analysis of the similarities and differences with the findings of other authors; and e) the indications and suggestions for further research, providing new hypotheses when justified, and clearly stating them as such. It is not necessary to include conclusions; these should be exclusively derived from the study.

Conclusions

It is not necessary to include conclusions; these should be exclusively derived from the study. The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
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Original abstracts will include an Abstract of 250 words of extension, structured in the following sections:

Objective. It will state the reason for the study that will be evaluated or the hypothesis that is established.

Design. The basic design of the study will be described, including the study period and follow-up period. The following terms should be used:

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1. Schiffl H, Lang SM, Fischer R. Daily hemodialysis and the outcome of acute renal failure. *N Engl J Med.* 2002;346:305-10. <https://doi.org/10.1056/NEJMoa010877> 2. Bernard GR, Vincent JL, Laterre PF, La Rosa SP, Dhainaut JF, López-Rodríguez A, et al. Efficacy and safety of recombinant human activated protein C for severe sepsis. *N Engl J Med.* 2001;344: 699-709. <https://doi.org/10.1056/NEJMc063207>.

Article in electronic journal

3. Cannesson M, Ramsingh D, Rinehart J, Demirjian A, Vu T, Vakharia S, et al. Perioperative goal-directed therapy and postoperative outcomes in patients undergoing high-risk abdominal surgery: a historical-prospective, comparative effectiveness study. *Crit Care.* 2015; 19:261. <https://doi.org/10.1186/s13054-015-0945-2>.

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4. Van der Geer J, Hanraads JAJ, Lupton RA. The art of writing a scientific article. *Heliyon.* 2018;**19**:e00205. <https://doi.org/10.1016/j.heliyon.2018.e00205>.

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5. The hypothermia after cardiac arrest study group. Mild therapeutic hypothermia to improve the neurologic outcome after cardiac arrest. *N Engl J Med.* 2002;346:549-56.

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6. West JB. Ventilation/blood flow and gas exchange. Oxford: Blackwell Scientific Publications; 1977.

Corporate author 7. American Medical Association Department of Drugs. AMA Drug evaluations. 3th ed. Littleton: Publishing Sciences Group; 1977.

Editors or compilers as authors

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Reference to a dataset

[dataset] 11. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <https://doi.org/10.17632/xwj98nb39r.1>.

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