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Just because the case clinically complex, does not mean that it is advisable to publish it as a case report. The level of case reporting is significantly lower than for clinical and laboratory studies. The authors refer to an editorial on the subject Journal of Anesthesia 2008; 100: 744) for further background. BJA requires permission from the patient or the patient's relatives to submit a case report for potential publication. This must be obtained before the manuscript is sent and must be stated in the cover letter. If photos of the patient (in any form) are used, you must obtain a specific signed permission from the patient or the patient's relatives and a copy of the document submitted with the manuscript. Click here to download the patient's consent form. Failure to do so will result in the manuscript being rejected. Reviews of the books are only on request, which will be sent through the BJA editorial board. 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All authors had to make a significant contribution to all the following: (1) the concept and design of the study, or the acquisition of data, or the analysis and interpretation of the data, (2) the compilation of the article or the revision of its critical to important intellectual content, (3) the final version of the version submitted, and 4) all authors must agree to be responsible for all aspects of the work in ensuring that issues related to the accuracy or integrity of any part of the work are properly researched and resolved. For large multicenter studies, the investigators' team must identify those directly responsible for the manuscript. These individuals must fully meet the criteria of authorship. If the list of authors includes the name of the group, all members of the group must meet the full criteria of authorship, as described above. 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Introduce The Recommended Structure for this section; Background information on what is known/unknown about this Hypothesis Purpose of your study Usually, The Introduction should be covered by a maximum of 1.5 pages of double space. The introduction should provide a brief picture of the background of the problem and the objectives of the investigation. It should know what is known about the problem, which will be studied at the time of the study. Previous work directly related to the current problem should be cited. The final paragraph should clearly define the main and, if applicable, secondary objectives of the study. The MethodsThe Methods section should provide a clear but concise description of how the study

was conducted. Subjects covered must include: Ethics approval/license (including date and administration of the institution)Registration (including date) (if applicable)Patient population / Criteria for Exclusion Conducting Research Measurements and Data Processing Primary and Secondary EndPointsSumple Calculation SizeStatistic AnalysisIts approval/license please see our information pages on and countries of origin, all clinical researchers describing human studies must abide by the ethical principles of medical research involving human Subjects set out in the Helsinki Declaration, and modified by the World Medical Association (. Investigators are encouraged to read and follow the Helsinki Declaration. Clinical studies that do not meet the criteria of the Helsinki Declaration will be deprived of peer review. If the published study is subsequently found to be non-compliant, it will be withdrawn or withdrawn. On the basis of the Helsinki Declaration, the BJA requires that manuscripts report on clinical trials be published in the first paragraph of the Methods section, which: The study has been approved by the relevant ethics authority. Written informed consent was obtained from all entities, legal surrogates, parents or legal guardians for minor entities, or that the requirement for written informed consent was revoked by the Ethics Committee, or that the study was conducted as part of a national, regional or institutional process that rejected the need for approval. In countries where formal approval of the ethics committee is not binding on non-commissioned research, evidence should be provided that the study has been submitted to the ethics committee and is considered exempt from consideration and/or consent by the patient or the patient's relatives. The name of the committee and the reference number of the study should be given to Methods.Human subjects should not be identified. 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The dose, route and frequency of introduction should be provided. Do not confuse the dose of the drug with concentration. Numerous publications of human or animal trials in the interest of minimizing risk to humans and animals, as well as promoting the effective use of meager research funds, researchers sometimes pose several questions and make several measurements in one study with the aim of publishing several manuscripts. Dividing the data of one study into several manuscripts is acceptable subject to 3 requirements: the cover letter for each paper obtained from the study explains the need to divide the study into several manuscripts. This applies even if only one of the views relates to BJA. It is important that the accompanying letter states that other parts of the study are currently under review or in the press with another journal. As part of the review process, the journal will consider whether separation is appropriate. Any manuscripts related to the same study must be submitted to reviewers as an additional PDF file through ScholarOne Manuscripts.In all manuscripts after the first, the investigator must disclose that the data was previously reported, with a corresponding quote to the first manuscript. This practice is important for scientific continuity. For example, if a study is asked to do so in a single manuscript, readers should be able to identify all manuscripts based on the same experimental data. Measurements should not interfere with each other. Such interventions can occur in a way that is not obvious during the study. For example, measuring pain thresholds can make it impossible to measure sedative effects. The potential for measuring intervention may not be obvious if pain thresholds and sediment effects are reported in individual manuscripts that are not properly cross-referenced. It follows from the subjects represented by age (average with range), weight (kg), gender, height (m), selection criteria, etc. (patient characteristics, not demographics). The authors of clinical studies should report the sex of participants and use the words sex, male and female in their manuscripts, unless the sex of the participants is related to their hypotheses. Figures and percentage of male and female patients (and other genders/genders as needed) should be reported in text and/or tables. If necessary, the frequency of primary outcomes should be as needed) and gender/floor should be seen as ovaryates in multivariate models or as a reason for exclusion. These recommendations are consistent with existing recommendations for preclinical and clinical trials. Criteria for gender/sex, age, height and acceptability should be issued, indicating the overall health of participants (e.g. asa physical condition) and types of operations. More complex information is best presented as a table. When the ethics committee requires the consent of the patient or immediate family, this must be stated. Clinical TrialsIn the Application for Clinical Trials Registration from the International Committee of Medical Journal Editors, all clinical trials in BJA must be registered in the public trial registry available in English in or prior to enrollment of the participant. This requirement applies to all clinical trials that begin enrollment after January 1, 2009. Studies are considered a clinical trial if it involves the prospective appointment of human subjects to intervention or comparison group to study the relationship between health-related interventions and health outcomes. For more information on which clinical trials are covered by this policy, see the updated ICMJE ( ) guidelines. The registry should be available to the public free of charge, searchable, open to all potential registrars, available in English, and operated by a non-profit organization. The registry should include the following information: a unique identification number, an intervention statement (s), a research hypothesis, a definition of primary and secondary measurements of results, selection criteria, a target number of subjects, a source of funding, contact information for the principal investigator, and key dates (ethics approval date, registration date, start/date of first entity enrollment and completion date). 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In the absence of a publicly available statistical plan, we strongly encourage authors to report that their statistical analysis plan was approved by the authors prior to the analysis or to recognize that their presentation is based on hypothesis testing after the main results of the study have been known (e.g., based on striking patterns in the data set, we conducted the following post-special analysis... The results of this analysis should be considered as a generation of hypotheses.). Reporting checklists should be provided as additional data. The relevant flow chart should be included in the manuscript, as recommended by the following guidelines: Randomized Controlled Trials (RCTs) should be provided: consORT checklist, thread chart and CONSORT checklist for harm reporting in RCTs. 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Studies that include the use of animals should clearly state that institutional approval has been obtained and indicate the UK Home Office licence number or equivalent code that the studies have been conducted in accordance with. European animal studies should follow the EU directive 2010/63 and provide a national and/or institutional approval number. It is recognized that animal welfare legislation can vary by country. BJA uses British standards as a basis and reserves the right to reject manuscripts that were said to not meet these standards, even if a local permit has been issued. THE COME EXECUTIVE Principles The contribution of animal research to improving human and animal health is irrefutable, and BJA is committed to publishing scientific studies that use animal models. This requires the same close attention to detail as in clinical trials. The failure to describe research methods and properly report results has scientific and ethical implications for the entire research process and the reputation of those involved. Experiments involving animals should be properly developed, properly analysed and transparently reported to increase the credibility of the results and maximize scientific benefit, including the use of blinding, randomization, etc. It is strongly recommended that animal studies be accompanied by EXECUTIVE guidelines. Anesthesia Methods of anesthesia and analgesics for scientific research involving animals should be best available to ensure the welfare of the animals involved. Materials, ignoring this guide, can be returned without evaluation. Reducing the potential of pain and distress is a significant refinement and ensuring a safe and anesthesia that does not interfere with specific research objectives also reduces the number of animals used. The authors should also learn how they evaluated and monitored the adequacy of anesthesia. Some anesthesia has interactions that are important for certain areas of research. Whatever agents are used, anesthesia for intervention should be evaluated and achieved. This is especially important when using neuromuscular blocking products. Information about potentially suitable anesthesia can be obtained from a variety of sources, including a veterinary consultant at your research facility, specialized animal anaesthesia laboratory and general veterinary anesthesia textbooks. Analgesia Such efforts should be made to minimize pain or suffering in studies that are conducted using animals. This is important not only for ethical reasons, but also because pain is a source of stress that can have undesirable consequences for research projects. Ensuring effective pain relief can only be done by assessing the degree of pain faced by the animals involved. Assessing animal pain is difficult and time consuming for effective exercise, so it's tempting to just give all animals a standard dose of analgesic. Often all that is possible is to use doses that have been set to be safe and effective in some tests used in rodents during early drug development. Provided that these limitations are appreciated, some strategies for pain management that best use our existing knowledge include: If pain assessment methods have been developed for the species used, they must be adapted to the requirements of a specific study procedure If pain assessment methods are not available, consider providing resources to develop some form of scoring system if pain scoring is not possible , determine the pain protocol based on experience with other surgical procedures in this form If possible, use doses that were created using studies that used a pain assessment system Attempt to assess the effectiveness of the pain regimen selected using a clinical evaluation (your veterinary advisor will be able to help you recognize pain in laboratory animals) Preparation of the rescue analgesia protocol and immediate euthanasia protocol for animals that appears to be in severe pain pain to research the methods of analgesia is a particular problem for journals in the field of anesthesia. Such studies should be conducted with a very careful attitude to the welfare of animals. Rarely does this journal publish studies where the painkiller substance has been compared to placebo in the animal model of severe pain. Book. Flecknell's Animal Anesthesia (4th edition, 2015, Academic Press) offers a useful introduction for safe, effective and appropriate anesthesia and analgesics in animals used in research. Euthanasia of animals used for research is usually euthanasia at the end to collect samples or post-mortem examinations. In addition, animals can be killed because they experience severe pain or distress. Method of killing an animal The experiment should be carefully selected and should be detailed in the methods. The method used should be suitable for the species and should not confuse any purpose of the study - veterinary consultations should be requested. Conducting euthanasia for those who work with laboratory animals in the UK is quite simple. Either the Code of Practice for the Humane Killing of Animals under Schedule 1 of the Animal (Scientific Procedures) Act 1986 is followed, or permission has been obtained to use a method not covered by the Code. The updated code of practice for murder on Schedule 1 has been published by the Committee on Animal Procedures and is available online . The use of carbon dioxide for killing is the subject of much discussion and is not suitable for rabbits. Carbon dioxide is allowed for rodents, but other methods are preferable. Laboratory studiesCell linesAuthors should describe the source of all used cell lines, including information about testing for mycoplasma infection. 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For the figures in the main manuscript, there is enough data of the key flow cytometry (e.g. histograms, density areas). ELISADetails on intra- and inter-indology variability, lower detection limits and linearity dilution evaluations of ELISAs should be provided in additional methods and mentioned in Methods.Large datasetsLarge data sets for micro-array gene expression, SNP arrays, and high bandwidth sequencing studies should be deposited in public storage. Microarray data must be deposited into a public database that meets MIAME requirements. High-bandwidth sequencing data must be deposited into a public database that meets THE requirements of MINSE-E. Provide joining numbers in the text of the main manuscript. Other types of large datasets in a public repository are actively encouraged. Data sets be available to any interested reader on the publication date from the authors directly. 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