

# Instruction for authors



Revised on Nov 23, 2021

Clinical and Experimental Pediatrics (Clin Exp Pediatr) is an international, peer-reviewed monthly journal of medicine published in English. It is the official publication of The Korean Pediatric Society and changed its name from The Korean Journal of Pediatrics in January 2020.

Clin Exp Pediatr covers clinical and experimental research works relevant to all aspects of child healthcare and related articles in pediatrics: education, training, clinical practices, public health, discovery, prevention, ethics, health policy, and health law.

The journal aims to serve pediatricians, researchers, health administrators, residents, and students through the prompt publication of significant advances in any field of pediatrics and to rapidly disseminate recently updated knowledge to the public. Additionally, it will initiate dynamic, international, academic discussions concerning the major topics related to pediatrics.

Manuscripts for submission to Clin Exp Pediatr should be prepared according to the following instructions. Clin Exp Pediatr follows the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*, issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), if otherwise not described below.



For the policies on the research and publication ethics not stated in instructions, ‘Good Publication Practice Guidelines for Medical Journals’ (Korean Association of Medical Journal Editors) and ‘Guidelines on Good Publication Practice’ (COPE, Committee on Publication Ethics).

## 1. Author and authorship

An author is considered as an individual who has made substantive intellectual contributions to a published study and whose authorship continues to have important academic, social, and financial implications. To be listed as an author one should have contributed substantially to all 4 categories established by the International Committee of Medical Journal Editors (ICMJE): (1) conception and design, or acquisition, or analysis and interpretation of data; (2) drafting the article or revising 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. These criteria are applicable to those journals that distinguish the authors from other contributors. Authors are required to identify their contributions to the work on the Title page.

## 2. Duplicate publication

Manuscripts that have been already published elsewhere or in this journal should not be published. When a similar article has been already published elsewhere or in this journal, its copy should be submitted to the editorial office with the relevant manuscript. The editorial board of the CEP will decide whether the relevant manuscript is duplicated and examine whether it can be published in this Journal. The editorial board of CEP strictly prohibits the following malpractices associated with publication. If one of the malpractices is prominently detected in a paper, the paper will be forcefully retracted by the committee.

The followings are:

**Fabrication:** Behavior dishonestly creating some records, being not in existence.

**Falsification:** Behaviors selectively modifying some data from a study or distortedly explaining uncertain things resulted from a statistical analysis of the study.

**Plagiarism:** Behaviors making a fraudulent use of others’ idea, method, results, and sentence etc. without an appropriate permission from them.

CEP will follow the guidelines by the Committee on Publication Ethics (COPE, <http://publicationethics.org>) for settlement of any misconduct.

## 3. Conflict of interest

The corresponding author of an article is asked to inform the editor of the author’s potential conflicts of interest that may influence the interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. All authors should disclose their conflicts of interest, i.e., 1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), 2) personal relationship, 3) academic competition, and 4) intellectual passion. These conflicts of interest must be included as a footnote on the title page. Each author should certify the disclosure of any conflict of interest with his/her signature.

## 4. Protection of privacy, confidentiality, and written informed consent

The ICMJE has recommended the following statement for the protection of privacy, confidentiality, and written informed consent: The rights of patients should not be infringed without written informed consent. Identifying details should not be published in written descriptions (patient’s names, initials, hospital numbers, dates of birth, or other protected healthcare information), photographs, and pedigrees unless it is essential for scientific purposes and the patient (or his/her parents or guardian) provides written informed consent for publication. However, complete patient anonymity is difficult to achieve; therefore, informed consent should be obtained in the event that anonymity of the patient is not assured. For example, masking the eye region of patients in photographs is not adequate to ensure anonymity. If identifying characteristics are changed to protect anonymity, authors should provide assurance that alterations do not distort scientific meaning and editors should take note of this. When informed consent has been obtained, it should be indicated in the published article.

## 5. Protection of human and animal rights

While reporting experiments that involve human subjects, it should be stated that the study was performed according to the WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects (World Medical Association) and approved by the Research Ethics Committee (REC) or the

Institutional Review Board (IRB) of the institution where the experiment was performed. The author should also include the IRB or REC institution name and number in the text. In the case of an animal study, a statement should be provided indicating that the experiment process, such as the breeding and the use of laboratory animals, was approved by the REC of the institution where the experiment was performed or that it does not violate the rules of the REC of the institution or the NIH Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, Commission on Life Sciences, National

Research Council). The authors should preserve raw experimental study data for at least 1 year after the publication of the paper and should present this data if required by the editorial board.

## **6. Registration of the clinical research**

Any research that includes a clinical trial is recommended to register to a primary national clinical trial registration site such as <http://cris.nih.go.kr/cris/index.jsp> or other sites accredited by World Health Organization or ICMJE.

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of the journal, permission must be obtained from the Korean Pediatric Society. The corresponding author should sign the authorship responsibility and copyright transfer agreement form, attesting that he/she fulfills the authorship criteria. The manuscript, when published, will become the property of the journal.

# Manuscript submission



Authors should submit manuscripts via the electronic manuscript management system (<http://submit.e-cep.org>) for Clin Exp Pediatr. Manuscripts should be submitted by the corresponding author, who should indicate the address, phone number, and e-mail address for correspondence in the title page of the manuscript. The revised manuscript should be submitted through the same web system under the same identification numbers.

Failure to do so will result in return of the manuscript and possible delay in publication. Send all correspondence regarding submitted manuscripts to the editorial office e-mail([office@e-cep.org](mailto:office@e-cep.org)).

## 1. Before the submission

We recommend that the authors use the check list provided by the journal.

### [AUTHOR'S MANUSCRIPT CHECK LIST]

- Provide a covering letter stating the material has not been published previously, will not be submitted for publication elsewhere, and stating conflicts of interest of all listed authors, if any. Public dissemination of a manuscript prior to, simultaneous with, or following submission to CEP, such as posting the manuscript on preprint servers should be provided with a copy of the posted manuscript and a link to it at a cover letter of CEP. Without adding important information on the already disseminated manuscript with the posting of the preprint may not be accepted for the publication.
- Ensure all listed authors have read the final manuscript and agree with the submission.
- Include written permission from publishers to reproduce or adapt previously published illustrations or tables.
- The manuscript must be typed in MS Word, with a 12-point font and double-spaced on A4 pages.
- Article layout should follow this sequence: Title page, abstract and keywords, key message ( $\leq 70$  words), graphical abstract (recommended), introduction, methods, results, discussion, acknowledgments, references, tables, figure legends, and figures in the original article.
- All pages should be numbered consecutively starting with the title page.
- Line numbers should be inserted consecutively starting with the title page.
- Title page with article title, authors full name(s), degree and affiliation, running title (less than 10 words), address for correspondence (including telephone and e-mail address), funding, conflict of interests, author contribution (ORCID number) and footnotes, if any.
- Provide an abstract in a structured format for original articles and in an unstructured format for review articles (maximum of 300 words), and keywords as in MeSH.
- References should be listed in a proper format. Check that all references listed in the references section are cited in the text and vice versa.
- By reading the table title and any footnotes, the reader should be able to understand the main findings presented in the table without looking at the main text of the article.
- By reading the figure legend, the reader should be able to understand the main findings presented in the figure without looking at the main text of the article.
- Generic names are used for all drugs. Trade names are avoided.

## 2. Peer review process

Clin Exp Pediatr reviews all received materials. Manuscripts are sent to the two more relevant investigators, for reviews of the contents. The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. An initial decision will normally be made within 2 weeks after the agreement of review by the reviewers, and the reviewers' comments will then be sent to the corresponding authors. Revised manuscripts must be submitted online by the corresponding author. Failure to resubmit the revised manuscript within due date of the editorial decision is regarded as a withdrawal. The editorial office should be notified if additional time is needed or if an author chooses not to submit a revision. The editorial committee makes decisions concerning editing, revision, and acceptance or rejection, and editing may include shortening an article, reducing the number of illustrations or tables, or changing the paper's format or the order of the manuscript. The editor selects referees results of the review will be classified as follows:

- Accepted: The manuscript will be forwarded to the publisher without further corrections.
- Minor revisions: The author should address the comments from the reviewers, which will be confirmed by the reviewers.
- Major revisions: The author should address the comments from the reviewers and make the appropriate corrections for review by the two or more reviewers.

- Rejection: When one out of the three reviewers rejects the manuscript, the final decision is made by the editorial committee.
- Consultation: Review of the manuscript will be done through consultation to subcommittees and subspecialties

### 3. Conditions of publication

All authors are required to affirm the following statements prior to their manuscript being considered:

- 1) If the manuscript doesn't have a new result or conclusion, then it shouldn't have the same title as a previously published review article.
- 2) Once the case has been published in an original paper, it may not be reproduced as a case report. However, only in circumstances in which a novel diagnostic method, a novel therapeutic trial, or a previously unknown accompanying condition is found will the editorial board determine the possibility of acceptance.
- 3) Clinical trials on drugs with commercial implications will be reviewed by the proper subcommittee or subspecialty before being reviewed for publication.
- 4) The editorial board will make an exception only if the clinical picture supply a unique, educational, practical information to the reader of Clin Exp Pediatr.
- 5) Rejected manuscripts may not be resubmitted.
- 6) If the author does not address the comments made by the reviewer or if the manuscript does not follow the guidelines provided, it will be rejected.

### 4. Manuscripts after acceptance

#### 1) Copyright transfer agreement upload

The corresponding author should signed the copyright transfer form on behalf of all authors and upload it to the system.

#### 2) Final version upload

The authors' institutional affiliations should be inserted into the text of the final revised manuscript and uploaded to the online submission system. Files containing figures must be named according to the figure number (ex: Fig1.jpg).

#### 3) Galley proof

After corrections have been made, an accepted manuscript will be sent to the publisher. The proof may be revised more than once by the corresponding author, if needed. The author should double-check for corrections in the content, title, affiliation, capitalization, locations of figures, and references. Corresponding authors are responsible for further corrections made after printing.

#### 4) Confirmation of acceptance

If you need a confirmation, please contact the editorial office e-mail([office@e-cep.org](mailto:office@e-cep.org)).

### 5. Reprint

Reprints are available at any time after publication; however, reprints ordered after publication may be subject to increase in price. A page charge will be requested to the corresponding author, and color photographs will require an additional fee.

# Manuscript preparation



## 1. Publication type

Clin Exp Pediatr publishes perspectives, review articles, editorials, original articles, letters to the editor, clinical notes, correspondence and replies.

### Perspectives

Perspectives may address important pediatric topics such as research, education, training, clinical practices, public health, discovery, prevention, ethics, health policy, or health law, and they are generally not linked to a specific article. Commentary related to the content published in journals other than the CEP can also be submitted. For questions or suggestions about a Perspectives submission, please contact [office@e-cep.org](mailto:office@e-cep.org).

### Review articles

**Review articles** use informal methods to collect and interpret information, which is often summarized subjectively in a narrative and systematic form. Narrative reviews are especially suitable for describing cutting-edge and evolving developments and underlying theory. Systematic reviews involve a detailed and comprehensive plan and search strategy, derived a priori, with the goal of reducing bias by identifying, appraising, and synthesizing all relevant studies on a particular topic.

**Guidelines** format is an official recommendation from professional organizations on issues related to clinical practice and healthcare delivery.

**Position Papers** are official statements from professional organizations on issues related to clinical practice, healthcare delivery, and public health.

Review articles, Guidelines and Position Papers should have following structures:

Title page, Unstructured abstract and Keywords, Key message ( $\leq 70$  words), Graphic abstracts (recommended), Main text (Introduction, Body text, Conclusion), Acknowledgments (if necessary), References, Tables, Figure legends and Figures.

### Editorials

Editorials are commentaries on current topics or on papers published elsewhere in the issue. Editorials are invited by the Editors.

### Present Perspective on the Past Research

Present Perspective on the Past Research (PPPR) is a corner where we look into the past research results of senior researchers, and creates a window to look into the present through medical situation at that time. Accordingly, the author, recommended

by the editorial board, is encouraged to read the topic article interestingly and write it as a commentary at the present time. For questions about a PPPR submission, please contact [office@e-cep.org](mailto:office@e-cep.org).

### Original articles

Original articles are papers containing the results of clinical or laboratory investigations, which are sufficiently well documented to be acceptable to critical readers. The manuscript for original articles should be organized in the following order:

Title page, Structured abstract and Keywords, Key message ( $\leq 70$  words), Graphic abstracts (recommended), Introduction, Methods, Results, Discussion, Acknowledgments (if necessary), References, Tables, Figures Legends and Figures.

### Letters to the Editor

Letters to the Editor focused on a specific article published in CEP and are concise, preliminary reports, but may represent original observations. It is subject to peer review. It should begin with the salutation "To the Editor." There should not be a separate abstract, but rather a concluding paragraph that sums up the Letter. Authors' names, affiliations, funding sources, and conflicts of interests should be listed at the end following references.

### Clinical Notes

Clin Exp Pediatr welcomes the submission of an image or a video for a newly added feature in the online and print versions of the journal.

A Clinical Note is a short report on a unique, educational, or practical image or video of the pediatric area. In addition to seeking images of clinical data, we are also looking for other interesting types of images or videos, including radiographs, pathology, CT scans, MRIs, lab tests, or other testing procedures. The text should include a brief patient history and laboratory findings, and it should put the high-quality image or video clip in context, explaining what the image shows, why it is of interest to the pediatrician, and the outcome of the patient. Authors must obtain signed informed consent for publication in print. Do not use "blackout" bars or similar devices to anonymize patients; if you have received consent appropriately, masking is not necessary. Please also write a short question of approximately 20 words with four short answers to create an accompanying quiz for readers to choose a single best answer. These questions should be appropriate for a general pediatrician. Authors' names, affiliations, funding sources, and conflicts of interests should be listed at the end following references.

## Correspondence and replies

We welcome correspondence on content published in Clin Exp Pediatr. Correspondence concerning recent publications in the journal will be considered for publication. Correspondence is not usually peer-reviewed but accepted on the basis of pertinence and scientific quality. The journal may invite replies from the authors of the original publication or pass on the correspondence to these authors. All accepted correspondence is edited, and proofs will be sent out to authors before publication. Upon review and approval by the editor, the correspondence and relevant replies will be published together.

## Summary of article type

	Abstract & Keywords	Key message	Main text	Figures (Including Videos) & Tables	References
Perspective	N/A	≤70 words	≤800 words	≤1; 1 recommended	≤5
Review Article	≤300 words; unstructured; graphical abstract recommended	≤70 words	unlimited	≤6; 2 or more recommended	unlimited
Editorial	N/A	≤70 words	≤800 words	≤1; 1 recommended	≤10
Present Perspective on Past Research	N/A	≤70 words	≤800 words	≤1; 1 recommended	≤10

Original Article	≤300 words; structured; graphical abstract recommended	≤70 words (Question, Finding, Meaning)	≤4,000 words	≤6	≤35
Letter to the Editor	N/A	≤70 words	≤1,000 words	≤2	≤10
Clinical Note	N/A	≤70 words	≤800 words	≤2	≤10
Correspondence and replies	N/A	N/A	≤300 words	≤1	≤5

Note: (1) The word count for the main text does not include the abstract and keywords, key message, tables, figures, or references. (2) Videos are counted as figures, so the number of figures includes videos.

## 2. Reporting guidelines for specific study designs

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

Type of study	Requirements
Observational studies in epidemiology	STROBE checklist
Randomized controlled trial	CONSORT checklist and flow diagram
Meta-analyses of observational studies in epidemiology	MOOSE checklist



# Format of manuscript



## 1. Title page

This should contain the title of the article, full names of authors, degree(s), and institutional affiliation(s). If several authors and institutions are listed, it should be made clear with which department and institution each author is affiliated. For a multicenter study, indicate each individual's affiliation using a superscript Arabic number 1,2,3.... In a separate paragraph, an address for correspondence including the name of the corresponding author and his/her degree, address (institutional affiliation, city, zip code and country), telephone and e-mail address should be given. The running title, of 10 words or less, should not be a declarative or interrogative sentence. Author contributions, funding and conflicts of interest must be included as a footnote on the title page.

## 2. Abstract and keywords

The abstract in original article should be concise (less than 300 words) and describe concisely the **Background, Purpose, Methods, Results, and Conclusion**, in a structured format. Abbreviations, if needed, should be kept to an absolute minimum, and given with proper identifications.

Abstracts for review articles (review article, guidelines and position paper) provide within one paragraph the background, purpose, methods, important results, and derived conclusion of the study in an unstructured format, but carry the same word count restrictions.

Below the abstract, authors should provide up to 5 keywords or short phrases that will assist indexers in cross-indexing the article and can be published with the abstract. Use terms from the medical subject headings (MeSH) list of Index Medicus; if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used. The first letter of a keyword should be capitalized (e.g., Metabolic disease, Asthma).

## 3. Key message

Clin Exp Pediatr requires the submission of a Key Message. The Key Message should be accompanied by a highlighted box and be no longer than 70 words.

## 4. Graphical abstracts

Although a graphical abstract is optional, its use is encouraged as it attracts attention and increases readership. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the

online submission system. Image size: Please provide an image with a minimum of 531×1328 pixels (h×w) or proportionally larger. The image should be readable at a size of 6×11 cm using a regular screen resolution of 96 dpi. Preferred file types: PPT, TIFF, JPEG, GIF, or EPS files. For questions about a graphical abstract, please contact [office@e-cep.org](mailto:office@e-cep.org).

## 5. Main text

The manuscript should be written in clear and concise English. Authors whose primary language is not English should obtain a review by a native speaker in writing before submission to avoid grammatical problems. The text should be organized in sections as follows: Introduction, Methods, Results, and Discussion. Each section should begin on a new page.

### 1) Introduction

To inform readers, general references to the most pertinent papers, as well as other relevant findings, are described in this section. It also includes the specific question driving the authors particular investigation.

### 2) Methods

We endorse the principles embodied in the Declaration of Helsinki and expect that all investigations involving human materials have been performed in accordance with these principles. In studies involving human subjects, a statement describing approval by the appropriate Institutional Review Board is required. Studies involving experimentation with animals must include a statement indicating which guidelines were followed for the care and use of the animals. An explanation of the experimental methods should be concise and sufficient for repetition by other qualified investigators. Procedures that have been published previously should not be described in detail; however, new or significant modifications of previously published procedures need full descriptions. The sources of special chemicals or preparations should be given (i.e., name of company, city and state, and country). Methods of statistical analyses and criteria of significance level should be described.

Clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age, sex, or ethnicity is not always known at the time of study design, researchers should aim for inclusion of representative populations into all study types and at a minimum provide descriptive data for these and other relevant demographic variables. Ensure correct use of the terms sex (when reporting biological

factors) and gender (identity, psychosocial or cultural factors), and unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

### 3) Results

This part should be presented logically using text, tables, and illustrations. Excessive textual repetition of table or figure contents should be avoided.

### 4) Discussion

The data should be interpreted concisely without repeating materials already presented in the Results section. Speculation is permitted, but it must be supported by the authors' presented data and be well-founded.

## 6. Acknowledgments

All persons who have made substantial contributions, but who are not eligible as authors, are named in the acknowledgments section. Information concerning sources of financial support should be given in this section.

## 7. References

It is the Editors' expectation that authors will perform a comprehensive search of the literature to gather the most current articles relevant to the subject matter. All references that are five years old or more are recommended to be replaced with current literature, unless the referenced publication is a classic work that underscores the core subject.

References should be numbered consecutively in the order in which they are first mentioned in the main text. Each reference should be cited as superscript Arabic number 1), 1, 2), or 1-3), at the end of the related sentence in the text. Reference citations in the main text should be made with consecutive numbers in parenthesis (Vancouver style). In the Reference section, they should be listed in the order of citation within the main text, together with the corresponding number.

- Authors are responsible for the accuracy and completeness of their references and correct text citations.
- Papers in press may be listed among the references with the journal name and tentative year of publication.
- Unpublished data or personal communications can be listed only with the author's written permission.
- Other types of references not described below should follow The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>).

## Examples of reference style

### *Journal article*

1. Lee JY, Lee BH, Kim GH, Jung CW, Lee J, Choi JH, et al. Clinical and genetic characteristics of Gaucher disease according to phenotypic subgroups. *Korean J Pediatr* 2012;55:48-53.

### *Book & Book chapter*

2. Volpe JJ. *Neurology of the newborn*. 5th ed. Philadelphia: Saunders/Elsevier, 2008.
3. Hong CE. *Textbook of pediatrics*. 9th ed. Seoul: Korea Textbook Publishing Co., 2008.
4. Pan ES, Cole FS, Weinttrub PS. Viral infections of the fetus and newborn. In: Tausch HW, Ballard RA, Gleason CA, editors. *Avery's diseases of the newborn*. 8th ed. Philadelphia: Elsevier Saunders, 2005:495-529.

### *Website*

5. International Committee of Medical Journal Editor. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication [Internet]. Philadelphia: International Committee of Medical Journal Editor; c2009 [cited 2012 Nov 1]. Available from: [http://www.icmje.org/urm\\_main.html](http://www.icmje.org/urm_main.html).

## 8. Table

Tables should be typed double-spaced on separate pages within manuscript, and they should be titled and numbered in Arabic numerals in the order of their first citation in the text. Each column should be given a short heading. Only the first letter of the first word in each row and column should be capital letters. If numerical measurements are given, the unit of measurement should be included in the each heading. The statistical significance of observed differences in the data should be indicated by the appropriate statistical analysis. All abbreviations should be defined in footnotes. For special remarks, superscripts a), b), c)... should be used.

## 9. Figure legend

The legend and figure form a separate unit and must be fully self-explanatory. By reading the legend, the reader should be able to understand the main findings in a figure without looking at the text of the article. Additional figures may be submitted as supplementary information, subject to peer review, for publication in the Online Data Supplement. Figure legend for each light microscopic photograph should include name of stain and magnification (i.e., H&E, ×400); electron microscopic photography should have an internal scale marker. All the legends for figures should be double-spaced. Do not use a separate sheet for each legend.

## 10. Figure and Video

### 1) Figure

We recommend color on all images in the manuscript. All of

them must have a minimum resolution of 300 dpi, width 107 mm. The figures should be numbered as Fig. 1, Fig. 2, and Fig. 3. Related figures should be combined into one figure, with each subfigure denoted by the letters, A, B, C, and so on, following the Arabic number of the main figure (i.e., Fig. 1A; Fig. 1B, C; Fig. 1A-C). Figures should be submitted as Tiff or EPS file format. If the only possible file format is JPEG, it must be in highest quality with minimum compression.

Color for online images is free, but the entire expense of reproducing color photographs for offline print images will be charged to the author. Current estimates for color reproduction can be obtained from the Editorial Office.

## 2) Video

The paper to which the video clip relates should be mentioned in the recording. Video files should be accompanied by a brief text explaining the content of the video, title of the video, date of recording, and place of recording, if relevant. Written consent from all parties must be provided at submission.

Video material should be submitted in .mp4 format with an aspect ratio of 16:9 and be no larger than 50 Mb. We welcome your videos and invite you to submit any video material (reports, interviews, scans, imaging) for consideration in the online journal. Please ensure that anyone featured in the video has given permission for publication (see also the previous section on patient and other consents). All video files can be submitted alongside your article.

# Copyright transfer agreement



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## Clinical and Experimental Pediatrics

The transfer of copyright from author to Clin Exp Pediatr must be clearly stated in writing to enable the Clin Exp Pediatr to assure maximum dissemination of the author's work. Therefore, the following agreement, executed and signed by the author, is required with each manuscript submission. (If the article is a "work made for hire" it must be signed by the employer.)

The article entitled \_\_\_\_\_

is herewith submitted for publication in \_\_\_\_\_

In signing this Agreement:

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5. You warrant that any formula or dosage given is accurate and will not if properly followed injure any person;
6. You will indemnify and keep indemnified the Editors, Clin Exp Pediatr against all claims and expenses (including legal costs and expenses) arising from any breach of this warranty and the other warranties on your behalf in this Agreement.

Signature and date

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Name and title

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Institution or company (if appropriate)

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