

Instructions for Authors



Revised June 18, 2026

Clinical and Experimental Pediatrics (Clin Exp Pediatr) is an international, peer-reviewed monthly medical journal published in English. It is the official journal of The Korean Pediatric Society and was renamed from *The Korean Journal of Pediatrics* in January 2020.

Clin Exp Pediatr publishes clinical and experimental research covering all aspects of child health and pediatrics, including medical education, training, clinical practice, public health, disease prevention, ethics, health policy, and health law.

Clin Exp Pediatr aims to serve pediatricians, researchers, healthcare administrators, residents, and students by providing the timely publication of significant advances across all fields of pediatrics. The journal also seeks to disseminate up-to-date knowledge to the public and promote dynamic international academic discussions on major pediatric issues.

Manuscripts submitted to Clin Exp Pediatr must be prepared in accordance with the journal's submission guidelines. Unless otherwise specified in these instructions, the journal follows the ***Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*** established by the International Committee of Medical Journal Editors (ICMJE Recommendations).



For policies regarding research and publication ethics not explicitly addressed in these instructions, *Clinical and Experimental Pediatrics* (Clin Exp Pediatr) follows the *Good Publication Practice Guidelines for Medical Journals* issued by the Korean Association of Medical Journal Editors (KAMJE) and the guidelines of the Committee on Publication Ethics (COPE).

1. Authorship

Authorship should be limited to individuals who have made substantial intellectual contributions to the study and who are willing to take public responsibility for its content.

To qualify as an author, an individual must meet all four criteria established by the International Committee of Medical Journal Editors (ICMJE):

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data.
2. Drafting the manuscript or critically revising it for important intellectual content.
3. Final approval of the version to be published.
4. Agreement to be accountable for all aspects of the work and to ensure that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

These criteria apply to journals that distinguish authors from other contributors. All authors must clearly describe their specific contributions on the Title Page.

2. Duplicate Publication and Research Misconduct

Manuscripts that have been published previously, either in whole or in part, or are under consideration elsewhere, will not be considered for publication in Clin Exp Pediatr.

If a submitted manuscript is substantially similar to work that has been published or submitted elsewhere, authors must provide copies of the related materials to the editorial office. The Editorial Board will evaluate the overlap and determine whether publication is appropriate.

Clin Exp Pediatr strictly prohibits all forms of research and publication misconduct, including:

Fabrication: Deliberately making up data, records, or research results that do not actually exist and reporting them as genuine.

Falsification: Manipulating research materials, equipment, processes, or data, or selectively modifying, omitting, or misrepresenting research findings in a way that distorts the results or conclusions of a study.

Plagiarism: Using another person's ideas, methods, data, results, text, or other intellectual property without proper acknowledgment, permission, or attribution, and presenting them as one's own work.

If misconduct is identified, the Editorial Board may reject the manuscript, retract the published article, and take additional actions in accordance with journal policies.

Clin Exp Pediatr follows the procedures and recommendations established by COPE for investigating and resolving cases of research and publication misconduct. (COPE, <http://publicationethics.org>)

3. Conflict of Interest

The corresponding author is responsible for informing the Editor of any potential conflicts of interest that could influence the interpretation of the study findings.

All authors must disclose any actual or potential conflicts of interest, including but not limited to:

1. Financial relationships (e.g., employment, consultancies, stock ownership, honoraria, or paid expert testimony)
2. Personal relationships
3. Academic competition
4. Intellectual beliefs or commitments

Potential conflicts of interest should be disclosed even when the authors believe that such relationships have not influenced their work. All disclosures must be included as a footnote on the Title Page, and each author must certify the accuracy of the disclosure.

4. Protection of Privacy, Confidentiality, and Written Informed Consent

Clin Exp Pediatr adheres to the ICMJE recommendations regarding patient privacy and confidentiality.

Patients' rights to privacy must not be violated without written informed consent. Identifiable information including names, initials, hospital numbers, dates of birth, photographs, pedigrees, or other protected health information should not be published unless essential for scientific purposes.

Masking the eye region in photographs alone may not adequately protect anonymity. If identifying information is altered to preserve anonymity, authors must ensure that such modifications do not compromise the scientific accuracy or meaning of the report.

Because complete anonymity cannot always be guaranteed, whenever there is any possibility that a patient could be identified, written informed consent for the writing and publication of the report must be obtained from the patient and the patient's parent(s) or legal guardian. When written informed consent has been obtained, this should be clearly stated 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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For commercial use of any material published in the journal, prior permission must be obtained from the Korean Pediatric Society.

The corresponding author is required to sign the authorship responsibility and copyright transfer agreement form, confirming that all authors meet the authorship criteria and agree to the transfer of copyright to the Korean Pediatric Society.

Manuscript Submission



Authors should submit manuscripts through the electronic manuscript management system for *Clinical and Experimental Pediatrics* (Clin Exp Pediatr) at <http://submit.e-cep.org>.

Manuscripts should be submitted by the corresponding author, who must provide a complete mailing address, telephone number, and e-mail address for correspondence on the title page.

Revised manuscripts should be submitted through the same online system using the same manuscript identification number. Failure to do so may result in the manuscript being returned and may delay publication.

All correspondence regarding submitted manuscripts should be directed to the Editorial Office at office@e-cep.org.

1. Before Submission

Authors are strongly encouraged to use the checklist provided by the journal before submitting their manuscript.

[Author's Manuscript Checklist]

- ☐ Provide a cover letter stating that the manuscript has not been published previously and is not under consideration for publication elsewhere. Any potential conflicts of interest for all listed authors should also be disclosed.
- ☐ If the manuscript has been publicly disseminated prior to submission (e.g., through a preprint server), a copy of the posted manuscript and a link to the preprint should be included in the cover letter. Manuscripts that do not contain substantial new information beyond that already available in the preprint version may not be considered for publication.
- ☐ Ensure that all listed authors have read and approved the final version of the manuscript and agree to its submission.
- ☐ Include written permission from the copyright holder to reproduce or adapt any previously published tables, figures, or illustrations.
- ☐ Prepare the manuscript in Microsoft Word using a 12-point font and double spacing on A4-sized pages.
- ☐ For Original Articles, arrange the manuscript in the following order: Title page, Abstract and Keywords, Key Message (≤ 70 words), Graphical Abstract (recommended), Introduction, Methods, Results, Discussion, Acknowledgments, References, Tables, Figure Legends, and Figures.
- ☐ Number all pages consecutively, beginning with the title page.
- ☐ Insert continuous line numbering throughout the manuscript, beginning with the title page.
- ☐ Include the following information on the title page: article title; full names, academic degrees, and affiliations of all authors; a running title (fewer than 10 words); corresponding author's address, telephone number, and e-mail address; funding information; conflicts of interest; author contributions; ORCID iDs; and footnotes, if applicable.

- ☐ Provide an abstract in a structured format for Original Articles and an unstructured format for Review Articles (maximum 400 words), along with keywords selected from MeSH (Medical Subject Headings).
- ☐ Ensure that references are formatted according to the journal style. Verify that all references cited in the text appear in the reference list and that all references listed are cited in the text.
- ☐ Table titles and footnotes should provide sufficient information for readers to understand the main findings presented in the table without referring to the main text.
- ☐ Figure legends should provide sufficient information for readers to understand the main findings presented in the figure without referring to the main text.
- ☐ Use generic names for all drugs whenever possible. Trade names should be avoided.

2. Peer Review Process

Clinical and Experimental Pediatrics (Clin Exp Pediatr) uses a single-anonymized peer review process. The identities of peer reviewers are kept confidential and are not disclosed to the authors, whereas the identities of authors are known to the reviewers.

All submitted manuscripts are initially assessed by the editorial team for suitability, scope, and editorial priority. Manuscripts considered suitable for external review are assigned to typically two independent peer reviewers with relevant expertise. Depending on the subject matter, methodological requirements, or the nature of the manuscript, additional reviewers, including statistical or methodological reviewers, may be invited when necessary.

The final publication decision is made by the editor based on the reviewers' comments, the scientific and clinical significance of the manuscript, and the journal's editorial policies.

An initial decision is typically made within two weeks after reviewers agree to review the manuscript. Reviewer comments and recommendations will be communicated to the corresponding author.

Revised manuscripts must be submitted online by the corresponding author. Failure to submit a revised manuscript by the deadline specified in the editorial decision letter will be regarded as withdrawal of the manuscript. Authors requiring additional time or choosing not to submit a revision should notify the Editorial Office.

The Editorial Committee is responsible for decisions regarding revision, acceptance, rejection, and publication. Editorial revisions may include shortening the manuscript, reducing the number of tables or figures, or modifying the format and organization of the manuscript to comply with journal requirements.

The Editor selects the reviewers, and review outcomes are classified as follows:

- **Accepted:** The manuscript is accepted for publication and will be forwarded to the publisher.
- **Minor Revision:** The authors should address the reviewers' comments and submit a revised manuscript. The revisions may be reviewed by the original reviewers.
- **Major Revision:** Substantial revisions are required. The revised manuscript will be re-evaluated by the reviewers.
- **Rejected:** If the manuscript is not suitable for publication, the final decision regarding rejection will be made by the Editorial Committee based on the reviewers' recommendations.
- **Consultation:** Additional review may be conducted through consultation with editorial subcommittees or subspecialty experts when necessary.

3. Conditions of Publication

All authors are required to confirm the following statements prior to consideration of their manuscript:

- 1) If the manuscript does not present new results or conclusions, it should not carry the same title as a previously published review article.
- 2) Once a case has been published as an original article, it may not be republished as a case report. Exceptions will be considered only when a novel diagnostic method, a novel therapeutic intervention, or a previously unrecognized associated condition is reported. In such cases, the Editorial Board will determine whether the manuscript is eligible for publication.
- 3) Clinical trials involving drugs with commercial implications will be reviewed by the appropriate subcommittee or subspecialty experts prior to editorial evaluation.
- 4) The Editorial Board may make exceptions only when the clinical presentation provides unique, educational, or practical information to readers of Clin Exp Pediatr.
- 5) Rejected manuscripts may not be resubmitted.
- 6) Manuscripts will be rejected if authors fail to address reviewers' comments or do not comply with the journal's submission guidelines.

4. Manuscripts After Acceptance

1) Copyright transfer agreement upload

The corresponding author should sign 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

Clin Exp Pediatr is an open access, online-only journal. All published articles are freely available on the journal's website. Reprints after publication are not provided separately.

4) Confirmation of acceptance

If you need a confirmation, please contact the editorial office e-mail(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.



1. Article Types

Clin Exp Pediatr publishes Original Articles, Review Articles, Editorials, Clinical Notes, Perspectives, Letters to the Editor, Correspondence and Replies, and Present Perspectives on Past Research.

Original Articles

Original Articles report the results of original clinical, translational, epidemiological, or laboratory investigations. Manuscripts should present scientifically rigorous and well-documented findings that contribute meaningfully to pediatric research and practice.

Original Articles should be organized as follows:

- Title Page
- Structured Abstract and Keywords
- Key Message (≤ 70 words)
- Graphical Abstract (recommended)
- Introduction
- Methods
- Results
- Discussion
- Acknowledgments (if applicable)
- References
- Tables
- Figure Legends
- Figures

Review Articles

Review Articles provide comprehensive analyses of topics relevant to pediatric medicine and healthcare.

Narrative Reviews summarize and interpret the literature using a descriptive and expert-driven approach. They are particularly useful for discussing emerging concepts, evolving developments, and theoretical perspectives.

Systematic Reviews follow a predefined protocol and comprehensive search strategy to identify, evaluate, and synthesize all relevant evidence related to a specific research question while minimizing potential bias.

Guidelines present official recommendations from professional organizations regarding clinical practice and healthcare delivery.

Position Papers represent official statements from professional organizations on issues related to clinical practice, healthcare policy, and public health.

Review Articles, Guidelines, and Position Papers should be organized as follows:

- Title Page
- Unstructured Abstract and Keywords
- Key Message (≤ 70 words)
- Graphical Abstract (recommended)

- Introduction
- Main Text
- Conclusion
- Acknowledgments (if applicable)
- References
- Tables
- Figure Legends
- Figures

Clinical Notes

A Clinical Note is a brief report presenting a unique, educational, or clinically relevant image or video in the field of pediatrics. Submissions should include one of the following: a clinical photograph; radiologic, pathologic, or other diagnostic images (e.g., X-rays, CT scans, or MRI scans); laboratory findings; or procedural videos.

The accompanying text should include a concise summary of the patient's clinical history, along with pertinent physical examination findings and relevant laboratory or diagnostic results. Authors should provide the clinical context of the image or video, highlight its educational value and clinical relevance to pediatric practice, and, when applicable, describe the patient's clinical course and outcome.

Authors are responsible for ensuring the protection of patient privacy and confidentiality in the Clinical Note manuscript and all accompanying images or videos. Every effort should be made to remove identifying information. The use of masking techniques (e.g., black bars) alone is not considered sufficient for anonymization. When valid informed consent has been obtained, additional masking is not required. If a manuscript includes personally identifiable information of a patient or treating institution, it must explicitly state in the main text that written informed consent has been obtained from the patient and/or legal guardian for the use and publication of such information. Authors may be requested to submit documentation of consent upon request.

Authors are also required to submit a brief quiz question (approximately 20 words) with four concise answer choices and correct answer that assess knowledge relevant to general pediatric practice.

Author names, affiliations, funding information, and conflict-of-interest disclosures should be listed at the end of the manuscript following the references.

Letters to the Editor

Letters to the Editor focus on a specific article published in Clin Exp Pediatr and may present concise, preliminary reports or original observations. Letters to the Editor are subject to peer review.

Letters should begin with the salutation "To the Editor." A separate abstract is not required; instead, the Letter should conclude with a brief paragraph summarizing its main points.

Authors' names, affiliations, funding information, and disclosures of conflicts of interest should be provided at the end of the manuscript following the references.

Perspectives

Perspectives address important topics in pediatrics, including research, education, training, clinical practice, public health, scientific discoveries, disease prevention, ethics, health policy, and health law. These articles are generally independent of specific publications, although commentaries related to articles published in journals other than Clin Exp Pediatr may also be considered.

For inquiries regarding Perspective submissions, please contact the Editorial Office (office@e-cep.org).

Editorials

Editorials provide expert perspectives on current topics or on articles published in Clin Exp Pediatr. Editorials are requested or invited by the Editors.

Present Perspectives on Past Research (PPPR)

Present Perspectives on Past Research (PPPR) revisits influential studies conducted by senior researchers and examines their significance in the context of contemporary medicine and pediatric practice.

Authors are encouraged to review the selected article, reflect on its historical impact, and discuss its relevance to current research and clinical practice.

For inquiries regarding PPPR submissions, please contact the Editorial Office (office@e-cep.org).

Correspondence and Replies

Correspondence concerning recent articles published in the journal may be considered for publication. Such correspondence is generally not subject to peer review but is evaluated on the basis of its relevance, scientific merit, and contribution to scholarly discussion.

The journal may invite a reply from the authors of the original article or forward the correspondence to them for comment. Following editorial review and approval, the correspondence and any related replies may be published together.

Summary of Article Types

	Abstract & Keywords	Key Message	Main Text	Figure (Including Videos) & Tables	References
Original Article	≤400 words (structured) Graphical Abstract recommended	≤70 words (Question, Finding, Meaning)	≤4,000 words	≤6	Unlimited (Generally recommended ≤35)
Review Article	≤400 words (unstructured) Graphical Abstract recommended	≤70 words	Unlimited	≤6 (≥2 recommended)	Unlimited (Generally recommended ≤100)
Clinical Note	N/A	N/A	≤1,000 words	≤2	≤10
Letter to the Editor	N/A	N/A	≤1,000 words	≤2	≤10
Perspective	N/A	≤70 words	≤1,000 words	≤1 (1 recommended)	≤5
Editorial	N/A	≤70 words	≤800 words	≤1 (1 recommended)	≤10 including the article under commentary
Present Perspective on Past Research	N/A	N/A	≤800 words	≤1 (1 recommended)	≤10 including the article under commentary
Correspondence and Replies	N/A	N/A	≤500 words	≤1	≤5

Note:

1. The word count for the main text excludes the abstract, keywords, key message, tables, figures, and references.
2. Videos are counted as figures; therefore, the total number of figures includes videos.

2. Reporting Guidelines for Specific Study Designs

For specific study designs, including randomized controlled trials, diagnostic accuracy studies, meta-analyses, observational studies, and non-randomized studies, authors are recommended to follow the appropriate reporting guidelines listed in the table below.

Reporting Guidelines by Study Type

Type of Study	Reporting Requirement
Observational studies in epidemiology	STROBE checklist
Randomized controlled trials	CONSORT checklist and flow diagram
Meta-analyses of observational studies in epidemiology	MOOSE / PRISMA

Authors are encouraged to follow the appropriate reporting guidelines for their study design. These guidelines are available through the EQUATOR Network (<https://www.equator-network.org>).

3. General Instructions for Submission

Manuscripts must be submitted through the online submission system of Clin Exp Pediatr (CEP). The corresponding author is responsible for submission and correspondence with the Editorial Office.

Revised manuscripts must be resubmitted within the deadline specified in the editorial decision. If no request for extension is made and the revised manuscript is not resubmitted within one year from the initial submission, the manuscript will be deemed withdrawn and will be automatically rejected.

All submissions must comply with the journal's ethical standards, reporting guidelines, and formatting requirements.

For inquiries, contact: office@e-cep.org

4. Use of Artificial Intelligence (AI) Tools

Authors must disclose any use of artificial intelligence (AI)-assisted technologies (language models, machine learning, or similar technologies) in the preparation of the manuscript. In accordance with ICMJE recommendations, AI tools do not meet authorship criteria and therefore cannot be listed as authors or co-authors. AI tools may be used only to improve language and readability, and must not be used to generate, interpret, or draw conclusions from scientific data. Authors are fully responsible for the content of the manuscript, including any material produced with the assistance of AI tools, and must ensure the accuracy, integrity, and originality of all submitted work. If generative AI technology used in any part of this research or in the assistance of writing this manuscript the authors should provide explicitly a brief description on the utilized generative AI technology in the Acknowledgment or Methods section of the manuscript and Authors take responsibility for the integrity of the content generated by these tools.



Format of Manuscript

1. Title Page

The Title Page should include the article title, full names of all authors, academic degrees, and institutional affiliations. When multiple authors and institutions are listed, clear identification of each author's affiliation is required. For multicenter studies, affiliations should be indicated using superscript Arabic numerals (e.g., 1, 2, 3).

In a separate paragraph, provide the corresponding author's contact information, including name, academic degree, institutional affiliation (department, institution, city, postal code, and country), telephone number, and e-mail address.

A running title of no more than 10 words should also be provided. The running title should not be a declarative or interrogative sentence.

Author contributions, funding information, and conflict-of-interest disclosures must be included as footnotes on the Title Page.

2. Abstract and Keywords

For Original Articles, the abstract should be structured and concise (≤ 400 words), and include the following sections: Background, Purpose, Methods, Results, and Conclusion. Abbreviations should be minimized and defined at first use.

For Review Articles, Guidelines, and Position Papers, the abstract should be unstructured but should briefly summarize the background, purpose, methods (if applicable), key findings, and conclusions. The same word limit (≤ 400 words) applies.

A maximum of 5 keywords or short phrases should be provided below the abstract to facilitate indexing. Keywords should be selected from the Medical Subject Headings (MeSH) of Index Medicus. If suitable MeSH terms are not available, commonly used terms may be used. The first letter of each keyword should be capitalized (e.g., Metabolic Disease, Asthma).

3. Key Message

Clin Exp Pediatr requires submission of a Key Message. This should be presented in a highlighted box and must not exceed 70 words.

4. Graphical Abstract

Graphical abstracts are optional but strongly encouraged, as they enhance visibility and readership.

A graphical abstract should be prepared within a near-square or slightly landscape-oriented box. Cartoon-style illustrations are discouraged. It should emphasize key findings from the manuscript using essential figures or graphs, while ensuring readability. Text should be kept to a minimum, long sentences should be avoided, and unnecessary white space should be reduced. It must be submitted as a separate file through the online submission system.

Image specifications:

- Minimum size: 531×1328 pixels (height×width) or proportionally larger
- Resolution: suitable for 6×11 cm display at 96 dpi
- Preferred file formats: PPT, TIFF, JPEG, GIF, or EPS

For inquiries regarding graphical abstracts, please contact the Editorial Office (office@e-cep.org).

5. Main Text

The manuscript should be written in clear and concise English. Authors whose first language is not English are encouraged to have their manuscript reviewed by a native English speaker prior to submission to ensure grammatical accuracy and clarity.

The main text should be organized into the following sections: Introduction, Methods, Results, and Discussion. Each section should begin on a new page.

1) Introduction

The Introduction should provide readers with relevant background information and cite key literature related to the study topic. It should also clearly state the specific research question or objective that the study aims to address.

2) Methods

The journal endorses the principles of the Declaration of Helsinki, and expects that all studies involving human participants or human-derived materials have been conducted in accordance with these ethical standards.

For studies involving human subjects, a statement confirming approval by an appropriate Institutional Review Board (IRB) or Research Ethics Committee (REC) is required.

For animal studies, authors must include a statement specifying that the research was conducted in accordance with relevant institutional or national guidelines for the care and use of laboratory animals.

The Methods section should provide sufficient detail to allow replication by qualified investigators. Experimental procedures should be described concisely. Established methods should not be described in detail; however, any new methods or substantial modifications of previously published methods must be described in full.

The sources of all special chemicals, reagents, or preparations should be identified, including the name of the manufacturer, city, state (if applicable), and country.

Statistical methods, including all analyses performed and the threshold for statistical significance, must be clearly described.

For observational and experimental studies, authors should clearly describe participant selection, including eligibility and exclusion criteria, as well as the source population. Where applicable, details of controls (healthy individuals or patients) should also be provided.

Although the relevance of variables such as age, sex, or ethnicity may not always be known at the study design stage, authors should aim to include representative populations in all study types and, at a minimum, report descriptive data for these demographic characteristics and other relevant variables.

Authors should ensure appropriate and accurate use of the terms sex and gender. The term sex should be used when referring to biological attributes, whereas gender should be used for identity-related, psychosocial, or cultural factors.

Unless inappropriate, the sex and/or gender of study participants, the sex of animals, and the sex of cells (where applicable) should be reported. Authors should also describe the methods used to determine sex and/or gender.

If a study includes an exclusive population (e.g., only one sex), authors must provide a justification, except in clearly justified cases (e.g., prostate cancer studies).

Authors should also define how race or ethnicity was determined and justify its relevance to the study.

3) Results

The Results section should present findings in a clear and logical sequence, using text, tables, and figures as appropriate. Repetition of data presented in tables or figures within the text should be avoided.

4) Discussion

The Discussion should interpret the study findings concisely without repeating information already presented in the Results section.

Speculation may be included; however, it must be clearly supported by the study data and remain within reasonable scientific interpretation.

6. Acknowledgements

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, Weintrub PS. Viral infections of the fetus and newborn. In: Taeusch 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.

8. Tables

Tables should be double-spaced and presented on separate pages within the manuscript. They should be titled and numbered consecutively in Arabic numerals in the order in which they are first cited in the text.

Each column should have a short heading. Only the first letter of the first word in each row and column should be capitalized. If numerical measurements are provided, the unit of measurement should be included in each heading. The statistical significance of observed differences should be indicated using appropriate statistical analyses. All abbreviations should be defined in footnotes. For special remarks, superscripts (a, b, c, etc.) should be used.

9. Figure Legends

Figures should be fully interpretable on the basis of their legends alone, forming a single integrated unit. The reader should be able to understand the main findings of the figure from the legend alone, without referring to the main text of the article. Additional figures may be submitted as supplementary material, subject to peer review, for publication in the Online Data Supplement.

The legend for each light microscopic image should include the name of the stain and the magnification (e.g., H&E, $\times 400$). Electron microscopic images should include an internal scale bar. All figure legends should be double-spaced. A separate page should not be used for each legend.

10. Figures and Videos

1) Figures

We recommend the use of color for all images in the manuscript. All figures must have a minimum resolution of 300 dpi and a width of 107 mm. Figures should be numbered consecutively as Fig. 1, Fig. 2, Fig. 3, and so on. Related figures should be combined into a single figure, with each subfigure labeled using capital letters (A, B, C, etc.) following the Arabic numeral of the main figure (e.g., Fig. 1A; Fig. 1B, C; Fig. 1A-C). Figures should be submitted in TIFF or EPS format. If JPEG is the only available format, it must be of the highest quality with minimal compression. Color figures are free of charge for online publication.

2) Videos

The manuscript to which the video clip relates should be clearly identified in the recording. Video files should be accompanied by a brief description including the video title, date of recording, and place of recording, if applicable. Written consent from all relevant parties must be provided at the time of submission.

Video materials should be submitted in MP4 format with a 16:9 aspect ratio and a maximum file size of 50 MB.

We welcome video submissions and invite authors to submit supplementary video materials (e.g., procedural demonstrations, interviews, or imaging studies) for consideration in the online journal. Please ensure that all individuals appearing in the video have provided consent for publication (see also the section on patient and other consents). All video files may be submitted together with the manuscript.

Copyright Transfer Agreement



Clinical and Experimental Pediatrics

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

Clin Exp Pediatr adopts the Creative Commons Attribution-NonCommercial license for published articles (https://www.ecep.org/about/open_access.php). Under this license, all articles permit unrestricted non-commercial use, distribution, and reproduction in any medium, provided that the original work is properly cited.

In signing this agreement, you hereby warrant that:

The article entitled "_____"
_____ " is hereby submitted for publication in *Clin Exp Pediatr*.

In signing this Agreement, you hereby warrant that:

1. The article is an original work, has not been published before, and is not under consideration for publication elsewhere, either in printed or electronic form in its final version.
2. You have obtained permission from the copyright holder to reproduce any material not owned by you in the article (in all media, including print and electronic formats), and you have properly acknowledged the source.
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