**稿件投递**

所有稿件必须通过期刊官方投稿平台（http://www.editorialmanager.com/fzm）在线提交。第一次使用的人必须在这个网站上注册，已注册的作者在使用其用户名和密码登录该网站后，可以对文章进行追踪。作者不需要为文章的提交、处理或发表付费。如果你遇到任何问题，请通过电子邮件与编辑部联系，E-mail: [editorialoffice@frigidzonemedicine.com](mailto:editorialoffice@frigidzonemedicine.com)

提交的稿件如果不符合 "作者须知 "的要求，在进行编辑/同行评议之前，将被退回给作者进行技术修正。一般来说，稿件应以两个独立文件的形式提交。

1 封面页。

该文件应提供：

(1) 稿件类型（原创文章、案例报告、评论文章、致编辑的信、图片等），稿件标题、行文标题、所有作者/撰稿人的姓名（包括他们的最高学历、职称和工作单位）以及工作应归属的部门和/或机构名称。所有你身份相关的信息都应该在这里。使用文本/rtf/doc文件，请勿将文件压缩；

(2) 总页数、照片总数以及摘要和正文的字数（不包括参考文献、表格和摘要），如果是原创文章，则为介绍+讨论的字数；

(3) 资助、设备、药品或所有这些形式的支持来源；

(4) 鸣谢，如果有的话。一个或多个声明应说明：1）需要鸣谢的贡献，但不证明作者的身份，如系主任的一般支持；2）对技术帮助的鸣谢；3）对财政和物资支持的鸣谢，应说明支持的性质。这应包括在稿件的标题页中，而不是在文章主文件中；

（5）如果稿件作为会议的一部分被宣读，应写明宣读的组织、地点和确切日期。关于所有可能被视为重复发表相同或非常相似的工作的投稿和以前的报告，向编辑做一个完整的说明。任何这样的工作都应该被特别提及，并在新的论文中加以引用。这类材料的复印件应与提交的论文一起附上，以帮助编辑决定如何处理此事。

（6）如果是临床试验，应提供注册号以及注册地点（注册处的名称及其URL）；

（7）每个作者/贡献者的利益冲突。可能导致利益冲突的财务或其他关系的声明，如果该信息没有包含在稿件本身或作者表格中的话；

（8）列入作者/撰稿人名单的标准；

（9）声明稿件已被所有作者阅读和批准，符合本文件前面所述的作者资格要求，并且每个作者认为稿件体现了工作的内容，如果该信息没有以其他形式提供（见下文）；

（10）负责与其他作者沟通修改和最终批准校样的通讯作者的姓名、地址、电子邮件和电话号码，如果该信息没有包含在稿件本身。

稿件必须按照国际医学期刊编辑委员会（http://www.icmje.org/recommendations/）制定的 "要求 "来准备。在提交稿件之前，请投稿人查看现有的最新说明。

作者/撰稿人有责任获得复制任何有版权的材料的许可。稿件中必须附有所获许可的副本。与稿件有关的任何和所有已发表的文章或正在准备或提交给其他地方的其他稿件的复印件也必须随稿件一起提交。

2 文章文件。文章的主要内容，从摘要开始到参考文献（包括表格）都应该在这个文件中。文件中不得提及作者的姓名或缩写，也不得提及研究的机构或致谢。页眉/标题可以包括标题，但不包括作者的名字。不符合本刊盲法政策的稿件将被退回给通讯作者。使用rtf/doc文件。不要压缩文件。文件大小限制在1MB以内。不要在文件中加入图片。如果文件大小较大，可将图表作为图片单独提交，不纳入文章文件中，以减少文件的大小。各页应连续编号，从盲文文件的第一页开始。

[3] 图片。提交高质量的彩色图片。每张图片的大小应小于2MB。图片的大小可以通过减少图片的实际高度和宽度来减少（保持在1600×1200像素或5-6英寸以内）。图片可以以jpeg文件形式提交。请勿将文件压缩。数字/图像的图例应包括在文章文件的末尾。

[4] 投稿人/版权转让表（以下提供模板）必须在提交后两周内通过快递、传真或电子邮件以扫描图像的形式提交原件和所有投稿人的签名。图像的打印件（一套）或数字图像应在提交修改稿时寄给期刊办公室。高分辨率图像（每张不超过5MB）可通过电子邮件发送。

**稿件类型**

**原创论著：**

包括随机对照试验、干预研究、筛查和诊断测试研究、结果研究、成本效益分析、病例对照系列和高回复率的调查。原文不超过3000字（不包括摘要、参考文献和表格），应按摘要、关键词、引言、材料和方法、结果、讨论、参考文献、表格和图例等标题分章节进行。

引言：

说明研究或观察的目的并总结其理由。

材料和方法：

应包括并描述以下方面。参与者的选择和描述。清楚地描述你对观察或实验参与者（病人或实验动物，包括对照组）的选择，包括资格和排除标准以及对来源人群的描述。技术信息、标明方法、仪器（在括号内注明制造商的名称和地址）和程序，并提供足够的细节，以便其他工作人员能够复制结果。给出既定方法的参考文献，包括统计方法（见下文）；为已经发表但不为人知的方法提供参考文献和简要说明；描述新的或经过大幅修改的方法，说明使用这些方法的理由，并评估其局限性。准确指出所有使用的药物和化学品，包括通用名称、剂量和给药途径。

随机临床试验的报告应根据CONSORT声明（http://www.consort-statement.org）介绍所有主要的研究内容，包括方案、干预措施的分配方法、统计学。在可能的情况下，对研究结果进行量化，并以适当的测量误差或不确定性指标（如置信区间）来表示。作者应报告观察结果的损失（如临床试验中的退出者）。当数据在结果部分进行总结时，应说明用于分析数据的统计方法。避免在统计学中使用非技术性的技术术语，如 "随机"（意味着随机装置）、"正常"、"显著"、"相关 "和 "样本"。定义统计术语、缩写和大多数符号。指定使用的计算机软件。使用大号斜体字（*P*）。对于所有的*P*值，包括准确的数值和不低于0.05或0.001。连续变量的平均差异、分类变量的比例和相对风险，包括几率和危险比，都应附上其置信区间。

结果：

在文本、表格和插图中按逻辑顺序展示你的结果，首先给出主要或最重要的发现。不要在文中重复表格或插图中的所有数据；只强调或总结重要的观察结果。额外的或补充性的材料和技术细节可以放在附录中，这样既方便查阅，又不会打断文章的流畅性；或者，可以只在期刊的电子版中发表。

在结果部分总结数据时，不仅要给出数字结果的导数（如百分比），还要给出计算导数的绝对数，并说明用于分析的统计方法。将表格和数字限制在解释论文论点和评估其支持度所需的范围内。用图表来替代有许多条目的表格；不要在图表中重复数据。在科学上合适的情况下，应包括按年龄和性别等变量进行的数据分析。

讨论：

包括关键发现的总结（主要结果测量、次要结果测量、与先前假设有关的结果）；研究的优势和局限性（研究问题、研究设计、数据收集、分析和解释）；在全部证据的背景下的解释和影响（是否有系统回顾可以参考，如果没有，现在是否可以合理地做一次？本研究对现有证据的补充，对病人护理和卫生政策的影响，可能的机制）；本研究引起的争议；以及未来的研究方向（对于这个特定的研究合作，基本机制，临床研究）。

不要详细重复 "导言 "或 "结果 "部分中的数据或其他材料。特别是，除非稿件中包含经济数据和分析，否则投稿人应避免对经济效益和成本进行陈述。避免宣称优先权和暗指尚未完成的工作。如果需要，可以提出新的假设，但应明确标明是新的假设。可以包括大约30个参考文献，这些文章的作者一般不应超过6人。

**综述类文章**

稿件应附有撰稿人在审查领域所做工作的简短摘要。

规定的字数最多为3000字，不包括表格、参考文献和摘要。稿件可以有大约90个参考文献。稿件应该有一个非结构化的摘要（250字），代表文章的准确摘要。各部分的标题取决于所评论的主题。提交评论文章的作者应包括一个章节，描述用于定位、选择、提取和综合数据的方法，这些方法也应在摘要中加以总结。

本刊希望投稿人在发表后对评论对象进行更新。更新内容应简短，涵盖文章发表后该领域的进展，并在该领域出现重大发展时，以写信的形式发给编辑。预计这些文章将由在该主题上做过大量工作或被认为是该领域专家的个人撰写。稿件应附有撰稿人在审查领域所做工作的简短摘要。

规定的字数最多为3000字，不包括表格、参考文献和摘要。稿件可以有大约90个参考文献。稿件应该有一个非结构化的摘要（250字），代表文章的准确摘要。各部分的标题取决于所评论的主题。提交评论文章的作者应包括一个章节，描述用于定位、选择、提取和综合数据的方法。这些方法也应在摘要中加以总结。

本刊希望投稿人在发表后对评论对象进行更新。更新内容应简短，涵盖文章发表后该领域的进展，并在该领域出现重大发展时，以写信的形式发给编辑。

**案例报告**

可以报道新的、有趣的和罕见的病例。它们应该是独特的，描述了一个巨大的诊断或治疗挑战，并为读者提供一个学习点。具有临床意义或影响的病例将被优先考虑。这些文章的字数不超过1000字（不包括摘要和参考文献），应该有以下标题。摘要（非结构化）、关键词、简介、病例报告、讨论、参考文献、表格和图例，依次排列。

稿件最多可以有1000字（不包括参考文献和摘要），可以有最多10个参考文献。病例报告可由最多四位作者撰写。

**致编辑的信**

这些信应该是简短和决定性的意见。它们最好与以前在本刊发表的文章或在本刊发表的观点有关。它们不应该是需要以后的论文来验证的初步意见。信件最多可以有500字和5个参考文献。一般来说，它可以由不超过4位作者撰写。

**其他**

编辑部、客座编辑、评论和意见由编辑部负责征集。

**参考文献**

参考文献应按其在文中首次提及的顺序连续编号（不是按字母顺序）。在文本、表格和图例中，用阿拉伯数字的上标和标点符号后的方括号标明参考文献。仅在表格或图例中引用的参考文献应按照特定表格或图例的文本中的第一个标识所确定的顺序进行编号。请参照本刊发布的文章参考文献体例，具体格式详见参考文献格式说明。

**表格**

- 表格应该是不言自明的，不应该与文本材料重复。

- 用阿拉伯数字对表格进行编号，按其在文中首次引用的顺序连续排列，并为每个表格提供一个简短的标题。

- 将解释事项放在脚注中，而不是标题中。

- 在脚注中解释每个表格中使用的所有非标准的缩写。

- 所有完全借用、改编和修改的表格都要获得许可，并在脚注中注明出处。

- 对于脚注，请使用以下符号，并按此顺序排列\*, †, ‡, §, ||,¶ , \*\*, ††, ‡‡

- 表格及其图例应在参考文献之后的文本末尾提供。表格及其编号应在文中的相关位置引用。

**图片**

- 请以JPEG格式上传图片，上传时文件大小应在1024kb以内。

- 图应根据它们在文中首次被引用的顺序连续编号。

- 标签、数字和符号应清晰且大小一致。图的字体应足够大，以便在缩小到适合打印的栏目宽度后仍能辨认。

- 在显微照片中使用的符号、箭头或字母应与背景形成对比，并应以转移字体或以组织覆盖的方式整齐地标出。

- 标题和详细的解释属于插图的图例，而不是插图本身。

- 当提交图表、散点图或直方图时，还应该提供它们所依据的数字数据。

- 照片和图表应进行修剪，以去除所有不需要的区域。

- 如果使用个人的照片，必须附上使用该照片的书面许可。

- 如果数字已在其他地方发表，请注明原始出处，并提交版权持有人的书面许可，以便复制材料。这类数字的图例中应出现一个信用行。

- 插图的图例。用双倍行距打出或打印出插图的图例，用阿拉伯数字与插图对应。当使用符号、箭头、数字或字母来识别插图的部分时，在图例中识别并解释每一个符号。解释内部比例（放大率），并确定显微照片中的染色方法。

- 最后的数字用于印刷生产。在提交修改后的稿件时，发送清晰、有光泽、未装裱的彩色照片打印件，高度为4英寸，宽度为6英寸。不接受数码照片的打印稿。如果数字图像是唯一的图像来源，请确保图像的最低分辨率为300dpi或1800×1600像素的TIFF格式。本刊保留裁剪、旋转、缩小或放大照片至可接受尺寸的权利。

All manuscripts must be submitted on-line through the website (http://www.editorialmanager.com/fzm). First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at editor frigidzonemedicine@126.com. Authors are strongly recommended to read “The Requirements” as mentioned above (<http://www.icmje.org/recommendations/>) during the preparation of the papers.

The submitted manuscripts that are not as per the “Instructions to Authors” would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscript should be submitted in the form of two separate files:

[1] **Title Page/First Page File/covering letter**:

This file should provide

1. The type of manuscript (original article, case report, review article, Letter to editor, Images, etc.) title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited, . All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
2. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article;
3. Source(s) of support in the form of grants, equipment, drugs, or all of these;
4. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
8. Criteria for inclusion in the authors’/ contributors’ list
9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

[2] **Blinded Article file**: The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB**. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images**: Submit good quality color images. **Each image should be less than 2 MB in size**. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 x 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

[4] **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

The submitted manuscripts that are not as per the “Instructions to Authors” would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscript should be submitted in the form of two separate files:

|  |  |
| --- | --- |
| **Types of Manuscripts** | [Top](http://www.eusjournal.com/contributors.asp#top) |

**Original articles:**

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

**Introduction:**State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

**Materials and Methods:** *Selection and Description of Participants:* Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. *Technical information:* Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (http://www.consort-statement.org).

***Statistics****:*Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P*0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

**Results:** Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

**Discussion:** Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).   
Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

**Review Articles:**

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

**Case reports:**

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

**Letter to the Editor:**

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

***Other:***

Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.

***References***References should b*e numbered c*onsecutively in the order in which they are first mentioned in the text (not in alphabetic order). Iden*tify references in text,*tables, and legends by Arabic numerals in superscript with square bracket after the punctuat*ion marks. References cited onl*y in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the FZM. The titles of journals*should be abbreviated acc*ording to the style used in FZM.

***Tables***

* Tables should be self-explanatory and should not duplicate textual material.
* Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
* Place explanatory matter in footnotes, not in the heading.
* Explain in footnotes all non-standard abbreviations that are used in each table.
* Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
* For footnotes use the following symbols, in this sequence: \*, †, ‡, §, ||,¶ , \*\*, ††, ‡‡
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***Illustrations (Figures)***

* Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
* Figures should be numbered consecutively according to the order in which they have been first cited in the text.
* Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
* Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
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* The photographs and figures should be trimmed to remove all the unwanted areas.
* If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
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