



INSTRUCTIONS FOR AUTHORS

IJTLD CRD publishes Editorials; Meeting reports; Original Articles; Reviews; Minireviews; Viewpoints; Study Protocols; Letters; Case Reports; Case Series; and Correspondence on the entire spectrum of chronic lung diseases in adults and children.

We welcome submissions of all research relevant to the Union's mission to find health solutions for these conditions, including the development of diagnostics and treatments for the care, management and rehabilitation of patients with these respiratory conditions.

SUBMISSION OF ARTICLES

Articles should be submitted online via Manuscript Central:
<http://mc.manuscriptcentral.com/ijtld>.

Before submitting your article, please read and carefully follow the Instructions for Authors outlined below.

All articles must be submitted in English. When necessary, authors are encouraged to seek professional editing service before submission. If the quality of the English is not considered to be adequate, the manuscript will be returned to the authors without review. Authors may be offered the opportunity to re-submit a revised version that has been edited for English language.

Manuscripts may only be actively under consideration by one journal at any given time.

FAST TRACK REVIEW

If you believe your article requires fast-track review, please state this in the cover letter of your manuscript along with detailed justification(s) for consideration by the Editor-in-Chief.

AUTHORSHIP

The journal recommends the International Committee of Medical Journal Editors' criteria for authorship (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). The ICMJE recommends that authorship be based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work 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.

FORMAT OF SUBMITTED ARTICLES

The formats for the different categories of articles are as follows:

Article category	Page numbers*	Word limit	Figure or Table	References	Abstract included
Editorial	1–3	600–1,400	1–2	25	Yes, 100 words
Meeting report	1–3	1,400	1–2	25	Yes, 100 words
Original Article (methodology papers, qualitative research and impactful operational research)	6	2,500	Up to 5	35	Yes, 200 words
Review (State of the Art, Guidelines/Consensus)	10	3,500	Up to 5	60	Yes, 200 words
Minireview	5	2,000	3–4	35	Yes, 100 words
Viewpoint	5	2,000	3–4	35	Yes, 100 words
Letter	3	1,200	1–2	15	No
Case Report	3	1,200	1–2	15	No
Case Series	3	1,200	1–2	15	No
Correspondence	2	800	1	10	No

*Page numbers refer to the maximum number of typeset pages before additional author fees apply. Authors of papers that do not conform to these guidelines can either revise prior to peer review, or acknowledge that excess page charges will need to be paid in advance of publication (see website for excess page charges).

Clinical trials must be registered in a WHO compliant clinical trial registry and reported according to [CONSORT](#) guidelines. Epidemiological studies should be conducted and reported according to [STROBE](#) guidelines. Systematic reviews and Meta-Analyses will only be considered if they provide insight beyond that available in the source studies. Reporting should follow [PRISMA](#) guidelines. Meta-Analysis of observational data should follow [MOOSE](#) guidelines. A completed PRISMA or MOOSE checklist should be included with the submission.

Abstract

An informative abstract of no more than 200 words that can be understood without reference to the text should be included. For optimal clarity, the author should use the headings Background, Methods, Results and Conclusion.

Main text headings: Three categories of heading are used.

Major headings (e.g., **METHODS, RESULTS**) are in Arial 12 bold caps.

Minor heading 1 (e.g., *Study population and materials*) in Arial 12 italics.

Minor heading 2 (e.g., *Human subjects*) in Times Roman 12 italics.

Sections should follow the usual conventions

Introduction (does not require a heading): This should include the aim, objectives and/or hypotheses for the manuscript, preceded by their rationale.

Methods: This should include a description of the study design, study population, intervention, exposures, outcomes and other relevant variables, where applicable. Details of the statistical analysis plan and sample size and study power should also be included. Methods should be described in a manner that is conducive to replication.

At the end of the section, provide an ethical statement (or explain why it was not required). All studies involving human subjects should include details of informed consent.

Results: Present the results in logical sequence, referencing figures and tables (see information below on submitting figures and tables). For complex tables only highlight the most important results.

Data sharing – as an open access journal, we strongly encourage authors to share the data and other elements presented by archiving it in an appropriate public repository. Authors may include a data availability statement within the Acknowledgements section, with a link to the repository used.

Discussion: Bring the reader back to your initial aims, objective or hypothesis, showing how this study has improved our understanding of the topic.

Conclusions: optional, but if used, please briefly highlight the single most significant aspect of this study.

FORMATTING

Authors should submit a single Word document (.doc or .docx) – this document should include the title page, abstract text, references, tables and figures with legends. For ease of peer review, the article should have 1.5 or double spacing and continuous line numbering.

Title page: This should contain: 1) a concise, informative title without abbreviations; 2) the names and affiliations of all contributing authors, clearly indicating who is linked to each institution; 3) the name, full address and contact details of the corresponding author; 4) a running head of not more than 45 characters and spaces; 5) a word count of the summary, a word count of the text, number of references, tables and figures; 6) up to 5 keywords that do not appear in the title.

ACKNOWLEDGEMENTS: Acknowledge only those people who have made substantial contributions to the study, with their consent. If appropriate, include a data availability statement with a link to the repository used. All sources of support in the form of grants and a conflicts of interest statement should also be included.

REFERENCES: The accuracy of references is the responsibility of the author. Please use superscript numbers in the text, and they must be numbered in the order in which they are cited. References that are cited more than once retain the same number for each citation. The references list at the end of an article should be arranged in numerical order.

References to an article: should include the names of the authors, followed by their initials. List all authors when three or fewer - see the example below:

Gordon JB, Bennett AM. Tuberculosis in reindeer. Scand Rev Respir Dis 1978; 96 (Suppl): 217-219.

When there are more than three authors, list only the first author and add 'et al.'

References to a piece of work: (book/monograph) should include the names of the authors, the title of the piece of work, the ISSN number of the publication, the name of the Editor, the place and year of publication, the number of the volume and the first and last page numbers.

References to a chapter in a book: should include the names of the authors, the title of the chapter with the word "In" preceding the reference of the work e.g.

Girling DJ. The chemotherapy of tuberculosis. In: Ratledge C, Stanford J, Grange JM, eds. Biology of the mycobacteria. London, UK: Academic Press, 1989: pp 285-323.

Electronic references should be given only when an original citation is unavailable; please provide as much information as possible, including html address.

References to an article yet to be published: should give the name of the journal as '(In Press)' and include the article DOI.

Personal communications: should be given in the text with the name of the individual cited and with his/her consent.

FIGURES AND TABLES

Tables and figures should be self-explanatory and easily understood as a standalone element. Numbering of tables/figures corresponds to where they are first cited in the text. All abbreviations included in the title or in the Table/Figure, even if explained in the text of the article, should be expanded in a footnote to be understandable without referring to the text.

Tables: A short descriptive title should appear above the table. Each column should have a short or abbreviated heading. All abbreviations should be explained in a clear legend below the table. Tables should not have shading or bolding.

Tables should be treated as a standalone item, so references should be included in their entirety in the legend and not added to the references list at the end of the article. Please note that the number and size of the tables need to be accommodated within the pages allocated for each type of article.

Examples of table sizes:

Small table with 4-5 columns and 4-5 rows = **1/4 page** in a typeset article

Moderate table with 4-6 columns and 10-12 rows = **1/2 page** in a typeset article

Large table with 6-10 columns and 12-16 rows = **1 full page** in a typeset article If there is the need to refer to very large datasets, the excess material can be included as

Supplementary Data (please note charges below). The figures and tables in Supplementary Data should be numbered as Figure S1, Table S1 etc (to avoid confusion over labelling of the figures and tables in the main body of the article). Alternatively, the data can be hosted via a service such as Figshare (<https://figshare.com>) with a link embedded in the text.

Figures: These should be referred to consecutively in the text. They can be inserted into the Word document at the end of the References or uploaded separately as image files (.jpg, .ppt, .gif, .tif or .bmp). A brief explanatory legend should be provided for every figure to ensure it can be understood as a standalone item.

After acceptance, figures should be made available in editable form

Line drawings, flow charts and histograms: Must be supplied either as .doc or .xls files. For optimal clarity they should be in black and white, with solid black lines, and avoid shading.

Scans, photographs, or X-rays: Should be supplied at a resolution of a least 300 dpi (preferably 500 dpi) as TIFF or JPEG files suitable for reproduction. Photo-micrographs should have internal scale markers where appropriate. X-ray film should bring out the detail with the area of importance clearly indicated. Techniques (staining, magnification, etc) should be defined.

Patient confidentiality: Images that show recognisable individuals are discouraged and will only be considered for publication if there is strong justification. In such cases, consent must be obtained from the individual or legal guardian for publication. A consent form can be obtained on request from the Editorial Office.

Lettering: The size of the symbols and lettering should be in scale with the figure using black Arial font size 10.

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ABBREVIATIONS AND UNITS

Avoid abbreviations in the title or summary. Abbreviations or unusual terms should be described the first time of use. Symbols and units of measure must conform to recognised scientific use, i.e. SI units. For more detailed recommendations, authors may consult the Royal Society of Medicine publication *Units, Symbols and*

Abbreviations: A Guide for Biological and Medical Editors and Authors. Designation of diseases must conform to the International Classification of Diseases. Designation of micro-organisms must conform to the norms of biology. Proprietary names of drugs, instruments, etc. should be indicated by the use of initial capital letters.

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Manuscripts should conform to the *Uniform Requirements for Manuscripts submitted to Biomedical Journals* (<https://www.icmje.org/recommendations/>). Authors should ensure they follow the relevant recommendations and guidelines for reporting their findings (CONSORT, STARD, MOOSE, STROBE, PRISMA, STREGA). Articles on clinical research should conform to the standards defined in the Helsinki Declaration (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>).

Stigmatising language: Authors are advised to avoid terms that may be perceived to be stigmatising, such as “TB suspect” or “defaulter”. Authors can refer to the following publications: Zachariah R. et al., Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients? *Int J Tuberc Lung Dis* 2012; 16: 714–717

Plagiarism: The *Journal* checks for plagiarism. If suspected, *IJTLD CRD* follows the guidelines set out by the Committee on Publications Ethics (COPE) (<http://publicationethics.org/flowcharts>).

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Any specific issue related to the checklist should be addressed to the Editor-in-Chief in the accompanying covering letter. All other correspondence should be sent directly to:

The Editorial Office e-mail: journal@theunion.org