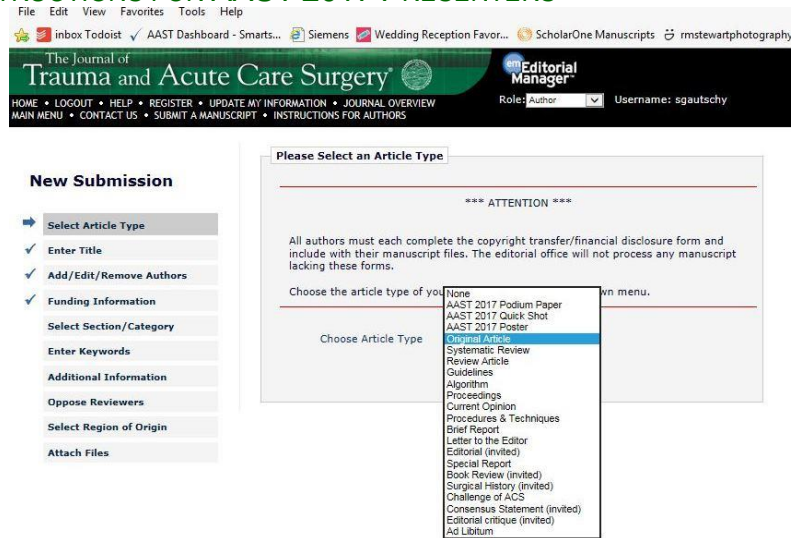


# Journal of Trauma and Acute Care Surgery

## SUBMISSION INSTRUCTIONS FOR AAST 2017 PRESENTERS

All AAST 2017 podium papers must be submitted to the *Journal of Trauma and Acute Care Surgery* via its [web-based tracking system](#). The *Journal* also welcomes poster paper and quick shot submissions. Manuscripts received by **August 1, 2017** will receive expedited review in anticipation of publication in the January–March 2018 issues of the *Journal*.



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Please click the **Register** button at <http://www.editorialmanager.com/jt/>. Upon successful registration, you will receive an email containing your user name and password.

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Please click the **Login** button at <http://www.editorialmanager.com/jt/> and log in to the system as an author.

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### MANUSCRIPT CHECKLIST

Please ensure that your manuscript contains the following elements on submission:

- ✓ **Copyright transfer/financial disclosure** forms must be completed by all authors upon submission. Electronic forms will be sent to all coauthors. If needed, blank PDF forms are also available [here](#).
- ✓ **Cover letter.** Include the paper's full title, assurance that the submission has not been previously published, and corresponding author's contact information.
- ✓ **Title page** with paper's full title, contact information for all authors, and a conflict-of-interest statement detailing all sources of support. If no conflicts are declared, this must also be stated.
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- ✓ **Authorship statement.** Each author must have contributed significantly to, and be willing to take public responsibility for, one or more aspects of the study: its design, data acquisition, and analysis and interpretation of data. Place authorship statement in the main manuscript text before the references.
- ✓ **References** should include the first 10 authors of a study followed by "et al." Original articles are limited to 50 references; systematic reviews, 80 references; and review articles, 100 references. EndNote users may download a *Journal*-specific output style from <http://endnote.com/downloads/styles>.
- ✓ **Figures and tables.** Limited to 6 figures and tables (total) per manuscript. Additional figures and tables may be submitted as supplemental digital content for online-only publication. Include figure legends as a separate page at the end of your manuscript's main text (after references).

## REPORTING STANDARDS

The *Journal of Trauma* asks that prospective authors follow international reporting standards when documenting study methods. To find guidelines for a particular study design, please see the [EQUATOR Network's library](#). Please note the following study-specific requirements:

► **Clinical Trials.** All trials must be registered prospectively in a publicly-accessible registry to be considered for publication. Authors must state the registry and accession details in the first paragraph of the Methods section of the manuscript.

Authors of trials must adhere to the CONSORT reporting guidelines appropriate to their trial design. Please check the [CONSORT statement website](#) for information on the appropriate guidelines for specific trial types. Manuscripts reporting trials must include a [CONSORT flow diagram](#) as a figure.

► **Systematic Reviews and Meta-Analyses.** Reports of systematic reviews and meta-analyses should use the [PRISMA statement](#) as a guide, and include a completed [PRISMA checklist and flow diagram](#) to accompany the main text.

The *Journal* supports the prospective registration of systematic reviews. Authors whose systematic review was prospectively registered (e.g. in a registry such as [PROSPERO](#)) should also provide the registry number in their abstract.

► **Animal Research.** Studies incorporating animal research must conform to [ARRIVE \(Animal Research: Reporting of In Vivo Experiments\) guidelines](#). Authors are encouraged to use ARRIVE's [experimental design resources](#) to improve the design and reporting of research using animals. Editors may request a completed [ARRIVE checklist](#) at revision.

► **Diagnostic Studies.** Reports of studies of diagnostic accuracy should conform to the [STARD requirements](#).

► **Observational Studies.** For reports of observational studies (cohort, case-control, or cross-sectional designs), please consult the [STROBE statement](#).

► **Quality Improvement Studies.** Quality improvement reports should follow guidelines described in the [SQUIRE statement](#). Authors are encouraged to consult the [SQUIRE checklist](#) before drafting manuscripts.

## LEVELS OF EVIDENCE

The *Journal of Trauma's* editors have created a levels-of-evidence framework specific to surgical studies, which was published in June 2012 ([J Trauma Acute Care Surg. 72\(6\):1484-1490](#)). Levels may be re-graded by the *Journal's* statistical editor prior to publication.

Please note that a level-of-evidence grade is only required for clinically-oriented studies; work involving cadavers or animals, basic-science studies, in vitro work, and review articles are excluded. If you have any questions about determining levels, please contact the editorial office at (312) 202-5748 (voicemail box only).

## QUESTIONS?

Complete author instructions in a printable PDF are available [here](#). To see the criteria by which your manuscript will be reviewed, please see our [reviewer guidelines](#).

For questions concerning manuscript formatting, the review status of first submissions, or the copyright transfer/disclosure process, please contact Rachel Hendrick at [rhendrick@origineditorial.com](mailto:rhendrick@origineditorial.com)

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