

## ***Applied Clinical Informatics*** **Author Instructions**

Thank you for contributing to *Applied Clinical Informatics*. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

### **SUBMISSION CHECKLIST**

**All manuscripts must be submitted at the following link:**

**<http://mc.manuscriptcentral.com/acij>**

- AUTHOR INFORMATION**
  - All authors: full name, degrees, department, affiliation, e-mail address
  - Corresponding author: mailing address, telephone number
- MANUSCRIPT FILE**
  - Must be digital - hard copy submissions are not accepted
  - Acceptable formats for documents are Microsoft Word (.doc, .docx) or OpenOffice (.docx, .docm).
  - Acceptable formats for images are tagged image file (.TIF) or portable network graphics (.PNG).
- ABSTRACT AND KEYWORDS**
  - See Page 3 for word limit
- REFERENCES**
  - Cited sequentially in AMA style
- FIGURES AND TABLES**
  - Cited sequentially and included in the main document
- ART FILES**
  - Must be saved separately from the main document
- PERMISSIONS**
  - Required if you plan to reproduce content from a published source or include a photograph of a patient
  - Patient permission form forms available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)

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Applied Clinical Informatics uses knowledge, concepts, instruments, and methods developed by informatics researchers to improve patient care through enhanced use of information systems. Applied Clinical Informatics encompasses information systems used in patient care and their development, deployment, maintenance, analysis, evaluation, assessment, operation, support, certification, their socio-technical aspects, and training requirements.

The core editorial subject matters of *Applied Clinical Informatics* (ACI) are: clinical information systems (including electronic medical records and systems, personal health records, physician/provider order entry, electronic prescribing, clinical decision support, nursing information systems, patient scheduling and tracking tools, lab information systems, radiology information systems, PACS, GP information systems), administrative and management systems, eHealth systems, mobile health and quantified self applications, information technology development, deployment, and evaluation, socio-technical aspects of information technology and health IT training, accreditation, and certification.

## **MANUSCRIPT FORMAT**

*Applied Clinical Informatics* (ACI) publishes original papers, reviews, case reports, opinion papers, and editorials in medical/health informatics and related disciplines with an emphasis on translational or applied informatics.

ACI publishes original papers that have not been published in, submitted to, or appeared in any print or online (including Master's or Doctoral Theses that have been published online). Exempt from this policy are papers that have been published only as abstracts or appeared in a language other than English (e.g., selected, extended high-quality papers from international conferences). In case of doubt, authors are encouraged to discuss their desired publication with the Editor-in-Chief. ACI welcomes letters to the Editor on topics of interest, which may be brief communications (including responses to material previously published in the journal).

All submissions to ACI will be considered on an individual basis and must conform to the editorial requirements of the journal.

Authors should not use the names of patients. Patients should not be recognizable from photographs unless their written permission has first been obtained. This permission should be acknowledged in the paper.

Contributions are submitted in the English language only. Use 'American English' instead of 'British English', unless you are from a British English speaking country. Use a spell checker and consult a native English speaker before submitting your article.

## Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

Article Type	Abstract Limit	Keywords Limit	Title Limit
Case Report	300 words	10	20 words
Invited Editorial	n/a	n/a	20 words
Letter to the Editor	n/a	n/a	20 words
Review	300 words	10	20 words
Research Article	300 words	10	20 words
State of the Art / Best Practice Paper	300 words	10	20 words

- **Research Articles:** Research Articles contain original work based on original research or experimentation not previously published or under consideration by another journal. Research articles generally should not exceed 3,500 words.
- **Reviews:** Reviews contain a state of the art review and summary of a specific subject relevant to ACI. Reviews may be solicited by the editorial board based on a perceived need for discussion of a specific topic. Review articles generally should not exceed 4,000 words.
- **State of the Art / Best Practice Paper:** State of the Art / Best Practice Papers would be generally solicited contributions that describe the state of the art in a particular area of Clinical Informatics. These papers will be based on published research and personal experience with the topic. They will be heavily geared towards lessons learned, best approaches, safety and quality considerations, and outcomes. These submissions are intended to serve as an evidence-based summary of current thinking and practice on an issue with the aim of providing individuals and organizations with a condensed, practical, highly applicable resource relating to an applied clinical informatics issue. They may also signal areas for future research. Systematic literature reviews are not required for this type of submission. State of the Art/ Best Practice articles generally should not exceed 4,000 words.
- **Case reports:** Case reports are intended to be an ACI equivalent to case reports in clinical medicine. However, the focus in case reports will be an information system. Case reports focus on cases of interest with the emphasis on “lessons learned“. Case reports that focus on failures or successes and their analysis are preferred. Short case reports are preferred and they should not exceed 2,000 words.
- **Letters to the Editor:** Letters include short highlights of applied clinical informatics that are significant enough for dissemination in ACI. Letters do not require keywords and summary, and should not exceed 1,500 words. They should include no more than one table or figure, respectively.
- **Editorials:** Editorials allow an expert to provide an opinion on a specific topic relevant to ACI. Editorials may be solicited by the editorial board based on a perceived need for discussion of a specific topic and should not exceed 1,500 words. They are not required to have an abstract, multiple choice questions, a conflict of interest section, a human subjects protection section, or a clinical relevance section.

## General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- Each figure should be saved as its own separate file. Do not embed figures within the manuscript file. This requires special handling by Thieme’s Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.

## Journal Policies and Guidelines

ACI follows the guidelines of the International Committee of Medical Journal Editors (<http://www.icmje.org/index.html>), the Committee on Publication Ethics (<http://www.publicationethics.org.uk>), and the Proposals for Safeguarding Good Scientific Practice of the German Research Association ([http://www.dfg.de/aktuelles\\_presse/reden\\_stellungnahmen/download/self\\_regulation\\_98.pdf](http://www.dfg.de/aktuelles_presse/reden_stellungnahmen/download/self_regulation_98.pdf)).

## Topics of interest for *Applied Clinical Informatics* include (but are not limited to):

### Clinical information systems

Electronic health records and systems, personal health records, physician/provider order entry, electronic prescribing, clinical decision support, nursing information systems, patient scheduling and tracking tools, lab information systems, radiology information systems, PACS, Clinical Decision Support tools, Mobile Health system, GP information systems; Personal Health Records, mobile health technology.

### Administrative and management systems

Practice management, patient notification and communications, drug and resource management, provider scheduling, forecasting and business intelligence, billing systems, quality/safety surveillance and reporting, innovative data reuse and research (data warehousing and data marts);

### eHealth systems

Electronic communication among patients, providers and other stakeholders, electronic health systems, distributed services, wireless and mobile technologies for health care, telemedicine and telehealth, digital libraries, health information exchange;

### Information technology development and deployment

Needs assessment and discovery, abstraction and design of systems, operationalization, selection and implementation, realization and operation, organizational and team barriers, project management, IT management;

**Evaluation of information technology**

Benefits and impact assessments, unexpected consequences, workflow evaluation, implications for safety and quality, system-related errors, application of evaluation methodology and evaluation guidelines, certification of information technology;

**Socio-technical aspects of information technology**

Implementation strategies and processes, privacy, security and information assurance, interdisciplinary workflows, workarounds, distinctions between ambulatory and inpatient workflows, diffusion of innovation, barriers and failures, unintended consequences of HIT, organizational and team cultures, work practice innovation, communication processes, consumer involvement, user acceptance;

**Health IT training**

Training and education, requirements and strategies for training, analysis of effectiveness of training.

## MANUSCRIPT FORMAT *continued*

Pages are to be numbered consecutively beginning with the title page, starting with Arabic numeral 1. Research papers should be organized into: Abstract, Background and Significance, Objectives, Methods, Results, Discussion, Conclusions, Clinical Relevance Statement, Acknowledgments, Conflict of Interest, Human Subjects Protections, Multiple Choice Questions, and References. Tables are to be placed at the end of the manuscript as word tables. Figures and legends are to be referenced within the paper but must be uploaded separately.

### **Title Page**

The first page should contain a concise and informative title of the paper. Initial submissions do NOT include any author information in the manuscript to permit a blinded review. After the initial peer review, the title page should be amended with the list of the authors, their affiliations and a corresponding author section which includes the name, institution, address, country, and the email of the corresponding author.

### **Blinding of Manuscript**

Submissions to ACI will be subject to a double-blinded peer review process in the primary review. This means that the authors are not aware who conducts the review, but also that the reviewer does not know the identities and institutions of the authors. This should guarantee a fair and un-biased review of the paper.

The authors are thus responsible for masking any identifying information in the article (e.g., from the title, content, tables and figures, funding sources, acknowledgements, citations and conflict disclosures) that would allow the reviewer to deduce the organization or identity of the authors by changing the identifiable information to “XXX”.

Identifying information includes the following:

- Names of authors.
- Initials of authors.
- Names and initials of contributors and those acknowledged.
- Names of the institution(s) or site(s) where the research was conducted or where the authors are affiliated.
- Self-citations, such as References to prior work by the authors that is identified in the manuscript as such.
- Funding numbers that can be traced to specific grants, and similar.

The Managing Editor will review submissions prior to peer review to verify sufficient blinding. Any paper that is not adequately blinded will be returned to the author without review. Once accepted (with or without required edits), the authors must un-mask the information prior to publication.

### **Abstract and Keywords**

See the section Article Types for word limits.

The Abstract should not exceed 300 words. It should include the following headings: Background (optional), Objectives, Methods, Results, and Conclusions and should be on a separate page. Keywords (no more than 5) that describe the contents of the submission should be included on a separate line below the Abstract. Terms from the Medical Subject Headings® (<http://www.nlm.nih.gov/mesh/MBrowser.html>) should be used (to facilitate indexing and retrieval). A minimum of two (2) keywords must be selected from the menu of keywords provided by ACI.

### **Main Document**

- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- Do not insert page or section breaks except where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.

Submissions are to be double-spaced. Text is to be 12 point type in Times New Roman font. Headings (Background and Significance, Objectives, Methods, Results, Discussion, Conclusions) are to be numbered sequentially (e.g., 1. Background and Significance; 2. Objectives). Subheadings should be used where appropriate and may be numbered sequentially using decimal points (e.g., 1.1. Background first subheading; 1.2. Background second subheading). Paragraphs should be indented without extra line spacing.

### **Clinical Relevance Statement**

As the journal focuses on facilitating the translation of research results into practice, authors must provide a short paragraph with no more than 3 succinct sentences that discusses the Implications of results for practitioners and/or consumers. This should be placed following the Conclusions and before the References.

### **Multiple Choice Questions**

Authors are asked to add 2-4 multiple choice questions after the conclusions in the paper. The questions should be pertinent to the content of your paper. Authors must pay close attention to the following instructions: Each question will have a short stem, for example “When implementing an Electronic Health Record, which of the following must have close attention to avoid severe interruption to clinical work?” Authors should not include negation (not, least likely, wrong) into the stem. Each question must have four answers of which three are wrong and one is clearly correct. (For example: A. Hardware, B. Vendor, C. Workflow, D. Health Information Exchange) All answers should be similar in structure and design. Authors should avoid making the correct answer the longest if possible. All answers should be logical choices based on the stem. Authors should indicate the correct answer and provide an explanation (1–3 paragraphs) why it is the correct choice.

### **Acknowledgments**

Scientific advice, technical assistance, and credit for financial support and materials may be grouped in a section headed ‘Acknowledgment(s)’ that will appear at the end of the text (immediately after the Protection of Human and Animal Subjects section). This section must be blinded prior to submission of the manuscript and then unblinded for accepted manuscripts prior to publication.

### **Conflict of Interest**

ACI follows the guidelines of the International Committee of Medical Journal Editors (<http://www.icmje.org/index.html>), the Committee on Publication Ethics (<http://www.publicationethics.org.uk>), and the Proposals for Safeguarding Good Scientific Practice of the German Research Association ([http://www.dfg.de/aktuelles\\_presse/reden\\_stellungnahmen/download/self\\_regulation\\_98.pdf](http://www.dfg.de/aktuelles_presse/reden_stellungnahmen/download/self_regulation_98.pdf)).

All listed authors must disclose any and all financial and personal relationships with other people or organizations that may inappropriately influence or bias the objectivity of submitted content and/or its acceptance for publication in this journal. This disclosure must be included in the text of the manuscript and will be available to the peer reviewers. Authors must provide a statement acknowledging any conflicts of interest in a separate section of the manuscript. If the authors report no conflicts of interest, they must acknowledge as much, for example: “The authors declare that they have no conflicts of interest in the research” If any conflicts do exist, please be explicit as to their nature.

### **Protection of Human and Animal Subjects**

All manuscripts must include language either describing the steps taken to protect human and/or animal subjects, or a statement acknowledging that human and/or animal subjects were not included in the project. An example of basic language for human subjects protections would be: “The study was performed in compliance with the World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects, and was reviewed by XXX Institutional Review Board.”

### **Appendices**

ACI permit appendices. An appendix should contain only media of one type (text, images, or tables). Appendices are listed after the body of the paper before the references and should be mentioned in the text.

**MANUSCRIPT FORMAT *continued***



## References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: [www.nlm.nih.gov](http://www.nlm.nih.gov); Books in Print: [www.booksinprint.com](http://www.booksinprint.com); PubMed: [www.ncbi.nlm.nih.gov/PubMed/](http://www.ncbi.nlm.nih.gov/PubMed/); or individual publisher Web sites.

- References must be listed in AMA style (with one exception listed further down the list), using Index Medicus journal title abbreviations.
  - References follow the article text. Insert a page break between the end of text and the start of references.
  - References must be cited sequentially (NOT alphabetically) in the text.
  - When creating in-text citations, be sure to use superscript numbers.
  - By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
  - List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
  - References should be styled per the following examples:
1. Citing a journal article:  
Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. *N Engl J Med* 1986;315:341–347
  2. Citing a chapter in a book:  
Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. *Renal Vascular Disease*. Philadelphia: WB Saunders; 1995:47–62
  3. Citing a book:  
Stryer L. *Biochemistry*. 2nd ed. San Francisco: WH Freeman; 1981:559–596
  4. Citing a thesis:  
Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994
  5. Citing a government publication:  
Food and Drug Administration. Jin Bu Huan Herbal Tablets. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22
  6. Citing an online article:  
Rosenthal S, Chen R, Hadler S. The safety of acellular pertussis vaccine vs whole-cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996;150:457–460. Available at: [http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol\\_150/no\\_5/abstract/htm](http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm). Accessed November 10, 1996
  7. Citing a symposium article:  
Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC

## MANUSCRIPT FORMAT *continued*

### Figure Captions

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.)

### Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, "Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357." ("Data from . . ." or "Adapted from . . ." may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

### Formulas

Mathematical, logical, computer and chemical formulas within documents should be reviewed carefully prior to submission for accuracy and clarity

- For mathematical and logical formulas, equation editor tools contained within word processors (For Microsoft Word: Microsoft Equation; For Open Office: Math) should be used. If other systems (ie LaTeX) are used, it may be preferable to save the formula as an image file (.TIF or .PNG)
  - Within figures, formulas and equations should be formatted as part of the image file (.TIF or .PNG)
  - Within tables, formulas, equations and calculations may be formatted using the word processor equation editors
  - Within text, individual formulas, equations, and calculations should be presented as separate lines that present numbers and variables clearly.
- For chemical and other formulas, equations and maps (such as Unified Modeling Language (UML) diagrams) should be used.
  - Standard nomenclature should be used whenever possible
  - A legend that clearly explains the meaning of each formula and equation should be included. The legend should be able to stand separately from the text of the manuscript.
  - Formulas/equations/maps/diagrams should be saved as image files (.TIF or .PNG)

## DIGITAL ARTWORK PREPARATION

### General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do **not** submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
  - All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

**Note:** Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

### Black-and-White Art

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

### Color Art

- All color artwork should be saved in CMYK, not RGB.

### Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

## **SUBMISSION PROCEDURE**

### **Open Access Option**

Authors of articles for all Thieme subscription journals – including, Applied Clinical Informatics (ACI) – have the option of paying an article processing charge (APC) so that their articles will be published on an Open Access basis. Learn more about Thieme's Open Access program by visiting <https://www.thieme.com/en-us/who-we-serve/authors/journals/open-access>. For the current pricing, please go to “APC” and select “Price List” (“Hybrid Open Access” price applies to this journal).

Journal reviewers receive a 30 % discount. Interested authors may contact Mitali Vyas ([Mitali.Vyas@thieme.in](mailto:Mitali.Vyas@thieme.in)) at Thieme. AMIA members get 50% discount on the open access fees.

### **Submission Procedure**

- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
- Manuscripts must be submitted electronically at the following link: <http://mc.manuscriptcentral.com/acij>
- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system. The Editor in Chief will inform you via email once a decision has been made.

### **Preprint Server Statement**

Applied Clinical Informatics encourages the submission of manuscripts that have been deposited in an initial draft version in preprint repositories such as Research Square, arXiv, and medRxiv. Drafts of short conference abstracts or degree theses posted on the website of the degree-granting institution, and draft manuscripts deposited on authors' or institutional websites are also welcome. All other prior publication is forbidden. During submission, authors should (1) note use of the preprint repository in the cover letter, (2) state what adjustments and/or updates the draft has undergone between deposition and submission and (3) cite the preprint, including the DOI, as a reference in the manuscript.

After submission to the journal, and until a final decision has been made, authors are discouraged from depositing versions of their manuscript as preprints. Upon publication authors should add a link from the preprint to the published article. Twelve months after publication, authors can update the preprint with the accepted manuscript.

### **Revision Procedure**

- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- Log In to the submission system and find your article, which will be marked for revision.
- The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
- You will also be provided space in which to respond to the reviewers' and editors' comments. Please be as specific as possible in your response.
- Please have all identifying information in the resubmission.
- Please submit TWO main documents, one with all of your changes TRACKED (labeled main document), and one that is a finalized CLEAN version with all changes accepted (labeled supplemental review material).
- Please have a fully identified title page as the first page of your revised manuscript (in both TRACKED and CLEAN documents)

**!!Important if you chose the Accepted Manuscript Service!!**

Please note that the information which will be displayed early online on PubMed and on the Thieme homepage (including title, abstract, keywords, authors, affiliations, etc...) will be that which has been entered in the designated fields at the time of submission. Please make sure that information entered in those fields is correct in your revised document. Should the information in the main document differ, changes can only be made at proof stage.

## **PRODUCTION PROCEDURE**

### **Page Proofs**

Page proofs will be sent to you via email. The proofs will be in a PDF file format, which should be opened using Acrobat Reader software. You will receive further instructions with your proofs. Take this opportunity to check the typeset text for typographic and related errors. Elective alterations are difficult to accommodate owing to the associated time and expense of introducing them. Therefore, please be sure that when you submit your manuscript, it is accurate, complete, and final.

## POLICY STATEMENTS

### Statement on Liability

The legislation on product liability makes increased demands on the duty of care to be exercised by authors of scientific research and medical publications. This applies in particular to papers and publications containing therapeutic directions or instructions and doses or dosage schedules. We therefore request you to examine with particular care, also in your own interest, the factual correctness of the contents of your manuscript once it has been copyedited and returned to you in the form of galley proofs. The responsibility for the correctness of data and statements made in the manuscript rests entirely with the author.

### Definition of Authorship

All listed authors must have made substantial contributions to: (1) conception and design, acquisition of data and/or analysis/interpretation of data and (2) drafting and/or critical revision of the article for important intellectual content. All listed authors must approve the version to be published.

### Copyright Statement

Submitted manuscripts must represent original research not previously published nor being considered for publication elsewhere. The editors and Thieme combat plagiarism, double publication, and scientific misconduct with the software [CrossCheck](#) powered by [iThenticate](#). Your manuscript may be subject to an investigation and retraction if plagiarism is suspected.

The Editorial Board will ban authors, who violate the plagiarism rules, from being a reviewer or author for ACI for a minimum of three years.

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