

Submission Checklist	YES	NO	NA
Cover Letter			
Corresponding author with complete contact info (institution, dept, address, email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word count (Abstract & Body) provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure of any presentation of this material, to whom, when, and where	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure of financial support, including grant numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicts of interest statement covering all authors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission to use tables or figures previously published	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient permission where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission to use images including human subjects where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstract			
Meets requirements outlined in table 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured as outlined in table 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission Body			
Blinded/De-identified throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keywords provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets requirements outlined in table 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured as outlined in table 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical trial registration number and/or IRB approval if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tables & Figures			
Each table/figure is separate document, headed by title, and numbered in arabic numerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tables/figures are cited in numeric sequence in the text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formatted as outlined in section ii of author's instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notations within manuscript as to where to insert table/figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>