Overview of the Editorial Process

All submissions to F1000 Research go through a rapid initial check by the in-house editorial team before being published with the status ‘Awaiting Peer Review’. Our editorial team check the appropriateness of the article (including content, quality, tone and format), ensure it is intelligible and that it is written in good English.

As an author you will be asked to identify approx 5 potential referees, primarily from the F1000 Research Editorial Board. If necessary, you may select others of suitable standing who are not currently on the F1000 Research Board. Please avoid suggesting those you have collaborated with in the past 5 years, those from your own institution, or those who are too senior to be likely to undertake such refereeing (they should ideally have authored at least one article in the field as the lead author). Please also try to ensure an international breadth to your choices. Any referee suggestions not already on our Editorial Board will first be checked in-house to ensure they meet the above criteria.

Initially, we will ask referees to quickly inform us whether the work seems scientifically sound. These responses will be displayed immediately against your article together with their name, as well as in your article citation, and will be updated as new referee responses arrive. If they select the status of either ‘Approved with Reservations’ or ‘Not Approved’, we will ask the referees for more detailed comments and feedback before we publish the status, and these referee reports will also be displayed with your article.

You are strongly encouraged to make any amendments suggested by the referees to your article as you deem appropriate. You may also discuss the referee comments openly with the reviewers. All versions of your article will be accessible and can be cited separately, but the latest version will be displayed as the default on F1000 Research. When you submit a new version of an article, we also ask you to send us a short summary of the changes that have been made compared with the previous published version, which we will publish at the top of the new version so that readers do not need to re-read the whole article to know what has been changed. Anything requested by the referees that you have chosen not to address should be explained as responses directly against the referee reports using the Comment tool.

Once your article receives two positive referee responses, your article will be indexed – currently in Scopus, Embase, Google Scholar, CrossRef and British Library – and the status of your article will change to ‘Indexed’. We are working closely with Web of Science and PubMed to also index F1000 Research articles though we will need to publish for a few months before we can apply more formally; we expect that they will index all relevant F1000 Research articles retrospectively.

Example article citation:

**Cellular networks controlling Th2 polarization in allergy and immunity** [v3; Ref status: Indexed, http://f1000r.es/123456]
Smith A, Jones B
F1000 Research 2012 1: 23
**F1000 Research article types**

*F1000 Research* will publish the following types of articles:

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Article</td>
<td>An article presenting a broad range of findings across biology and medicine, including the results of scientific research, epidemiologic studies, method papers, clinical trials. Null/negative findings and replication/refutation findings are also encouraged. (See further details about these articles below in Section 4.1)</td>
</tr>
<tr>
<td>Data Article</td>
<td>A dataset (or set of datasets) together with the associated methods/protocol used to create the data. No analysis of the data, results or conclusions should be included. (See further details about these articles below in Section 4.2)</td>
</tr>
<tr>
<td>Case Report</td>
<td>A case report should be original and should expand general medical knowledge. (See further details about these articles below in Section 4.3)</td>
</tr>
<tr>
<td>Method Articles</td>
<td>These articles describe a new experimental or computational method, test or procedure (basic science or clinical), and should have been well tested. This includes new study methods, substantive modifications to existing methods or innovative applications of existing methods to new models or scientific questions. We also welcome new technical tools that facilitate the design or performance of experiments and data analysis such as software and laboratory devices, or of new technologies to assist medical treatment such as drug delivery devices.</td>
</tr>
<tr>
<td>Study Protocols</td>
<td>We welcome protocols for any study design, including observational studies and systematic reviews. All protocols for randomised clinical trials must be registered and follow the <a href="https://www.consort-statement.org">CONSORT guidelines</a>; ethical approval for the study must have been already granted. Study pre-protocols (i.e. discussing provisional study designs) may also be submitted and will be clearly labelled as such when published. Study protocols for pilot and feasibility studies may also be considered. (See further details about these articles below in Section 4.4).</td>
</tr>
</tbody>
</table>
| Articles from Posters | Posters from conferences or internal meetings may be submitted. These will be published as Short Research Articles. In many cases, some additional detail, particularly in the methods, description of the results, and/or discussion/conclusions will be required to make sure readers have enough information to understand the article without the further explanation often required for a poster. When submitting, please extract the text and any tables from the poster and save into a Word file (or equivalent) and then }
submit all figures as individual labelled files.

<table>
<thead>
<tr>
<th>Short Research Articles</th>
<th>These may come from Posters or slides from a conference or other meeting (see line above) or may be small single-result findings. Such articles can be very brief but need to include enough information, particularly in the methods and results sections, that a reader could understand what was done.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correspondence</td>
<td>This should be a short comment (up to ~800 words) based around one or more articles published elsewhere. The article(s) being discussed must be clearly cited, and your stated opinions should be suitably backed up. If necessary to support your comments, your own tables and figures may be included. Comments will be peer reviewed to ensure they are ‘science’, although the referees need not necessarily agree with your opinions. Comments about articles published in F1000 Research should not be published as separate correspondence but instead using the Comment tool directly on the article itself.</td>
</tr>
<tr>
<td>Commentary / Opinion Article</td>
<td>An opinion-based article on a topical issue of broad interest. If you have such an article that you are interested in submitting, then please contact us providing a brief summary of the proposed article.</td>
</tr>
<tr>
<td>Review</td>
<td>A balanced overview of the latest discoveries in a particular field. If you have such an article that you are interested in submitting then please contact us providing a brief summary of the proposed article.</td>
</tr>
</tbody>
</table>

All articles must:

1. Neither have been published, nor currently under consideration or review elsewhere, except for in a preprint server such as F1000 Posters or ArXiv.
2. Meet all applicable standards for the ethics of experimentation and research integrity (see below).
3. Adhere to appropriate reporting guidelines and community standards for data availability (see below).

**Submission**

*Text*

Please send your article by e-mail to research@f1000.com in Word, Rich Text Format (RTF) or LaTeX (please submit initially in PDF). Users of other word processing packages should save or convert their files to RTF before e-mailing. Please do not send us hard copies of your manuscript.

As well as all the files, please include a cover letter that clearly states that all authors are agreeing to the submission of this article; that this is a novel article; and that it is not currently submitted elsewhere for publication (or already published elsewhere).
Tables/Figures
Tables may be submitted as part of the text of the article, or as an Excel file. All figures should be submitted separately (with the figure legends in the main article file). Images should preferably be submitted as jpeg or tiff files, and line drawings/graphs should be as eps files. Adobe Illustrator and InDesign files are also acceptable. If you are unable to convert your figures into one of these formats then please let us know and send us the originals.

Please do not submit any figures that have been previously copyrighted unless you have express written permission from the copyright holder (usually the Publisher unless the publication is Open Access) to publish under the Creative Commons Attribution License. For clinical photographs, please ensure you have appropriate written consent to publish them from the patient involved.

Data
Please note that all primary research articles should include the submission of the data underlying the results (e.g. figures etc), together with details of any software used to process results. We strongly believe that it is essential that others can see the raw data to be able to replicate your study and analysis of the data, as well as in some circumstances, reuse it. Furthermore, publishing your data will provide you with priority and show clearly that you did the work first. Others that then reuse your data for their own studies will be required to cite your data (which can be cited separately from your article if appropriate). Failure to provide such data for publication is likely to result in your article being rejected.

We recognise that there may be situations where the data cannot be submitted as it is owned elsewhere (e.g. analysis of public data collected by a large consortia) – here a link to the datasets will suffice – or there are ethical issues (e.g. in some instances with patient data), so if there is a valid reason why you cannot submit the data then please let us know.

Data hosting
If there is a suitable subject repository for the datafiles, please deposit them there and then include the Accession Number(s) or other Identifiers and database details in your data article. For some datatypes such as genetic sequences and protein structures, it is essential that the data are deposited in Genbank and Protein Data Bank, respectively. For x-ray crystal structures, please also submit your validation reports.

For all other data, please let us know the filetypes you have and the approximate total size of your datasets and then we will arrange with you the best way to transfer the data to us where we will review it and then deposit it on your behalf in a stable data repository. Please do not directly submit your data to FigShare; we have an arrangement with them which means if appropriate, we will submit your data to them on your behalf and this then enables us to link your datafiles up with the article properly and allow readers to have the benefit of previewing your data within your article.

Data file labelling
If you are submitting files directly to us (rather than onto a subject-specific repository), please ensure all files are labelled in such a way that a reader will understand the difference between the files. Similar files (e.g. groups of fasta files) may be grouped together – if this is relevant, please inform us how the files should be grouped. For each file/group, please provide:

- A single short title describing the content of the files;
- A more detailed figure legend to enable the files to stand alone from the text.
For any spreadsheet-type data, please ensure all columns are labelled, and all headings would make sense to a reader. Try to avoid acronyms and abbreviations, but if necessary, please include an explanation of them in the data legend.

**Article Preparation**

1 **Authorship**

Please list all authors that played a significant role in the research involved in the article. Please provide full affiliation information (including full institutional address and ZIP code) for all authors, identify who is/are the corresponding author(s) and provide an e-mail address for (each of) the corresponding authors. For clinical trial articles, the e-mail addresses of all authors must be provided. All further correspondence relating to the article will be directed through the corresponding author(s), although for clinical articles, all authors will be contacted just before publication to confirm their authorship on the article and that they all accept direct responsibility for the content of the article.

The involvement of any professional medical writer assistance (or assistance from anyone not directly involved in the research itself) in the preparation of the draft for publication must be declared. Criteria for authorship are based on the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](https://www.icmje.org/index.xhtml), and primarily involves:

1. substantial contribution to conception and design, or acquisition, analysis or interpretation of data;
2. drafting the article or revising it critically for important intellectual content; and
3. final approval of the version to be published.

Anyone who does not meet these criteria (e.g. someone who provided purely technical help, writing assistance, or a department chair who provided only general support) should be listed in the acknowledgements; similarly, everyone who does meet the criteria above should be listed as authors.

When a large, multi-centre group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript, and these individuals should fully meet the criteria for authorship as defined above.

2 **Article title**

The title should be detailed enough for someone to know whether the article would be of interest to them, but also concise. Please ensure the broadness and claims within the title are appropriate to the content of the article itself.

3 **Abstract**

Abstracts should be up to 300 words and provide a succinct summary of the article. Although the abstract should explain why the article might be interesting, care should be taken not to inappropriately over-emphasise the importance of the work describe in the article. Citations should not be used in the abstract and the use of abbreviations minimized.

4 **Main body of article**

The format of the main body of the article is flexible: it should be concise and in the format most appropriate to displaying the content of the article.
4.1  Research Articles

Research articles should present novel research findings across biology and medicine, including the results of scientific research, epidemiologic studies, method papers, clinical trials. We also encourage articles covering null/negative findings, as well as replication (i.e. successful replication of a previous finding which could range from a single figure in another article to a whole paper) or refutation (i.e. unsuccessful replication of a previous finding) studies.

All research articles should be accompanied by the supporting data. For the majority of articles, the standard format of Introduction, Methods, Results and Conclusions/Discussion will be the most appropriate format. All Methods should include a brief discussion of allowances made (if any) for controlling bias or unwanted sources of variability, and the limitations of the datasets.

In all instances, please include details of how the data were analysed to produce the various results (tables, graphs etc) shown (i.e. what statistical tests were used); if a piece of code was used, detail of how to access this code (if not proprietary) should be provided.

4.2  Data Articles

The purpose of a data article is to share raw and/or processed datasets with the wider community, and to provide sufficient associated protocol information for others to be able to reproduce the experiment (where feasible). The data must be hosted by a stable and recognised repository – if there is no obvious subject-specific repository for your data then please let us know and we will advise on suitable options.

Data-only articles may be particularly beneficial in scenarios where you have some useful data that are useful to the scientific community but that you may not have time to analyse yourself (e.g. the grant ran out, the student or PI left etc).

You may also publish the data supporting a research article (as a Data Article) that is going to be (or has been) published elsewhere. We have contacted most of the major journals and publishers and the majority have agreed they would not view this as prior publication – for a full list of responses, please see: [http://f1000research.com/about/](http://f1000research.com/about/). We are happy to work with you and the relevant journal to coordinate simultaneous publication of the two articles.

Authors should ensure that the article text that goes with the raw datasets covers the following topics (except for clinical trial articles which have a separate list below).

• Objectives.
• Materials and methods – provide a detailed account of the protocol used for the study.
  • If a standard protocol that is published elsewhere (e.g. Nature Protocols, Current Protocols), a reference may be used;
  • Source of all samples, reagents, antibodies etc. – anything that could affect the outcome of the results;
  • How samples were selected; what exclusions were made, if any;
  • What was being measured;
  • For processed data, any software used to process the data and, where possible, the code should be made openly available.
• For laboratory animal studies, we recommend compliance with the 'Animal Research: Reporting In Vivo Experiments' [ARRIVE guidelines](http:// ARRIVE guidelines), developed by NC3Rs to improve standards of reporting to ensure that the data from animal experiments can be fully scrutinized and utilized.
  • Allowances made, if any, for controlling bias or unwanted sources of variability.
• Limitations of the datasets.
• Acronyms and abbreviations must be explained.
For clinical trial data articles, please include:

- Original study protocol.
- Trial registration details.
- Hypothesis
- What stage is being reported
- Details of risk of bias:
  - Randomisation type and the limitations of that process
  - How allocation was concealed;
- What, if anything, was done differently compared with what was described in original study protocol, and why.
- Means and SDs for each group/outcome and control groups. If not appropriate, please explain why.
- Details of sponsorship
- Adherence to CONSORT

### 4.3 Case Reports

Case Reports should expand on current general medical knowledge in the field, and a statement clarifying how this Case Report adds to the literature must be included in the abstract. Case Reports should therefore meet at least one of the following criteria:

1. Unreported or unusual side effects or adverse interactions involving medications
2. Unusual disease presentation, or presentations and/or management of new or emerging diseases
3. New associations or variations in disease processes, or unexpected association between diseases or symptoms

A summary of the background of the case’s history and progression, or of the drug’s common use and reported adverse events should be provided, together with a brief summary of previous cases in the specific area.

All details relevant to the patients’ history, examination, investigation and previous treatment should be included, as well as their demographic information where possible (without providing details that could lead to patient identification). **Clinical photographs may be included, but they must be accompanied by written consent to publish from the patient involved.**

The main conclusions from the report should then be provided, together with a discussion of the importance and relevance of the findings and how they may impact our future understanding of disease processes, diagnosis or treatment.

Please ensure that you have obtained **written, informed consent from the patient (or their legal guardian for a minor, or next of kin if the patient has deceased) for publication of this Case Report** (you can use our form in Appendix 2, or your own institution’s form as you prefer). You also need to include an explicit statement, under a separate heading of ‘Consent’, at the end of the main text confirming this (we suggest: ‘Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient/parent/guardian/relative of the patient.’). This signed consent form should be made available to the F1000 Research editorial office if requested.
4.4 Trial Protocols

We welcome protocols for any study design, including observational studies and systematic reviews. All protocols for randomised clinical trials must be registered and follow the CONSORT guidelines; ethical approval for the study must have been already granted.

Articles should include a full description of the study including:

- Study rationale
- How the sample was selected
- Interventions to be measured
- Sample size calculation – i.e. expected number of participants to make the outcome significant
- Primary outcomes being measured, as well as a list of secondary outcomes
- Data analysis and statistical plan
- Detail of any ethical issues relating to the study (and of the ethical approval received).
- Plans for dissemination of the study outcome once completed.

Study pre-protocols (i.e. discussing provisional study designs) may also be submitted and will be clearly labelled as such when published. They should contain as much of the above information as possible and also any areas where specific feedback is being requested from reviewers and/or other readers from the community.

Study protocols for pilot and feasibility studies may be considered

5 Consent

For articles involving patient data or information (e.g. personal genomics articles, case reports, clinical trials etc), you must ensure you have written informed consent from all the patients involved (or their legal guardian for a minor, or next of kin if the patient has deceased): you can use our consent form in Appendix 2 or your own institution’s form if you prefer. Please be ready to show copies of such consent forms, if requested, by the F1000 Research editorial team.

Please therefore add a line in your article under this heading stating ‘Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient/parent/guardian/ relative of the patient.’

6 Author contributions

In order to give appropriate credit to each author of an article, the individual contributions of each author to the manuscript should be detailed in this section. We recommend using author initials and then stating briefly how they contributed e.g.:

AH, JS and IT conceived the study. MJ designed the experiments. AH, JS and MJ carried out the research. UGT contributed to the design of experiments and provided expertise in genomics. JS and IT prepared the first draft of the manuscript. UGT and MJ contributed to the experimental design and preparation of the manuscript. All authors were involved in the revision of the draft manuscript and have agreed to the final content.
7 Competing interests
All financial, personal, or professional competing interests for any of the authors that could be construed to unduly influence the content of the article must be disclosed and will be displayed alongside the article. Referees will also be asked to declare competing interests and these will be similarly displayed against their reports. Please see Appendix 1 for more information on what might be construed as a competing interest.

If you do not feel you have any relevant financial or non-financial competing interests to disclose, please include the line: ‘No relevant competing interests disclosed.’

8 Grant information
Please state who funded the work discussed in this article, whether it is your employer, a grant funder etc. Please do not list funding that you have that is not relevant to this specific piece of research. For each funder, please state the funder’s name, the grant number where applicable, and the individual to whom the grant was assigned.

If your work was not funded by any grants, please include the line: ‘The author(s) declared that no grants were involved in supporting this work.’

9 Acknowledgements
This section should acknowledge anyone who contributed to the research or the article but who does not qualify as an author based on the criteria provided above (e.g. someone or an organisation that provided writing assistance). Please state how they contributed; authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements section.

Please do not list grant funding in this section.

10 References
References can be listed in any standard referencing style that uses a numbering system (i.e. **not** Harvard referencing style), and should be consistent between references within a given article. However, key points include:

- Journal abbreviations should follow the Index Medicus/MEDLINE abbreviation approach.
- Datasets should be cited in the reference section and should follow one of the examples given in: [http://www.dcc.ac.uk/resources/how-guides/cite-datasets#x1-4000](http://www.dcc.ac.uk/resources/how-guides/cite-datasets#x1-4000).
- Only articles, datasets and abstracts that have been published or are in press, or are available through public e-print/preprint servers, may be cited. Unpublished abstracts, unpublished data and personal communications should instead be included in the text; and should be referred to as "unpublished observations" or "personal communications" and the researchers involved should be named. It is the responsibility of the authors to ensure they obtain permission to quote any personal communications and unpublished data from the cited individuals.
- Web links, URLs, and links to the authors’ own websites should be included as hyperlinks within the authors’ manuscript (e.g. ‘Mouse Tumor Biology Database’), and not as references.
- References to trials on a clinical trial database should be as follows:
  - [Authors/name of group], [title of the trial], In: ClinicalTrials.gov [cited year month date], Available from [URL of the link from ClinicalTrials.gov]
11 Figure legends
Figure legends should briefly describe the key messages of the figure such that the figure can stand alone from the main text. However, all figures should also be discussed in the article text. Each legend should have a concise title of no more than 15 words. The legend itself should be succinct, while still explaining all symbols and abbreviations. Avoid lengthy descriptions of methods.

For any figures reproduced from another publication (as long as appropriate permission has been obtained from the copyright holder –see under the heading ‘Submission’), please include a line in the legend to state that: ‘This figure has been reproduced with kind permission from [include original publication citation]’.

For all clinical photographs, please ensure they are accompanied by written consent to publish from the patient(s) involved.

General

Language editing
For authors whose first language is not English, it may be beneficial to have the manuscript read by a native English speaker with scientific expertise, and there are many editing services that can provide this service at a cost to the authors. Please note that the article will not undergo editing by F1000 prior to publication and a manuscript may be rejected during the initial checking process if it is deemed unintelligible and not written in good English.

Abbreviations
Abbreviations should be used as sparingly as possible, and they should be defined upon first use.

Typography

- Use hard returns only to end headings and paragraphs, not to rearrange lines.
- Capitalize only the first word, and proper nouns, in the title.
- Footnotes are not allowed
- Do not format the text in multiple columns.
- Greek and other special characters may be included. If you are unable to reproduce a particular special character, please type out the name of the symbol in full.
- Species names should be italicized (e.g. Homo sapiens) and the full genus and species must be written out in full, both in the title of the manuscript and at the first mention of an organism in a paper; after that, the first letter of the genus name, followed by the full species name may be used.
- Genes, mutations, genotypes, and alleles should be indicated in italics, and authors are required to use approved gene symbols, names, and formatting. Protein products should be in plain type.
- The Recommended International Non-Proprietary Name (rINN) of drugs should be provided.
- SI units should be used throughout (liter and molar are permitted, however).
**Ethical considerations**

For all studies (involving animals or humans), approval must have been obtained for all protocols from the authors’ institutional or other relevant ethics committee to ensure they meet national and international guidelines. Details of this approval must be provided on submission, including institution, review board name, and permit number(s).

All studies involving non-human primates must be performed in accordance with the recommendations of the Weatherall report, *The use of non-human primates in research*. If animals were used but ethical approval is not required, a clear statement should be included stating why this approval was unnecessary. In all cases, a statement should be made to confirm that all efforts were made to ameliorate suffering of animals and details of how this was done should be provided.

We also strongly encourage all authors to comply with the 'Animal Research: Reporting In Vivo Experiments' (ARRIVE) guidelines, developed by NC3Rs to improve standards of reporting to ensure that the data from animal experiments can be fully scrutinized and utilized. The relevant information outlined in these guidelines should be included in the appropriate section of the article (e.g. title, abstract, or method).

Human studies categorized by race/ethnicity, age, disease/disabilities, religion, sex/gender, sexual orientation, or other socially constructed groupings, should include a justification of their choices of definitions and categories, including whether any rules of human categorization were required by the relevant funding agencies. Appropriate non-stigmatizing language should be used when describing different groups.

**Patient Privacy and Informed Consent for Publication**

For data involving human participation, informed consent must have been obtained, and this should be stated in the article, preferably with a copy of the consent form. If only oral consent was obtained (rather than written), the reasons why should be explained, as well as confirmation of IRB approval that oral consent was adequate, and a statement of how it was documented. Alternatively, if no consent was required (e.g. the data has been anonymised), then this should be clearly stated and authors should confirm that such alterations have not distorted scientific meaning. All clinical investigation must have been conducted according to the principles expressed in the Declaration of Helsinki.

As stated in the Uniform Requirements of the International Committee of Medical Journal Editors:

"Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient be shown the manuscript to be published. When informed consent has been obtained it should be indicated in the published article."

For any articles that include potential identifying information, please ensure that you have obtained written, informed consent from all the patients (or their legal guardians for a minors, or next of kin if the patient has deceased) – you can use our form in Appendix 2, or your own institution’s form as you prefer. You also need to include an explicit statement, under a separate heading of ‘Consent’, at the end of the main text confirming this (we suggest: ‘Written informed consent for publication of
their clinical details and/or clinical images was obtained from the patient/parent/guardian/relative of the patient.’). This signed consent form should be made available to the F1000 Research editorial office if requested.

Publication of Materials Relating to Clinical Trials

If the data relate to a clinical trial then the Trial Registration details must be provided: name of registry, registry number, and URL of the trial in the registry database. We support the public disclosure of all clinical trial results (as mandated in the FDA Amendments Act, 2007), for example on a public Web site such as clinicaltrials.gov and this will not affect acceptance to publish such data articles in F1000 Research.

"A clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioural treatments, process-of-care changes, preventive care, etc": WHO definition of a clinical trial.

F1000 Research supports the position of the International Committee of Medical Journal Editors (ICMJE) on trial registration and will not publish any trials initiated after 1 July 2005 that have not been registered prospectively in a publicly accessible registry (i.e. before patient recruitment has begun). Trials initiated before this date must be registered before submission to F1000 Research. Further information can be found at the ICMJE faq on trial registration and the WHO provides a list of approved registries: http://www.who.int/ictrp/network/primary/en/index.html.

Articles must also adhere to the CONSORT reporting guidelines: CONSORT statement Web site. Articles must include a copy of the original trial protocol and a completed CONSORT checklist and flow diagram as supporting files which will be published alongside your Data Article. Any deviation from the original trial protocol must be explained in the article. Clarification of details on informed consent must also be discussed in the article, and F1000 Research reserves the right to ask for a copy of the patient consent form.
Appendix 1: What do we mean by ‘Competing Interests’

We ask that all authors to declare both 'Non-Financial' and 'Financial' Competing Interests that might lead a reasonable person to question whether your interpretation of data or presentation of information may have been influenced by your personal or financial relationship with other people or organizations. For every submission on which you state you have a conflict of interest, you must provide details. All competing interests that are declared will displayed against your article. If no competing interests are given, Please add the line: 'No competing interests were declared'. If you are unsure whether you have a competing interest, please contact our editorial office.

When deciding if you have a competing interest, it might be helpful to consider the following examples, but note that this is not an exhaustive list:

Financial competing interests

- In the past five years have you received reimbursements, fees, funding, or salary from an organization that may in any way gain or lose financially from the online listing of this work, either now or in the future? Is such an organization financing the work presented in this item or its presentation at a conference? If so, please specify.
- Do you hold any stocks or shares in an organization that may in any way gain or lose financially from the online listing of this work, either now or in the future? If so, please specify.
- Do you hold or are you currently applying for any patents relating to the content of the work? Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the work? If so, please specify.
- Do you have any other financial competing interests? If so, please specify.

Non-financial competing interests

- Are there any non-financial competing interests (political, personal, religious, ideological, academic, intellectual, commercial or any other) to declare in relation to this work? If so, please specify.
Appendix 2: Consent Form for Publication in *F1000 Research*

I, the undersigned, give my consent for information and images concerning my medical case history to be published in the article identified below (“The Article”) in the publication F1000 Research.

I have discussed this consent form with the author of this paper named below, and I understand the following:

1. The content published in the Article, both text and images, will be freely available on the internet and may be seen by members of the general public and not limited to medical professionals.
2. My name will not be published and, as far as possible, all features that could identify me will be removed from the Article.
3. I understand that under the license which *F1000 Research* will publish the Article (the Creative Commons Attribution License: [http://creativecommons.org/licenses/by/3.0/](http://creativecommons.org/licenses/by/3.0/)), the Article can be redistributed freely and used for any legal purpose, including translation into other languages and commercial uses.
4. I acknowledge that it is not possible to ensure complete anonymity, and someone may be able to recognize me. However by signing this consent form I do not in any way give up, waive or remove my rights to privacy.

Name ________________________________

Date _________________

Signed ________________________________

Article __________________________________________________________________________

Author ________________________________

Date _________________

Signed ________________________________

This form assumes the patient is able to give consent. If the patient is a minor or otherwise unable to give consent, then consent will be required from a parent or other guardian.

Please keep this consent form in the patient’s case files. The manuscript reporting this patient’s details should state that ‘Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient/parent/guardian/ relative of the patient.’