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EDITORIAL OFFICE
Antiviral Therapy
Guidelines for preparation of manuscripts

EDITORIAL POLICY
Antiviral Therapy welcomes the submission of high-quality research on the clinical development and use of antiviral agents and vaccines, and the treatment of all viral diseases.

Manuscripts submitted to Antiviral Therapy are considered for publication on the understanding that the work contained therein has not been submitted simultaneously to another journal. Copies of related manuscripts submitted elsewhere or in press should accompany the submitted manuscript.

All submissions must be accompanied by a covering letter (a letter template is available on the online submission website), signed by all the authors (or the corresponding author on behalf of all others) stating that all authors have contributed to the paper and are familiar with the contents of the final draft, and that all authors meet the criteria for authorship as established by the International Committee of Medical Journal Editors. The letter should also state whether any author has any conflict of interest. You must declare sources of funding, any influence the funding source may have had on the analysis and reporting of the results and any related interest in the Acknowledgements section. All disclosures and declarations must also be summarized in the manuscript itself. Illustrations and other material obtained from other sources must be acknowledged and it is the author’s responsibility to obtain permission for reproduction from the publisher(s). Copies of permission letters/e-mails must be provided to the Editorial Office upon request for all accepted articles.

All manuscripts should be submitted via the online ScholarOne site. Manuscripts will not be accepted via e-mail or post.

Papers will be peer-reviewed and assessed statistically before acceptance. Priority and time of publication of accepted material will be decided by the Section Editors. The Editors retain the right to modify material accepted for publication. This can include subediting the text for style. The Editors endorse the guidelines on good publication practice from the Committee on Publication Ethics (COPE) and GPP2.

Ethics
Papers based on clinical investigation must conform to ethical standards as set out in the Declaration of Helsinki. Reports describing data obtained from experiments performed on animals must clearly indicate that humane standards were adhered to.

For experiments on isolated tissues, the paper must indicate precisely how the donor tissue was obtained. The NIH Guide for the Care and Use of Laboratory Animals (National Institutes of Health Publications) gives guidelines for the acquisition and care of animals.

Randomized controlled trials
Authors are requested to report randomized controlled trials in accordance with the CONSORT (Consolidated Standards of Reporting Trials) statement (Schulz KF, et al. 2010 PLoS Med 7(3): e1000251. doi:10.1371/journal.pmed.1000251). This ensures that enough information is provided for Editors, peer-reviewers and readers to see how the study was performed and to judge whether the findings are likely to be reliable. For behavioural and public health evaluations involving non-randomized designs, authors should include with their submission a complete checklist from the TREND statement.
Observational studies
Observational studies (cohort, case-control or cross-sectional designs) should be reported according to the STROBE recommendations (see www.strobe-statement.org).

Systematic reviews
Authors are requested to report these in accordance with the PRISMA (2009) statement (Ann Intern Med 2009; 151:264–269) and the Cochrane Collaboration guidelines. When conducting any literature review, it is important that there is complete transparency concerning the choice of material included. All literature reviews must therefore contain a brief section entitled Search strategy and selection criteria. This should state clearly the sources (databases, journals or book reference lists, etc) of the material covered and the criteria used to include or exclude studies.

SUBMISSION CATEGORIES

Review
3,000–5,000 words, ≤100 references, ≤5 display items
Reviews are usually commissioned, but unsolicited reviews will be considered. Articles will be assessed in-house and those considered suitable will be peer-reviewed before an editorial decision is made. Reviews should either be definitive overviews of a major topic or updates of knowledge in a somewhat narrower field of current interest. The word count will depend on the breadth of the topic. References selected for publication in the article should be chosen for their importance, ease of access, and for the ‘further reading’ opportunities they provide. A disclosure statement should be included.

All reviews should be prefaced by a summary of 100–120 words that contains sufficient information for the reader to be able to appreciate the relevance of the full article when read alone. Summaries are used by abstracting services and many users of these services read only the summary. It should include background information and specific examples of recent advances. References should not be included and abbreviations should be avoided as far as possible in the summary.

Original article
≤4,000 words, ≤50 references, ≤5 display items
An abstract that includes the sections background, methods, results and conclusions should be provided (maximum 250 words). A disclosure statement should be included. Antiviral Therapy welcomes systematic reviews (see Systematic reviews, above) and ‘systematic review’ or ‘meta-analysis’ should be included in the title.

Short communication
≤1,500 words, ≤20 references, ≤3 display items
Original research findings that do not require a full paper, but are completed studies, may be submitted as a short communication. All short communications should contain an introduction, methods, results and discussion section and should have a structured abstract (background, methods, results and conclusions; maximum 250 words). A disclosure statement should be included.

Case report
≤1,500 words, ≤20 references, ≤3 display items
A case report should cover the details of an unusual case or any case that warrants discussion in the journal. However, a case report can be published as an original article if the Editor feels that the author has adequately extended the report into a topic discussion that meets the criteria for
an original article, or if the case report itself is used as an example of a point in the author’s article. A short abstract of approximately 100 words and a disclosure statement should be included.

Commentary
≤1,500 words, ≤20 references, ≤2 display items
Commentaries are based on a paper published in Antiviral Therapy, or another journal, which is often of particular interest or importance. Commentaries should contain a summary (maximum 100 words) and a disclosure statement.

Workshop report
≤1,500 words, ≤20 references,
Antiviral Therapy encourages submissions on written reports from relevant and recent workshops and conferences. A summary and disclosure statement are required.

Letter
≤1,000 words, ≤15 references, ≤2 display items
Letters are article that address issues or exchange views on topics arising from published articles in Antiviral Therapy. They should contain original data and a disclosure statement. An abstract may be submitted but it is not mandatory.

MANUSCRIPT FORMAT
Manuscripts should be prepared in accordance with ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals’ (International Committee of Medical Journal Editors).

All manuscripts should be submitted using editable files (Word in .doc format is preferable for text, .jpg or .pdf for figures); manuscripts will be converted to PDFs for peer-review. No page charges will be made for standard text, diagrams and black & white images. The use of colour figures will incur a per figure charge, due to the additional printing costs involved.

Key features of manuscripts are listed and described below:
∞ Title
∞ Authors
∞ Affiliations
∞ Corresponding author details
∞ Running head
∞ Structured abstract (original articles and short communications)
∞ Introduction
∞ Methods
∞ Results
∞ Discussion
∞ Acknowledgements
∞ Disclosure statement
∞ References
∞ Display items (optional)
∞ Supplementary material (optional)
Title
Use of abbreviations should be avoided in the title and it should not exceed three typeset lines (~150 characters, including spaces). If the article is a ‘systematic review’ or ‘meta-analysis’ then these words should appear in the title.

Authors
Full forenames, initials of middle names and surnames should be given for all authors. Brief addresses (for example, department/division, company/institute, city, country) should be included for each author. If an author’s current affiliation address differs from the one at which the research was conducted this may also be indicated. Authors (including members of study groups, working group and the like) included in the byline must satisfy the criteria of authorship given by the International Committee of Medical Journal Editors. All individuals who qualify for authorship must be included.

A multicentre group can be credited with sole authorship; however, the group must identify and include in their manuscript a corresponding author on the title page and the principal investigators who accept direct responsibility for the manuscript in a separate section entitled ‘Writing group’ before the references. These principal investigators should fully meet the criteria for authorship defined by the International Committee of Medical Journal Editors and be willing to complete relevant journal-specific forms on behalf of the group. A full membership list will be published online as an additional file.

Corresponding author details
The name of the corresponding author and e-mail address should be supplied. Unless instructed otherwise, the editorial office will send page proofs of the article to this e-mail address.

Running head
A running head of up to 75 characters should be supplied. This will appear at the top of each right-hand page.

Structured abstract (original articles and short communications)
The following headings should be used: Background, Methods, Results, Conclusions. The abstract must not exceed 250 words. All abbreviations should be defined at first mention. References and display item citations must not appear in the abstract, and the abstract must be clear and comprehensible in its own right.

Main text
Methods
The supplier name (with brief address including city, state and country) must be given for all laboratory equipment and materials.

Acknowledgements
Acknowledgements should be made to individuals, not including the authors, who have made a substantial contribution to the study. Authors are responsible for obtaining written permission from people acknowledged by name in case readers infer their endorsement of data and conclusions.

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Disclosure statement
All conflicts on interest relevant to the article should be disclosed in this section. If there are no conflicts of interest, a sentence to this effect should be included. See ICMJE guidelines version 3.
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Panel on Antiretroviral Guidelines for Adult and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human
Prescribing information
Viread (tenofovir disoproxil fumarate). Package insert 2005. Gilead Sciences, Foster City, CA, USA.

Patents

Display items
References to figures and tables should be made in order of appearance in the text and should be in Arabic numerals in parentheses, for example, (Figure 2). Any abbreviation used in a figure or table must be defined in the footnote, even if it has already been defined in the main text. Units for figure axis labels and table headings should be stated after a comma, for example ‘Time, years’ or ‘HCV RNA, log_{10} copies/ml’. Place explanatory matter in footnotes, not in the heading or within the table or figure. The footnote symbols used in the journal are a, b, c, d, e, and so on and appear in order from top to bottom and left to right.

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Tables
Create tables using the table editor of a Word processing package. Do not embed tables as images in the manuscript file or upload tables in image or PDF formats. Each piece of data needs to be contained in its own cell in the table. Vertical rules should not be used. Avoid creating tables using spaces or tabs. Do not align cells with hard returns or extra spaces. Furthermore, no cell should contain a hard return or tab. Although individual empty cells are acceptable, be sure there are no empty columns. Tables should not be split into separate sections and should not exceed one typeset page in size. Data within tables should be left aligned. Shading is not allowed in tables as they cannot be represented in xml for online publication.

Each table should be assigned an Arabic numeral (eg Table 1, Table 2) and should not be split in separate parts (for example Table 1A, Table 1B etc). Each table should have a brief title. Identify all statistical measures, along with all units.

Please note, accepted manuscripts not following these table guidelines must be retyped during the editing process, which may result in delays and opportunities for error.

Figures
Figures may be reduced, cropped or omitted at the discretion of the Editor. Chemical schemes should be supplied as standard figures and be called figures. Where a figure has several parts these should be labelled with upper case letters and should be placed above the image. Amino acid sequences should be given in Courier or a similar monospaced font.

For ease of review, clear and complete figures should be submitted in .jpg or .pdf format.

Should the article be accepted for publication, the authors should be ready to supply print-quality images in cases of electron micrographs, images of blots and gels, computer-generated protein structures and the like. This will ideally be in .eps format for computer-generated images (all programmes have the facility to print to an .eps file) or .tif format for photographic images. Images intended to be printed across the width of one column should be a minimum of 900 pixels (5 cm
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Supplementary data can be published as additional files as part of the online journal. It should be referred to within the text. Lists of members of study groups and the like can also be included as an Additional file. Supplementary material will be reproduced as submitted and will not be subedited or styled by the Editorial Office.

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Drug names
International non-proprietary names for drugs should be used throughout the text.

Spelling
Spelling should follow the Oxford English Dictionary.

Units of measurement
SI units of measurement should be used wherever applicable. Temperatures should be given in degrees Celsius. Metrics units should be used throughout (for example, 5 kg).

Abbreviations and symbols
The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. Abbreviations that have been defined in the abstract must be defined again at first mention in the main text. Abbreviations should only be used when helpful to the reader, as an improvement in clarity. As a guideline, use abbreviations for terms appearing three or more times in the article. Use only standard abbreviations. Avoid abbreviations in the title and abstract. All abbreviations must be redefined in each table and figure in which they are used.

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