General guidelines:

Language: U.S. English
Paper Size: A4 format
Paper Margin: 1 inch on all sides
Font style: Times New Roman
Font size: 12
Text layout: Double Spaced
Page numbering: Number the pages of the manuscript consecutively, beginning with the title page as page one.

Order of the manuscript:
(1) title page
(2) abstract including keywords
(3) text
(4) acknowledgements
(5) references
(6) tables
(7) figure legends and
(8) individual figures (each attached separately in .jpeg format).

Additional guide:
When necessary, the manuscript should employ italics, rather that underlining (except with URL addresses). A maximum of twenty (20) pages (for original articles) is allowed for the text, with one (1) additional page each for proposed algorithms, figures or tables. Generally, a maximum of (20) references are allowed. If the MS Word "Track Changes" tool has been used in manuscript preparation, all changes in the document should have been accepted and the "Track Changes" feature turned off before submission. Citation and references should be typed manually (i.e., do NOT use automatic numbering or tools such as EndNote). Each figure should be uploaded separately as a supplementary file. The author statement form should also be uploaded separately as supplementary files.

PARTS OF THE MANUSCRIPT AND FORMAT

TITLE PAGE

The title page should include:
1. The title of the article, which should be informative and concise, usually limited to 150 characters. The title should fully reflect the contents of the article and include keywords that will make electronic retrieval both sensitive and specific.

2. Full name of each author (given, middle initial, last) with highest academic degree(s) and the name and the address of the department(s)/institution(s) with which each author is affiliated or to which the work should be attributed.

3. Corresponding author's name and contact details (mailing address, phone/fax numbers and email address, including a statement whether the email address may be published). The corresponding author (who does not need to be the first author on the manuscript, and preferably occupies a more permanent position in the institution) will be responsible for all inquiries about the manuscript.

4. Disclosure, including financial or funding support (including grants, equipment, drugs). Provide the agency or company name and location, fellowship name and grant number.

5. The number of tables and figures. It is difficult for editorial staff and reviewers to tell if the tables and figures that should accompanied a manuscript were actually included unless the number of figures and tables that belong to the manuscript are noted on the title page.

6. List of meeting(s) where the material has been previously presented or is under consideration for presentation. Indicate name, place, date, of meeting and any prizes or awards (if presented in a contest).

ABSTRACT AND KEYWORDS

A structured abstract should provide the context or background for the study and state the study's purposes, basic procedures (selection of study participants or laboratory animals, settings, measurements, observational and analytical methods), main findings (giving specific effect-sizes and their statistical and clinical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations, note important limitations without over interpreting findings, and reflect the content of the article. Generally it should have the following format:

For case reports or case series:

SECTION	**DESCRIPTION**
Significance	Explain the uniqueness of the case or its importance. Literature search, both local and abroad, on similar case/s.
Clinical Presentation	Summarize major points in the demographic data and clinical history. Describe the pertinent physical examination findings.
Management	
• Laboratory Work- up/ Imaging Studies	Present and interpret relevant laboratory test and/or imaging studies.
• Diagnosis	State the diagnosis or describe how it evolved during the course.
• Treatment	Describe how the patient was managed (pharmacologic, non-pharmacologic, surgical or new technique/modality).
Recommendation	Point out important aspects of the case/s for future research or management of similar case/s.

For meta-analysis:

SECTION	**DESCRIPTION**
Significance	Explain the importance of the research. Introduce the conflicting evidences that warranted the meta-analysis. On the last statement, clearly state the objective/s.
Methodology	Should contain the following 1. Inclusion/Exclusion - Describe the basis for the inclusion or exclusion of a study. 2. Search Strategy - Indicate the key terms used during literature search and what were the databases or engines looked into. 3. Assessment of Articles - Describe the manner of quality assessment of the included articles. Why the other studies excluded and how was the disagreement resolved. 4. Statistical Analysis - State the software used and statistical treatment of the data gathered.

Results	Indicate how many studies were found, total number of included and excluded studies. Summarize the important findings, indicating the point estimates, confidence intervals and p values. Note for presence of heterogeneity and how it was addressed.
Conclusion	State the pertinent findings in relation to the objective. Highlight the study limitations, if any. State the impact of the results on current clinical practice or future research.

For retrospective and prospective studies:

SECTION	**DESCRIPTION**
Significance	Explain the importance of the research. Introduce the conflicting evidences that warranted the meta-analysis. On the last statement, clearly state the objective/s.
Methodology	Should contain the following: 1. Study Design - Indicate the study design (e.g. RCT, cohort, case-control, cross sectional survey, validation) indicating whether it is retrospective or prospective. Further describe the randomization method, blinding, concealment, etc. 2. Study Population - Describe the inclusion and exclusion criteria. Manner of recruitment. 3. Intervention or Exposure – In treatment trials, describe the treatments compared. In validation studies, describe the test being evaluated. In prognostic studies, describe the risk factors being evaluated. This part may be excluded for descriptive studies. 4. Outcome Measures - Explain the methods used to measure the study outcomes.(i.e. treatment effect for a clinical trial, gold standard in a validation study, disease outcome in a prognosis study or a population trait in a descriptive study). 5. Statistical Analysis – State the software used and statistical treatment of the data gathered. Describe the computation of sample size, statistical test/s used.
Results	Indicate how many subjects were recruited studies. How many completed the study. State the drop-outs, if any. Summarize the important findings, indicating the point estimates, confidence intervals, p values, odds ratio.

Clinical Trial Registration Number: List the clinical trial registration (if applicable).

Keywords: Provide 3 to 10 key words or short phrases that capture the main topics of the article to assist in cross-indexing. First keyword must be type of research.Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used; except when suitable MeSH terms are not yet available for recently introduced terms.

Laymanized Abstract: Provide a brief laymanized write-up of your abstract for non-medical readers, that can be linked to your article on social media. A short title that can be tweeted should accompany this version of the abstract.

TEXT
The following sections should generally be included:
1. **Introduction:** without a heading, provide a context and brief background for the study, giving only pertinent references in the literature review. State the gap or nature of the research problem and its significance, major hypothesis or rationale, and objectives or purpose of the study or observation.

2. **Methods:** should only include information available at the time the study plan or protocol was written; all information obtained during the course of the study belongs in the Results section. Provide sufficient detail to permit replication by others. Generally, It should contain the following:

- Study Design: use phrases such as randomized or nonrandomized clinical trial, case-control or cross-sectional study, cohort study, case series or report, systematic review, meta-analysis, review, experimental study, historical manuscript. Additional modifiers maybe used (e.g. retrospective, prospective, double-blinded). Where applicable, reporting guidelines should be followed, and may be accessed as follows:

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
PRISMA	Systematic reviews and meta-analyses	http://www.prisma-statement.org
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
STARD	Studies of diagnostic accuracy	http://www.stard-statement.org
CARE	Case reports	http://www.care-statement.org

- Setting: Multicenter, Primary, Secondary, Tertiary, Public or Private, Hospital, University Hospital or Clinical Practice (e.g. Tertiary Public University Hospital)
- Subjects or Participants: Number of patients, selection procedures, eligibility and exclusion criteria, randomization procedure, masking. Do not use patients' names, initials, or hospital numbers.
  For studies involving humans subjects, indicate whether Institutional Review Board (IRB) / Ethics Committee approval was granted (indicating the approval number), if procedures were in accord with the Helsinki Declaration revised in 2013 (http://www.wma.net/policies-post/wma-declation-of-helsinki-ethical-principles-for-medicalresearch-involving-human-subjects/), and whether informed consent was obtained. In addition to informed consent from parents or legal guardians, state whether assent was obtained from pediatric participants.
  For animal subjects, indicate whether the institution's or National Research Council's guide for the care and use of laboratory animals were allowed.
- Intervention or observation procedure(s) should be identified in sufficient detail to allow reproducibility of results. Identify methods, instruments and equipment with the manufactures name and address in parenthesis, e.g. (Zeiss Corporation, San Leandro, CA, USA). Identify all drugs and chemicals including generic name(s), dosage(s) and route(s) of administration. Use milligram per kilogram dosages for pediatric patients. For metaanalyses or systematic reviews, cite methods used for locating, selecting, extracting and synthesizing data.
- Data and Statistical analysis: Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify reported results. When possible, quantify findings and represent them with appropriate indicators of measurement error or certainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use p values, which fail to convey important information about effect size.

References for the study design and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify computer software and statistical packages used, eg MS Excel (Microsoft Corporation, Redmond, WA, USA) or Statistical Analysis System (SAS) version 6.12 (SAS Institute, Cary, NC, USA).

3. **Result**: Provide demographic data of the study population. Describe outcomes and measurements in a logical sequence with minimum discussion. Do not repeat in the text what can be summarized in tables and figures. When data are summarized in the Result section, give numeric results not only as derivatives (for example, percentage) but also as the absolute numbers (for example, fractions) from which the derivatives were calculated, and specify the statistical methods used to analyze them. Unless absolutely necessary, limit numeric result to a maximum of two (2) decimal places, but avoid using decimal places or fractions that are not meaningful (such as age of 56.33 years). Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistic, such as “random” (which implies a randomizing device), “normal”, “significant”, “correlation”, and “sample”. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

4. **Discussion:** Restrict to what the significant findings presented mean, emphasizing new and important aspects of the study. Compare and contrast these findings with those of previous studies. Offer plausible explanation from basic science mechanism or pathophysiology. Avoid excessive generalization, undue speculation, digressions and theorizing. Elucidate but do not repeat data in the results section discuss implications and limitations and relate these to other and contradictory literature.

5. **Conclusion:** Conclusions should be supported by the data. State new hypothesis when warranted, but clearly label them as such. Avoid making statements on economic benefits and cost unless the study includes economic data and analysis. Avoid claiming priority of content unless you provide the literature search protocol used. Include recommendations when appropriate.

6. Acknowledgement: All contributors who do not meet the criteria for authorship should be listed in the acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, statistical analysis, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had writing assistance and identify the entity that paid for this assistance. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as “clinical investigators” or “participating investigators”, and their function or contribution should be described – for example, “served as scientific advisors”, “critically reviewed the study proposal, “ “collected data”, or “provided and cared for study patients”. Because readers may infer their endorsement of the data and conclusions, all persons so named must be give written permission to be acknowledge.

7. References: Provide direct references to original research sources whenever possible but avoid extensive list of references to original work on a topic. Small numbers of references to key original papers will serve as well as more exhaustive lists, since electronic literature searching allows readers to retrieve published literature efficiently. Where available, Digital Object Identifiers (DOIs) or URLs for the references should be provided. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press” or “forthcoming”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as

“unpublished observation” with written permission from the source. Avoid citing a “personal communication” Unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication. To minimize the citation errors, authors should verify references against original documents. Authors are responsible for checking that none of the references cite retracted articles except in the context of referring to the retraction. For articles published in MEDLINE-indexed journals, the ICMJE considers PubMed (http://www.pubmed.gov) the authoritative source for information about retractions.

References should be cited as follows:
1. In the text, tables and legends references should be indicated using Arabic numerical subscripts, numbered consecutively beginning with 1, and corresponding to their listing at the end of the manuscript.

> For instance:
> Airway problems often manifest with audible symptoms like stertor and stridor1.
>
> Previous studies2,3 have alerted physicians to special issues associated with airway problems in children of hearing-impaired parents or caregivers.

All non-original material should acknowledge the source reference: direct quotations should be enclosed in quotation marks and cited. Paraphrasing does not render material original, and should be avoided.

2. At the end of the manuscript, references should be numbered consecutively in the order in which they are first mentioned in the text.

3. References cited only in the tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

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