This will be the title of the paper which will include the primary focus of the article as well as the words “Case Series:”

**First name & family name of first author e.g. “Josh A. Murray”1, Second author2, Third Author3**

1Affiliation of the first author in the form of: Department Name, Name of Institution, City, Country

2Department Name, Name of Institution, City, Country (second author’s affiliation)

3Department Name, Name of Institution, City, Country (third author’s affiliation)

**Corresponding Author’s information:** Full name, address, email address, telephone and/or fax number of the author responsible (these will not be made for the submission. DO NOT include titles such as Dr., General Manager... To avoid confusion, the family name must always be written as the last part of each author name (e.g. Josh A. Murray).

Name of Department and Institution where the work was done.

Financial support: in the form of grants, “quoting the number granted”, instruments or other. If no financial support received please write as follow: “none”.

Conflict of interest: if any please specify here, if no conflict of interest is identified please write “none”.

Consent: Written consent for the publication of these cases and images taken from patients in the study and available upon request.

\*To note that many different types of case series exist. Our template is for ***formal case series***which is the preferred type of manuscript at the **International Journal of Clinical Research**, but we accept ***informal case series*** as well.

1. **Informal Case Series**

Usually cases are selected for specific reasons like: best/worst cases, significant variations... and they are presented as:

* Abstract (structured into *Background, Case Presentations, Discussion, Conclusion*)
* Introduction
* Case Presentations (each case is presented as a short case description, similar to a case report with omission of details; refer to the case report template)
  + Case 1
  + Case 2
  + Case 3, etc.
* Discussion (cases are compared to one another, related to the current literature, implications of the findings, teaching points and what changes in clinical practice this might engender)
* Conclusion

**2. Formal Case Series**

Usually cases are selected based on selection criteria that include all cases of a specific type and are presented more like a cohort study rather than resembling separate case reports. The format is introduction methods, results, and discussion/conclusions. Details are developed below.

**Abstract**

**Background:** This is where you describe what prompted the case series and why it was written. Briefly summarize the relevant information and unified theme of the case series, WITHOUT CITATIONS. Kindly note that the use of the “Times New Roman” font with a 12-point typeface, 1.5 line spacing and a 2.5 cm margin (1 inch) from all borders of the page must be maintained, in accordance with the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals.*

**Methods:** What was done? How? When? And by whom?A case series usually samples patients with a specific outcome or exposure. In this section, you will describe the method used, for example, patients with a known disease undergoing a specific surgical technique at a specific hospital by the same surgeon during a specific period of time. In such case, besides the selection criteria, the involved surgical technique will be described briefly.

**Results:** In this section you will describe the findings usually in the form of statistical analysis.

**Conclusion:** Determine justifiable conclusions drawn from the study and what it adds to the literature, what is learned and what it means.

**Keywords:** Specify the medical subheadings (MeSH keywords) and additional words related to the topic.

**Introduction**

Citations in square brackets “[1]” may begin in this section of the manuscript. Kindly note that they should be numbered in the order in which they were cited; **TIP:** *DO NOT do this manually, seek an automated web-based bibliography and database manager such as RefWorks, EndNote, Mendeley, etc.… This will make it easier for you to keep the numbers in order and automatically formats the paper and bibliography in seconds.*

In this section, scientific background information is provided and the relevance of the case series is highlighted. The unifying theme must be identified (common disease, exposure, intervention and outcome) as well as why is the study needed.

**Methods**

The methods section should provide a detailed description of how the case series was conducted, with regard to:

1. *Registration and Ethics:* Any research involving human subjects must be registered in a publicly accessible database, even retrospective studies should be registered prior to submission. If ethical approval was not needed, state why.
2. *Study Design:* state that is a case series and whether it was a prospective or retrospective study. Case reports and case series are usually retrospective but can occasionally be prospective. State whether the study was single or multi-centered, whether cases are consecutive or non-consecutive. A clinical study that includes some, but not all, of the eligible patients during the study registration period is a non-consecutive case series; consecutive includes all eligible patients, and the patients are treated in the order of which they are identified.
3. *Setting:* Describe the nature of the institution in which the patients were managed (academic, community, or private practice settings). Location, relevant dates, periods of recruitment, exposure, follow-up and data collection should be determined.
4. *Participants:* specify the relevant characteristics of the participants, inclusion and exclusion criteria, sources and methods of selection of participants, as well as length and methods of follow-up.
5. *Pre-Intervention consideration:* description of patient optimization prior to intervention should be provided (*e.g.* treating hypotension, sepsis, prior to intervention...)
6. *Intervention:* should be described with enough detail to allow reproduction. Interventions can range from pharmacological, surgical, physiotherapy, psychological, to preventive treatments. Concurrent treatments should be described as well.
7. *Peri-intervention considerations:* what, when, where and how it was done. Pharmacological therapies must include dosage, routes, durations... Figures, diagrams, photos and other multimedia are encouraged to explain interventions.
8. *Who performed the intervention:* Operator experience (specialization, prior relevant training)?
9. *Quality control:* What measures reduces inter or intra-operator variation to ensure quality and consistency in delivery of intervention.
10. *Post-intervention considerations:* Follow-up measures

**Results**

* *Participants:* Report numbers involved and characteristics
* *Changes:* Report if any changes in the interventions occurred.
* *Outcomes and Follow-up:* Outcomes based on assessment and patient reporting should be stated with time periods, photographs, radiographic images...
* *Intervention adherence/compliance and tolerability:* describe loss of follow up
* *Adverse events:* complications, adverse or unanticipated events, morbidity and mortality need to be specified

*\*Statistical analysis:* increases the value of the manuscript.When conducted,reporting the results in simplified tables and graphs is recommended.

**Discussion**

* Summarize key results
* Placing results in context: present relevant literature, implications for clinical practice guidelines, how have indications for a new intervention been refined, how do outcomes compare, hypothesis generation...
* Strengths and limitations
* Future research to build on findings
* Rationale for conclusions

**Conclusions**

State key conclusions, what needs to be done next, further research suggested with what study design.

**Acknowledgements**

Contributors who do not meet the criteria for authorship should be listed here to acknowledge their efforts and support, and consent must be taken from these people for their name to appear (technical assistants, writing assistants or head of department who provided only general support). Financial support should be disclosed and acknowledged.

**References:**

References are to be written in the American Medical Association (AMA) reference style followed by the PMID if applicable and the **doi link** as follows:

1. Agha RA, Borrelli MR, Farwana R, et al. The PROCESS 2018 statement: Updating Consensus Preferred Reporting Of CasE Series in Surgery (PROCESS) guidelines. Int J Surg. 2018;60:279-282. PMID: 30359781. <https://doi.org/10.1016/j.ijsu.2018.10.031>

Your references must be up to date. Please avoid using old publications, you must provide important additional reading opportunities. Make sure you accurately describe previous work and adequately reference it within the text. You may not provide any literature data without referencing. In-text citations are checked and inappropriate style or double referencing will be returned for modification, only prolonging the process.

**Thank you for taking the time to read this template. This document is provided to you in the form of .docx, so that you can use it as a template before submitting your manuscript. We hope we have answered your questions. For more information, feel free to contact us.**

Figure 1: CARE Guidelines Checklist for Case Reports. Retrieved from Riley DS, Barber MS, Kienle GS, et al. CARE guidelines for case reports: explanation and elaboration document. J Clin Epidemiol. 2017;89:218-235. <http://dx.doi.org/10.1016/j.jclinepi.2017.04.026>