

MANUSCRIPT SUBMISSION

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The journal does not have article processing charges nor article submission charges.

The submission should include the following attachments:

1 Cover letter: All manuscripts submitted to Journal of Cardiovascular Emergencies should be accompanied by a cover letter, signed on behalf of all co-authors by the corresponding author, stating that the reported study and manuscript are original and have not been published elsewhere, and the manuscript has not been submitted "in extenso" to any other journal.

All disclosures relating to the preparation of the manuscript should be mentioned in the cover letter. The corresponding author should state clearly whether or not there are any conflicts of interest.

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Authorship be based on the following 4 criteria:

- 1 Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- 2 Drafting the work or revising it critically for important intellectual content; AND
- 3 Final approval of the version to be published; AND
- 4 Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. In addition to being accountable for the parts of the work he or she has done,

an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged.

If authors request removal or addition of an author after manuscript submission or publication, journal editors should seek an explanation and signed statement of agreement for the requested change from all listed authors and from the author to be removed or added.

The corresponding author is the one individual who takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors.

Authors should not submit the same manuscript simultaneously to more than one journal, in the same or different language.

MANUSCRIPT TYPES

The Journal of Cardiovascular Emergencies accepts the following categories of articles:

1. ORIGINAL RESEARCH

Manuscripts should be word processed. The manuscript must contain the title of the article, the authors' names, qualifications and address/es.

Peer Review All articles undergo initial screening for suitability

for the Journal of Cardiovascular Emergencies.

The length of contributions: Ideally contributions should be no more than 4,000 words, including tables and figures. Suitable papers are then peer reviewed by two or more referees. Additional specialist advice may be sought if necessary, for example, from a statistician, before a final decision is made by the Editor-in-Chief.

An original research article should include a short **Abstract** of no more than 300 words, using the following headings: Background, Aim of the study, Material and Methods, Results and Conclusions.

The manuscript should be structured as follows.

1 Introduction/Background: This introduces the aim of the study and the corresponding research hypothesis/es

2 Material and Methods: This section should describe all experimental details, research methodology, and study groups. The methodology should be detailed enough to allow reproducibility of the experiments. Give full descriptions of all equipment used (Type, Manufacturer, Town, Country). Details of statistical analysis should be reported here together with a level of significance [α value]. Authors should provide details of the statistical software package used. (name, version, producer, town, country).

Abbreviations of standard SI units of measurement should be employed.

Declaration of Helsinki: The authors should state that their study complied with the Declaration of Helsinki, that the locally appointed ethics committee approved the research protocol and that written informed consent was obtained from the subjects (or their guardians) before the commencement of the study. Where animal are involved, the authors should state that their study complies with their institutional guidelines for the care and use of laboratory animals.

3 Results: This section should present the data arising from the experiments and their statistical significance. Do not discuss these findings in the Result Section.

4 Discussions: This section should contain a detailed analysis and interpretation of the results. Results should not be repeated in the Discussion section.

5 Conclusions: This presents the conclusions deriving from the outcome of the study and their clinical significance if appropriate.

2. CASE REPORTS

Case reports are intended for the presentation of interesting cases of cardiovascular emergencies encountered in clinical practice and should refer to actual and uncommon cases.

The report should have an abstract limited to 200 words, structured in the following manner: Introduction, Case presentation, and Conclusions.

The manuscript should be no more than a maximum of 2000 words, excluding references, figures, and figure legends. It should be structured, Introduction, Case Presentation, Discussions, and Conclusions.

A case presentation should have a maximum of four authors, twenty references, and five figures.

3. CASE SERIES

Case series should include an abstract limited to 200 words, structured, Introduction, Case series presentation, and Conclusions.

The manuscript should be no more than 2000 words excluding references, tables, figures and figure legends. Case series should have a maximum of four authors, twenty references, and five figures.

4. CASE REPORT/IMAGE FOCUS

This category is intended to facilitate the publishing of representative images related to any clinical pathology.

Accepted images may be published on the cover of the Journal.

Images should be submitted as a figure accompanied by a clinical message that contains a description of the case and a detailed explanation of the figure, using a maximum of 300 words. For images in interdisciplinary medicine, the number of authors should be limited to four and the number of references to 10.

5. REVIEWS

The Journal of Cardiovascular Emergencies publishes review papers in any field of cardiovascular emergencies, of interest at international level. Review articles should include a non-structured abstract of no more than 200 words with a maximum of 6000 words excluding references, tables, and figures.

6. CLINICAL UPDATE

The Journal of Cardiovascular Emergencies publishes update articles that describe current advances in any clinical field related to cardiovascular emergencies. Articles should include a non-structured abstract of no more than 200 words with a maximum of 4500 words excluding references, tables, and figures.

7. LETTER TO THE EDITOR

Letters to the editor should address either a recently published article in The Journal of Cardiovascular Emergencies, or a new topic in the field of cardiovascular emergencies.

Concerning a letter, discussing a recently published article, the comments contained in the letter will be forwarded to the authors of the original paper who will be invited to respond. Any response will be published in the same journal issue as the letter to the editor. A letter to the editor should be no longer than 500 words, 5 references, and three authors. No abstract is required.

8. EDITORIAL

Editorials should address either a particular topic that is currently of interest in the field of cardiovascular emergencies

or to an article which is published in the same number of the journal. The number of references should not exceed twenty-five in total.

MANUSCRIPT CONTENT

Style and spelling: Authors, whose first language is not English, are requested to have their manuscripts checked carefully, preferably by an English native-speaker, before submission, to expedite the review process.

Title page

The title page should contain the following information:

The title of the article.

The corresponding author's full name, postal address, e-mail, and telephone number.

Full names of all co-authors, together with their department, institution, city and country.

A maximum of five keywords or phrases suitable for use in an index.

Manuscript format

The manuscript must be submitted as a Word document.

The manuscript should be presented in the following order:

Title page.

Abstract, or a summary of case reports (References should not be included in abstracts or summaries).

Main text separated under appropriate headings and subheadings using the following hierarchy: BOLD CAPS, bold lower case, Plain text, italics.

Tables should be in Word format and placed in the main text where the table is first cited.

Tables must be cited in the main text in numerical order.

Acknowledgments, Competing Interests, Funding, and all other required statements. Reference list. Images must be uploaded as separate files (view further details under the Figures/illustrations section). All images must be cited within

the main text in numerical order, and legends should be provided at the end of the manuscript. Appendices should be uploaded using the File Designation "Supplementary File" and cited in the main text.

2 Abstract. The abstract should be prepared in accordance with the type of the manuscript.

3 Keywords - between 3 and six keywords

4 Full text - All manuscripts should be typed double-spaced, in Times New Roman 12 fonts, using Word format.

References, tables, and figures should be cited in numerical order, as they appear in the text.

The abbreviations should be explained the first time they appear in the text, followed by the abbreviation in brackets. Please consult the reference style instructions.

Acknowledgements. These should indicate clearly any source of funding received for the study, including grants, research contracts or any form of financial support.

6 References. References should be cited in numerical order, as they appear in the text, and should be indicated in superscript following the end of the sentence or the end of the part of the phrase they refer to.

7 Tables should be typed on separate pages at the end of the manuscript and should be numbered in Arabic numerals in the order of mention in the text. The abbreviations used in the table should be explained in a footnote below the table. Tables should not repeat the text and should be clear enough to be self-explanatory.

8 Figures should be prepared in TIF or JPG format, at a resolution of minimum 300 dpi. For figures reproduced or adapted from another source, this should be labelled as "Reproduced with permission from ... "

or "Adapted with permission from ... " and should be accompanied by written permission from both the author and publisher of the original material. Figures should be combined

with a legend which clearly describes the illustration.

REFERENCE STYLE

The title of journals should be abbreviated according to the style of Index Medicus spelled out in full, if not listed in Index Medicus.

Examples of reference styles

Reference to an article

1 Benedek I, Gyongyosi M, Benedek T. A prospective regional registry of ST-elevation myocardial infarction in Central Romania: impact of the Stent for Life Initiative recommendations on patient outcomes. *Am Heart J* 2013;166:457-465.

Reference to a book

2 Nichols WW, Rourke MF. Aging, High Blood Pressure and Disease in Human. 3rd ed. London/Melbourne: Lea and Febiger; 1990.

Reference to chapter in a book

3. Nichols WW, O'Rourke MF. Aging, high blood pressure and disease in humans. In: Arnold E, ed. McDonald's Blood Flow in Arteries: Theoretical, Experimental and Clinical Principles. 3rd ed. London/Melbourne/Auckland: Lea and Febiger; 1990. p39 - 420.

Reference to a webpage

4. Panteghini M. Recommendations on use of biochemical markers in acute coronary syndrome: IFCC proposals. eJIFCC 14. <http://www.ifcc.org/ejifcc/vol14no2/1402062003014n.htm> (28 May 2004)

Complaints

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