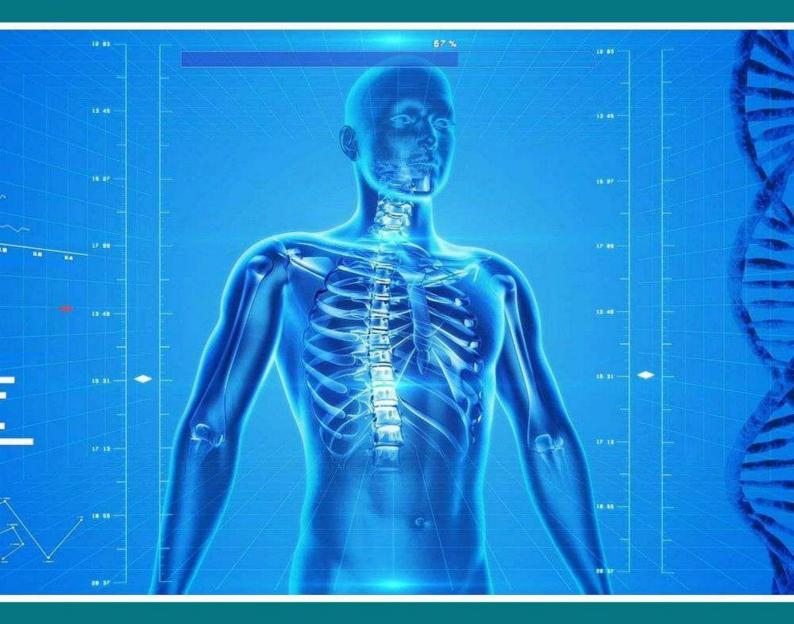
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Aims & Scope

The aim of *The Injector* is to contribute to the spread of science in the world and to mediate the usefulness of medicine to humanity. *The Injector* publishes original articles, reviews, meta-analysis, case reports, letters, short communications in the field of general medicine.

The mission of *The Injector*: To contribute to the proliferation of scientific studies, to encourage researchers to make science, to provide more articles that people can benefit from, and to mediate the announcement of studies beneficial to human health to the whole world.

The vision of *The Injector*: To establish a wide scientific network of the journal dec to become one of the most respected medical journals in the world.

Writing Rules

INSTRUCTIONS FOR AUTHORS

The Injector is published in accordance with the principles of independent, unbiased, and double-blinded peer review Original-articles, review-articles, short communications, case-reports, opinion papers, letters, technical notes, editorials and article-commentaries that have not been published elsewhere, are published in the journal.

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Manuscript files should be prepared with Microsoft Office Word. The online submission system will direct authors during all stages of submission and provide necessary support for accelerating the submission process. A list of the files that should be supplied through the online submission system is provided below.

- 1. Title Page
- 2. Main Text
- 3. Tables, Graphs and Figures
- 4. Copyright Transfer Form and Author Contribution Form
- 5. Ethical Approval form (for original articles)
- 6. Patient Consent Form (for case reports)

MANUSCRIPT TYPES

Contributions may be in the form of clinical and basic Original Research articles, Reviews, Short communications, Case reports, Letters, Opinion papers, Technical notes and Editorials.

1. Original Article

Consists of Title, Abstract, Key Words, Introduction, Materials and Methods, Results, Discussion, Conclusion, Ethical Considerations (if necessary), Acknowledgements, Conflict of Interest, References, Figure Legends, Figures, and Tables. It should not exceed 5000 words excluding the references. The manuscript should have no more than 50 references and a total of 6 tables and/or figures.

2. Review

Reviews prepared by authors with extensive knowledge on a particular field, which has been reflected in international literature by a high number of publications and citations, are evaluated. The authors may be invited by the Editor-in-Chief. A review should be prepared in the format describing, discussing and evaluating the current level of knowledge or topic that is to be used in the clinical practice and it should guide further studies. A review article consists of Title, Abstract, Key Words, Introduction, Main Sections under headings written in bold and sentence case, Subsections (if any) under headings written in italic and numbered consecutively with Arabic numerals, Conclusion, Acknowledgements, Conflict of Interest, References, Figure Legends, Figures, and Tables. The manuscript should have no more than 75 references and a total of 6 tables and/or figures. Supplemental data are permitted for Review articles. Abstract should not include subheadings and should be limited to 450 words. Keywords section should contain a minimum of three and a maximum of six items in accordance with Medical Subject Headings (MeSH) terms prepared by the National Library of Medicine (NLM) and should be provided just below the abstract. Main Text should include Introduction. other subheadings and Conclusion sections and should be limited to 5000 words excluding the references. Tables, Figures and Images should be provided after the



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3. Short communications

These manuscripts are intended to concise and quick publishing of a new finding. Publishing of research articles under this concept is decided by the Editorial Board, providing that the authors adhere to the publishing format. The general format of this type of manuscript is similar to that of research articles except the word and reference limitations. For the short communications, main text should not exceed 1,800 words and number of references should not exceed 15.

4. Case Report

Since a limited number of case reports is published, only reports which are related to rare cases and conditions that constitute challenges in diagnosis and treatment, offer new methods or suggest knowledge not included in books, and are interesting and educational are accepted for publication. A case presentation consists of Title, Abstract, Key Words, Introduction, Patients and Methods, Results, Discussion, Conclusion, Ethical Considerations, Acknowledgements, Conflict of Interest, References, Figure Legends, Figures, and Tables. Main Text should not exceed 1800 words excluding the references. The reference list should follow the main text and the number of references should be limited to 15. Tables, Figures and Images should be provided after the reference list according to their order of appearance in the text and should be limited to four.

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Manuscripts on development and application of new methodologies are published in this category. A technical report consists of Title, Abstract, Key Words, Introduction including the main aspects of the method involved, Materials and Methods, Results, Discussion, Ethical Considerations (if necessary), Acknowledgements, Conflict of Interest, References, Figure Legends, Figures, and Tables. Data analysis should be presented in Materials and Methods. Clinical technical reports should include and discuss the clinical significance of values and their deviations. For the technical reports, main text should not exceed 1,800 words and number of references should not exceed 15.

8. Editorial

Authors are selected and invited by the Editor-in-Chief. This type of manuscript aims at providing a brief commentary on an article published in the journal by a researcher who is an authority in the relevant field or by the reviewer of the article. It should consist of title, main text and references sections. Main Text should not include subheadings and should be limited to 1000 words. The reference list should follow the main text and the number of references should be limited by

15. Abstract, Keywords, Tables, Figures, Images and other visuals are not included in editorial.

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Manuscripts should be prepared according to the above mentioned word and reference limitations and other related information. Language: Manuscripts should be written in clear and concise English. Please have your text proofread by a native English speaker before you submit for consideration. The manuscripts submitted to our journal are classified and evaluated according to the manuscript types stated below. During preliminary

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evaluation, the editors assess whether a manuscript's format and sub-headings are prepared in accordance with the journal's guidelines. Therefore, it is important that authors check the accuracy of the main text in terms of the following.

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Title should be concise and informative and reflect the content of the manuscript and should not exceed 20 words. Avoid abbreviations and formulae where possible. It should be written in sentence case; that is, first letter of the initial word should be written in capital letter and rest of the title should be typed with lower case letters except abbreviations. proper nouns and Information about the authors and their institutions should not be included in the main text, tables and figures . Since submitted manuscripts are evaluated by the reviewers through the online system, personal identification is excluded in the interests of unbiased interpretation. Thus, only information about the manuscript as specified below should be included on the title page. For each type of manuscript, it is mandatory to upload a title page as a separate Microsoft Word document through the online submission system. The title page should include the names of the authors with their latest academic degrees, and the name of the department and institution, city and country where the study was conducted. If the study was conducted in several institutions, the affiliation of each author must be specified with symbols. The first letters of authors' names and surnames should begin with capital letter and the rest should be written in lower case letters. If there is more than one author, corresponding author should be indicated. The correspondence address should contain the full name of the corresponding author, postal and email addresses, phone and fax numbers. If the content of the manuscript has been presented before, the name, date and place of the meeting must be noted. Disclosure of conflict of interest, institutional and financial support, author contributions and acknowledgments should be included on the title page.

Structured Abstract

It should be structured with Objective, Methods, Results and Conclusion subheadings and should be limited to 450 words. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided. Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself. Level of evidence has to be stated at the end of the abstract as a separate paragraph.

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Introduction: State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results. The unnecessary details and excessive references should be avoided. Hypothesis and the aim of the study should be stated in the introduction.

Material and methods: Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described. Design and place of the study, subjects/patients, if applicable, information on the treatment procedures, statistical methods and information on the adherence to the ethical rules should be indicated.

Statistical analysis should be conducted in accordance with the guidelines on reporting statistical data in medical journals. The software used for statistical analysis must be described. The outcomes of statistical analyses and interpretation of the results must be in evidence-based scientific language. Statistics- statistical methods should be explained in detail in the Materials and Methods so that if original data is given, the results can be verified. If possible, quantitative results should be given and appropriate indicators should be used to indicate measurement error or uncertainty.

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Tables, Graphs, Figures and other visuals should be numbered in the order of their citation within the text and names of patients, doctors and institutions should not be disclosed.

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- In addition to the pictures included in case reports and original images, video and movie images are published on the journal's website. These images should be prepared in MPEG format with a maximum size of 2 MB. They should be submitted to the journal with the manuscript documents. The names of patients, doctors, institutions and places should be omitted from all documents.
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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

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- Journal article with more than six authors: Sancar A, Lindsey-Boltz LA, Gaddameedhi S, Selby CP, Ye R, Chiou YY, et al. Circadian clock, cancer, and chemotherapy. Biochemistry. 2015; 20;54(2):110-23.
- Abstract: Hortin GL, King C, Kopp J. Quantification of rhesus monkey albumin with assays for human microalbumin [Abstract]. Clin Chem 2000;46:A140-
- Editorial: Demers LM. New biochemical marker for bone disease: is it a breakthrough? [Editorial]. Clin Chem 1992;38:2169–70.
- Letter to the Editor: Davey L, Naidoo L. Urinary screen for acetaminophen (paracetamol) in the presence of Nacetylcysteine [Letter]. Clin Chem 1993;39:2348–9.
- Book Chapter: Rifai N, Warnick GR. Lipids, lipoproteins, apolipoproteins, and other cardiovascular risk factors. In: Burtis CA, Ashwood ER, Bruns DE, editors. Tietz textbook of clinical chemistry and molecular diagnostics. 4th Ed. St. Louis (MO): Elsevier Saunders; 2006. p. 903-81.
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- Internet Source: American Association for Clinical Chemistry. AACC continuing education. http://www.aacc.org/education-andcareer/continuing-education (Accessed June 2016).

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