*JCEM Case Reports*

Author Checklist and Manuscript Template

NOTE: Prior to submission and after all items have been checked, delete this first page of the template document.

**BASIC POLICY**: I understand and confirm that this manuscript adheres to the following basic policy requirements as detailed in the Author Guidelines:

\_\_\_ Signed informed patient consent has been obtained and patient details are anonymized.

\_\_\_ No more than 6 authors, all of whom have read and approved the manuscript.

\_\_\_ Has not been submitted to a preprint server or repository.

\_\_\_ Manuscript, figures, and tables are original and have not been previously published.

\_\_\_ No supplementary materials included or deposited. Submitted manuscript must be self-contained.

\_\_\_ All laboratory values have been double-checked, both conventional and Système International (SI) units are provided in all instances, and reference ranges are included when a laboratory variable is first mentioned in both the abstract and main text.

\_\_\_ Units of measure for drug doses should not use Greek characters (eg, "μg" should be "mcg"). For example, “the oral levothyroxine dosage was 100 mcg daily” and not “the oral levothyroxine dosage was 100 μg daily.”  Whereas, when showing laboratory values, Greek characters should be used (eg, instead of "the serum cortisol concentration was 10 mcg/dL", it should be: "the serum cortisol concentration was 10 μg/dL."

**BASIC FORMAT**: I understand and confirm that this manuscript adheres to the following format requirements as outlined in the Author Guidelines:

\_\_\_ Word count for the abstract and the text should be no more than 2,000 words. The abstract should be fewer than 200 words. When counting words, do not include the title page, references, or figure and table legends.

\_\_\_ No more than 30 references have been cited.

\_\_\_ The text is double-spaced throughout the manuscript.

\_\_\_ All pages are numbered consecutively, beginning with the title page as page 1.

\_\_\_ I have inserted continuous line numbering in the Word document.

\_\_\_ The manuscript is in single column format with 1-inch margins.

\_\_\_ Appropriate figure file specifications have been followed.

\_\_\_ AMA Manual of Style and Stedman’s Medical Dictionary are followed for style and spelling.

\_\_\_ I have used both Système International (SI) and conventional units when reporting laboratory values in the text, tables, and figures. Use this format: “The serum calcium concentration was 9.2 mg/dL (SI: 2.3 mmol/L) (reference range, 8.5-10.1 mg/dL [SI: 2.1-2.5 mmol/L]).” Once the normal range is first defined in the abstract and main text, it does not need to be re-defined thereafter. It should appear as “The serum calcium concentration was 9.2 mg/dL (SI: 2.3 mmol/L)”

\_\_\_ All abbreviations have been expanded on first usage in the abstract, main text, tables, and figure legends. Non-standard abbreviations have been avoided.

\_\_\_ I have followed the guidelines in the template and completed a final spell check and grammar check.

\_\_\_ Per AMA Manual of Style, I have not used possessive eponyms (eg, “Cushing’s syndrome” should be “Cushing syndrome”; “Graves’ disease” should be “Graves disease”; “Paget’s disease” should be “Paget disease”)

**Manuscript Template**

Use this Word file to write your manuscript. Delete all “Guide” comments prior to submission.

**TITLE PAGE (Page 1)**

**TITLE:** Guide: The title should be no more than 120 characters and spaces. It should be concise, specific, and informative.

* Do not include the words “Case Report” in the title, and do not present the title as a question.
* Capitalize the first letter of each word in the title. Do not use abbreviations.
* The title should not use a play on words or have comical intent, which are usually culturally specific and will not translate globally.

**AUTHORS:** Guide: A maximum of 6 authors is allowed. Authors MUST meet the requirements described below.

* Include all authors’ full names (first name, then family name) and affiliations. Do not add degrees or other professional designations.
* Include email address, phone number, fax number, full postal address, and ORCID number for the corresponding author.
* AUTHORSHIP REQUIREMENTS: Each person listed as an author should have participated in preparation of the manuscript in a substantive way. Based on ICMJE authorship guidelines, the following four criteria must be met to qualify for authorship:
	+ Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; **AND**
	+ Drafting the work or reviewing it critically for important intellectual content; **AND**
	+ Final approval of the version to be published; **AND**
	+ 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.
* Contributors who meet fewer than all 4 of the above criteria for authorship should **not** be listed as authors but they should be recognized in the Acknowledgments. Examples of activities that alone (without the Authorship contributions listed above) qualify a contributor for listing in the Acknowledgments are:
	+ Writing assistance, technical editing, language editing, and proofreading
	+ Submission of manuscript to Editorial Manager

**DISCLOSURE SUMMARY:** Guide: Include a summary of the authors’ disclosure statements.

**KEY WORDS:** Guide: List 2 to 6 key words that link to diagnoses or interventions described in this case report.

**WORD COUNT:** Guide: No more than 2,000 words. Include the abstract and the body text. Do not include the title page, references, or figure / table legends.

**ORCID:** Add ORCID numbers for submitting author and corresponding author.

**(instructions continued on next page)**

**ABSTRACT PAGE (Page 2)**

**ABSTRACT:** Guide: The abstract should be concise and factual in an unstructured format in one paragraph and fewer than 200 words. Provide a summary of the case, important clinical findings, interventions, outcomes, and key learning points. The abstract should not include citations.

**TEXT OF MANUSCRIPT (Page 3 as starting page)**

NOTE: Use the exact section headers as shown below.

**Introduction**

Guide: Explain why the case is important and frame it in the context of the existing literature.

**Case Presentation**

Guide: Detail the clinical presentation—including signs, symptoms, and relevant medical or family history. Deidentify patient-specific information.

**Diagnostic Assessment**

Guide: Discuss the physical examination findings, laboratory testing, imaging studies, and diagnostic challenges.

**Treatment**

Guide: Detail key management decisions. Use generic names for all medications and provide dosages.

**Outcome and Follow-up**

Guide: Provide details on patient outcome, duration of follow-up, and status at last follow-up. Include adverse or unanticipated events.

**Discussion**

Guide: Summarize similar cases in the literature and applicable clinical practice guidelines. Discuss the key features of the case. What were the limitations in evaluation and management?

**Learning Points**

Guide: With bullet points, list 3 to 5 learning points highlighting key messages that the reader should remember.

**Acknowledgments**

Guide: Optional. List collaborators or mentors who are not listed as authors, but who contributed to patient management and/or development of this case report.

**Contributors**

Guide: Using the initials of the authors, list the authorship roles for each. For example: “All authors made individual contributions to authorship. J.J. and M.P. were involved in the diagnosis and management of the patient and manuscript submission. T.B. was involved in histopathology section and preparation of histology images. F.S. was responsible for the patient’s surgeries. All authors reviewed and approved the final draft.”

**(instructions continued on next page)**

**Funding**

Guide: List any sources of funding pertinent to the manuscript. If there was no funding, state: “No public or commercial funding.”

**Disclosures**

Guide: Actual or perceived conflicts of interest for all authors should be listed here. If none, state: “None declared.”

**Informed Patient Consent for Publication**

Guide: Select the appropriate statement as shown in the Author Guidelines

**Data Availability Statement**

Guide: Select the appropriate statement as shown in the Author Guidelines

**References**

Guide: Case Reports usually require no more than 10 references; but if more are needed, do not exceed 30 references. All references should be numbered (in parentheses and not superscripts) sequentially in the manuscript. Use the AMA Manual of Style for allowable references. Preprints or manuscripts under review cannot be included in the references.

**Figures**

Guide: Up to 6 original figures are allowed.

* Figure legends appear in the Word document after the Reference section.
* Figures should be numbered based on order in which they appear in the text.
* Crop images so that only pertinent content is visible and identifying patient information is removed.
* Each figure should be accompanied by a figure legend. The legend must be understandable without reference to the text.
* Expand all abbreviations on first usage in each figure legend.
* If multiple panels are used in a figure, label as “A,” “B,” “C,” etc, in the top left corner of the image.
* Preferred image formats include EPS, TiF, PPT, and PDF. JPEG format is not preferred but will be considered on a case-by-case basis.
* Do not use PNG, BMP, GIF, or Word files for figures.
* Save figure images as: author last name, figure number, and file format extension (e.g., Smith\_fig1.eps)

**Tables**

Guide: If needed, tables must be original and numbered based on order in which they appear in the text. Please note:

* Each table should have a descriptive title that helps the reader interpret the table with minimal reference to the text. Do not list table titles with figure legends.
* Abbreviations used in the table should be expanded in a footnote. The footnote should appear immediately below the table.
* Each column should have a header.
* Include units of measurement and reference ranges for all laboratory values in both Système International (SI) and conventional units.

**(instructions continued on next page)**

* Units of measure for drug doses should not use Greek characters, but Greek characters should be used when reporting laboratory values.
* Each value in the table must be accompanied by a unit of measure.
* Abbreviations used in the table should be expanded in a footnote.
* For a well-formatted table, see Table 1 in Fox *et al*., 2025, Vol 3, Issue 6, <https://doi.org/10.1210/jcemcr/luaf080>

**Word File for Submission**

Save your Word file with the following format: corresponding author’s last name and date: for example, Jones\_April\_2025.doc