1. **Scope and general policies of the Journal**

The Journal of Transition Medicine (JTM) is a multidisciplinary, open access, peer-reviewed journal, which seeks to publish new research findings in the field of Transition Medicine ranging from the basic biological and behavioral sciences to public health and policy. The journal welcomes Articles from all medical disciplines working with adolescent patients in transition and other disciplines that work with or are committed to improving transitional care.

**JTM** welcomes English language articles in the following categories:

- Original Articles
- Reviews
- Case Reports
- Patient Reports
- Opinion Papers
- Perspectives
- Guidelines and Recommendation
- Short Communications
- Trial Protocols
- Letters to the Editor
- Editorials
- Congress Abstracts

Submissions in the following fields are welcomed:

- Behavioral sciences
- Education
- Health service
- Medical care
- Mental health
- Nursing
- Politics
- Psychology
- Public health

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Peer review: All contributions submitted for publication are reviewed by at least two renowned experts in the field, selected and invited by the Editor-in-Chiefs. All submissions will be subject to a rapid peer-review process, allowing a first decision to be reached within 30 days of submission. Authors may also indicate names of reviewers whom they wish to be included or excluded from reviewing their manuscripts.

Turnaround times: JTM aspires to notify authors about the review decision within 30 days from submission date. When manuscripts are accepted with revision, the revised manuscript should be returned within approx. 6 weeks. Accepted articles are published approx. 3–4 weeks after acceptance.

Rejection of manuscripts: Manuscripts dealing with subjects that have been well studied in the literature, and that do not resolve questions raised by previous studies, or manuscripts that are statistically underpowered, are likely to be rejected without peer review. Manuscripts are also returned to authors if they do not comply with the Information for Authors (e.g., if the number of words allowed for a certain article type will be exceeded).

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For every submission to JTM, authors have to fill out and upload the Template for Ethical and Legal Declarations at the time of the original submission. Instructions on how to make declarations can be found here.

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3. Submission of manuscripts

Please submit manuscripts exclusively online at:
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5. Preparation of manuscripts

Language: Manuscripts must be written in clear and concise English. Please have your text proofread by a native speaker or professional language service before you submit it for consideration. For accepted manuscripts of non-native English speakers, the publisher offers a professional language polishing service. At proof stage, only minor changes other than corrections of printers’ errors are allowed.

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Reviewers: The authors can recommend reviewers by providing the name, institution, country and e-mail address. Reviewers indicated by the authors must be of institutions and ideally nationality different from those of any of the authors. Authors may also indicate names of reviewers whom they wish to be excluded from reviewing their manuscripts.

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- The title page contains the full title, short title, the full names of all authors (personal name, middle initials, family name), and the full address, including telephone number and academic title of the corresponding author. The title page should also report the word count, the number of tables and figures, and whether the submission includes any supplemental material.
- All Figures and Tables have been uploaded and appear correctly at the end of the PDF.
- The License to Publish has been filled out and uploaded as a separate document.
- Abstract, Keywords, List of Abbreviations, Tables and Figures, and captions and legends are included.
- All non-standard abbreviations should be listed alphabetically, (e.g.: DIN, dissolved inorganic nitrogen) after the keywords. In the text body, abbreviations are spelled out at first mention. Thereafter, only these abbreviations are to be used.
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• Numbers in the text, tables, or figures use decimal points, not commas.
• Supplier names, incl. city and country, are provided for reagents and apparatus reported in the manuscript.

### General format and length of the types of articles accepted for submission

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<td>Original Article</td>
<td>6000</td>
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*Background, Methods, Results, Conclusions; **Background, Content, Summary and Outlook; ***Background, Case presentation, Conclusions; ****Background, Methods, Discussion, Trial registration

**Patient Reports:** To enable a full view of transition medicine, contributions on individual healthcare transition experiences are warmly welcomed. We value the individual authenticity of the reports, therefore no fixed structure is defined for these submissions and they are generally not subject to peer review.

**Trial Protocols:** Studies in which the recruitment of participants is still ongoing at the time of submission may be considered for publication. It is recommended to submit study protocols in good time before completion of recruitment. Authors will be asked to confirm the status of their study at submission. Articles related to proposed research will usually be considered for publication without peer review if the study has received an ethics approval, has undergone a peer review and has received financial support from a major funding body. A proof of ethics and funding is required and authors have to provide the relevant documentation when submitting via ScholarOne Manuscripts. Where the Editors consider it necessary, study protocols might be peer reviewed. Trial protocols should follow the Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT) guidelines. Authors should include the SPIRIT flow diagram.
in the main body of the text, and the populated checklist as an additional file. A trial registration is strictly required for all protocols for clinical trials and a trial registration number and date of registration must be provided (to be included as the last line of the abstract).

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**References**: should be listed at the end of the manuscript. Adhere strictly to the reference style of the Journal (Vancouver; recommendations of the “International Committee of Medical Journals Editors”; found [here](#)). All references mentioned in the reference list have to be cited in the text and vice versa. List and number the references consecutively in the order they appear in the text, including Tables and Figures. In the text, identify references by Arabic numerals in [parentheses]. Italic and boldface font type is not allowed in the reference section. List all authors; if the number is 7 or more, list the first 6 names followed by et al. Identify authors by last name first, followed by up to 2 initials, without periods, indicating the authors’ first name. Only the first name of the title is capitalized, as well as proper names within the title. Journal names are abbreviated as indicated in PubMed and in the Web of Knowledge ([NIH.Linkout.Journals: Web of Knowledge](#)), without periods. After the abbreviated journal name, give the year of publication, followed by a semicolon, volume number (but no issue number), followed by a double colon, and the page numbers, with the last page number in shortened format. Meeting abstracts may be cited only if published in journals. Unpublished observations and personal communications are cited only in the text. Correct linking of the references depends on strict adherence to journal style.

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4. et al. usage (more than 6 authors = 6 authors + et al.)


5. Epub ahead of print


Tappy L, Lara KA. Metabolic effects of fructose and the worldwide increase in obesity. Physiol Rev, in press.

7. Book/monograph


8. Book with edition


9. Edited book


10. Edited book with chapter title and editors


11. Edited book series


12. Proceedings/Conferences


13. Electronic publications (Available from)


15. Thesis/Dissertation


16. Report


17. Patent

Pagedas AC. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent 20020103498, 2002.

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