

#### **Global Health Case Report template and checklist**

### **We cannot process your article until you can meet the following criteria:**

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| **I HAVE READ THE****AUTHOR GUIDANCE**This information details[What do we publish and what we do not publish](https://casereports.bmj.com/pages/authors/) | **I AM USING THE CORRECT WORD TEMPLATE**Global health reports must be submitted using this template. [Case report templates](https://casereports.bmj.com/pages/authors/%22%20%5Cl%20%22how_to_write) | **I HAVE COMPLETED THE AUTHOR STATEMENTS** Your article will not be considered without the[Author statements](https://casereports.bmj.com/pages/authors/) |

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| **We have created a pre-submission checklist to help you avoid pitfalls that might prolong the time it takes to send your article for peer review or that may result in rejection.** |



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| **CONTENT**[**Important information on references >>**](https://authors.bmj.com/writing-and-formatting/formatting-your-paper/)* Clinical information is presented in a manner that optimises learning using diagrams and timelines
* The conclusions are based on the clinical information presented in the report
* Formal medical English with full sentences is used, with no medical colloquialisms or use of shorthand (e.g. “labs”)
* All numerical values, results, percentages, drug does, frequencies and units of measurement are accurate
* There are no typos or grammar errors
 | **FORMATTING**[**Important information on formatting >>**](https://authors.bmj.com/writing-and-formatting/formatting-your-paper/)* References should be up to date and formatted in [vancouver style](https://authors.bmj.com/writing%20and%20formatting/formatting%20your%20paper)
* Images should be uploaded as separate files and in TIFF, EPS, JPEG or PDF formats with a minimum resolution of 300 dpi
* [Permission to reproduce materials](https://authors.bmj.com/policies/permissions/) from an external source must be obtained and submitted with the manuscript
* Other figures and tables must be the authors’ original work (add a note in the figure legend)
* [International System of Units](https://www.bipm.org/en/measurement-units) (SI Units) must be used throughout
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| **AUTHORSHIP**[**Important information on authorship >>**](https://casereports.bmj.com/pages/authors/)* There is a max of 4 authors a manuscript
* All authorswho contributed to the patients care or write up of the report must approve the submission
* The senior clinician responsible for the patient’s care must supervise the writing of the report and obtain patient consent
* The head of department and ethics committee of the relevant institution must approve publication of this report
* Conflicts of interest must be declared
 | **PLAGIARISM**[**Important information on plagiarism >>**](https://casereports.bmj.com/pages/authors/)* This report has not been submitted or accepted for publication elsewhere
* This report does not duplicate material already published and does not copy paragraphs from other sources - [Best practice for text recycling](https://textrecycling.org/resources/best-practices-for-researchers/)
* All sources have been cited and credited within the report
* If this report is a modification of a conference poster or abstract, this has been noted in the acknowledgements
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**I HAVE SIGNED PATIENT CONSENT
You must have signed informed consent from patients (or relatives/guardians) before submitting to BMJ Case Reports.** We will not accept case reports which have been previously submitted to a preprint server due patient confidentiality reasons.

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| **For living patients this is a legal requirement under the UK’s Data Protection legislation; we will not send your article for review without explicit consent from the patient or guardian**.  |
| Consent forms are available in several languages on the [BMJ Author Hub](https://authors.bmj.com/policies/patient-consent-and-confidentiality/). |

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| **PATIENT CONSENT**[**Important information on consent**](https://casereports.bmj.com/pages/authors/)* A separate consent form should be provided for all patients whose medical information is included in the manuscript
* Next of kin consent has been provided if the patient is deceased
* For children, those with diminished capacity or deceased patients, the name and relation of the signatory has been provided
* The authors should be in contact with the patient to provide them with any updates required during revision
 | **ANONYMISATION**[**Important information on anonymisation**](https://casereports.bmj.com/pages/authors/)* The patient's face should be excluded from any images and videos
* Age ranges (e.g. “a woman in her 20s”) should be used instead of exact age
* Calendar dates (e.g. “January 2022) should be excluded
* Details about the precise location of the patient should be excluded
* Ethnic origin and occupation of the patient should be excluded (unless clinically relevant)
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| **PLEASE DELETE THESE PAGES BEFORE SUBMITTING YOUR ARTICLE** |

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## **Complete the template below.**Please type your report directly into this template. Read the tips and reminders in each section as you type. Use formal US or UK English and scientific terminology. Do not use emotive language.

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| **TITLE OF CASE** |
| **TIPS:** * Please use a clinical and straight forward title that mentions the diagnosis
* Do not include “a case report” in the title
* Do not use cryptic, humorous or play-on-word titles
* Do not use emotive language
* Do not frame the title as a question
* There should be no exclamation mark in the title
* Do not put the patient’s age or ethnicity in the title
 |
| **SUMMARY** |
| **TIPS:** * This is a summary of the entire manuscript and is freely available online
* It is the equivalent of an abstract
* Use a maximum of 150 words summarising the case presentation and outcome
* Summarise the global health issues raised by the case and emphasise the learning points
* The SUMMARY is distinct from the BACKGROUND section below - do not copy and paste
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| **BACKGROUND** |
| **TIPS:*** Give the context of your manuscript
* Is this a prevalent health problem?
* Is there a clear message?
* The BACKGROUND is distinct from the SUMMARY section above. Do not copy and paste
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| **CASE PRESENTATION** |
| **TIPS:** * This is the patient’s story – anonymise the manuscript as far as possible.Do not use exact ages (use “a man in his 20s” for example). Ethnicities and exact occupations should be avoided unless essential to the manuscript. Place names and calendar dates are to be avoided – use regions of the world (“northern Europe”, “east Asia” and “2 months later”, 3 days earlier”, for example, instead
* How did the patient make sense of his/her symptoms?
* Are there obvious environmental and social circumstances contributing to their illness?
* Was there a delay in presentation?
* Was there a delay in accessing care?
* Describe the clinical care - include full details of clinical assessment, treatment and outcome
* How does the patient live with illness or disability?
* Do not use abbreviations for diseases or investigations
* Use only internationally accepted units of measurement
* Use only scientific names for drugs. Include the manufacturer in brackets when describing equipment
* Present information in ways that are easy to follow. Use diagrammatic flow charts and time lines where appropriate. Results may be tabulated or presented graphically. Make clear when you have drawn figures and that these have not been taken from other publications or Internet sources
* The follow-up period should be defined. Please update follow up data after final revision of the article so that outcome information is up-to-date
* Please state whether the patient has died, when and how
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| **GLOBAL HEALTH PROBLEM LIST** |
| **TIP:** Look back at the case presentation and list the global health problems described as one word or one sentence bullet points |
| **GLOBAL HEALTH PROBLEM ANALYSIS** |
| **TIP:** * Write your analysis of each global health problem **under sub-headings from the global health problem**
* Analyse each problem using relevant local and global literature medical literature - look also at population data sources, socio-political and anthropological literature, legal frameworks and reliable web resources
* The analysis is not a literature review, it is a closer look at the issues raised by this particular patient’s story with critical appraisal of published data and literature
* Check: Have all assertions in the text been supported by appropriate literature and epidemiological data?
* Check: Are all data sources reliably referenced?
* Check: Are the conclusions supported by the clinical description and scientific literature?
* Check: Are scientific associations or possible causal relationships appropriately worded?
* Please do not copy and paste from existing publications, texts or web resources (including material you have published yourself)
* Use software to check for overlapping text before you submit
* Please do not reproduce tables or figures from other publications without obtaining permission for reproduction before submission. Please send us confirmation that these figures may be republished
* Make clear whether you have drawn your own figures (add a note in the figure legend)
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| **LEARNING POINTS/TAKE HOME MESSAGES 3-5 bullet points** |
| THIS IS A REQUIRED FIELD**TIP:**This the most crucial part of the case and should be directly relevant to the global health issues being discussed – what do you want readers to remember in the context of their own patients? |

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| **REFERENCES** |
| **TIPs:** * Include only relevant references, including guidelines, in [Vancouver style](https://authors.bmj.com/writing-and-formatting/formatting-your-paper/)
* Please make sure your references actually support the points you make, are up-to-date and are correctly formatted <https://authors.bmj.com/writing-and-formatting/formatting-your-paper/>
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| **FIGURE/VIDEO CAPTIONS** |
| **TIPS:*** We do not have a limit on illustrations, but choose only what illustrates your case most effectively and ensure that the patient cannot not be recognised by cropping the image as closely as possible. We do not accept facial images.
* We encourage colour images and videos. Please add arrows, captions and annotation. These substantially enhance the manuscript and add learning value.
* Videos should be of 3-4 minutes duration, include relevant labels and annotation. There should be no background noise or music. If narrated, the audio should be clearly heard and understood. Please do not include animated text. Animations should be used only for the purposes of explanation and should be the authors’ work and specific to the case.
* Please [visit the Author Hub](https://authors.bmj.com/writing-and-formatting/formatting-your-paper/) for further information regarding formatting.
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| **PATIENT’S PERSPECTIVE** |
| **TIPS:*** This is an important section and gives the patient/next of kin the opportunity to comment on their experience. This enhances the case report and is strongly encouraged
* This section is written by the patient (or close family) in their **own words**, in the **first-person**. This is an opportunity for us to understand the signs and symptoms the patient experienced, their thoughts and concerns, their experience of the treatment they received, recovery and adjustment to life after or with illness or disability
* Spelling and grammar should be corrected where necessary (as per the rest of the manuscript) by the authors and non-English perspectives should be translated by the authors. Please make clear who has written the perspective and indicate when this has been translated by the authors. Patients who prefer to share an audio or video perspective should have this transcribed by the authors. For the purposes of anonymity audio and video recordings are not published
* Please check that details that reveal the identity of the patient are avoided. These include calendar dates, locations and details of other family members
* Some published articles are picked up by the wider non-medical media and patients should be made aware of this, especially, when they contribute their perspective and when they give consent for publication
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