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DESCRIPTION

The *American Journal of Ophthalmology* is a peer-reviewed, scientific publication that welcomes the submission of original, previously unpublished manuscripts directed to ophthalmologists and visual science specialists describing clinical investigations, clinical observations, and clinically relevant laboratory investigations. Published monthly since 1884, the full text of the *American Journal of Ophthalmology* and supplementary material are also presented online at [www.AJO.com](http://www.AJO.com) and on ScienceDirect.

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AUDIENCE

Ophthalmologists

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The focus of this journal is baccalaureate and higher degree nursing education, educational research, policy related to education, educational administration, and education and practice partnerships. Manuscripts with a clinical nursing focus are not accepted

BEFORE YOU BEGIN

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Table of Contents statement prepared for revisions

Appendix (if appropriate)

CONSORT statement for Randomized Controlled Trials

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address is correct in the system for at least one year after publication. When a patient is identifiable in a photograph or video, authors must supply a Consent Form for Identifiable Photograph. Refer to "Consent form for identifiable photographs" in the "Forms" section.

I. Images:
This section contains unique images detailing presentations of ophthalmic disease. A single submission may have up to 4 images per submission arranged in a 2x2 panel. Along with the figure files, please include a Word file with a title page followed by a 200-word maximum description of the figures.

Figures must be uploaded individually to Editorial Manager, separate from the text file. Digital figures should be of high quality and in one of the following file formats only: TIFF (non-transparent), JPEG (with "maximum quality" setting), or EPS. NIH guidelines for online figures suggest a minimum of 1500 pixels wide. Individual figure files should not be larger than 12 MB. Figure parts may be labeled by letter if the lettering is unobtrusive and does not mar the integrity of the illustrated information. Other text on figures should be avoided unless absolutely necessary. All symbols or abbreviations that appear on the figures should be defined in the accompanying descriptive file. Arial font is suggested for any figure text. Use periods as decimals rather than commas. Figures should be cropped to show only significant details.

II. Videos:
This section seeks to publish outstanding videos in Ophthalmology. These can include surgical or clinical videos demonstrating novel techniques or unusual findings. Along with the video file, please include a Word file with a title page followed by a 500-word maximum description of the video with up to 5 references. The description will not have titled sections. It should provide brief relevant background information, a summary of the video with steps and instrumentation used, and a conclusion statement highlighting the relevance. Please do not promote commercial products or use copyrighted music or materials in your video.

Video formatting: In order to ensure that your video or animation material is directly usable, please provide the file in one of our recommended file formats-MOV or MP4-with a preferred maximum of 5 MB in total. The vid

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When human subjects participate in studies or reports, the authors must state in the Methods section that the study and data accumulation were carried out with approval from the appropriate Institutional Review Board (IRB), Informed Consent for the research was obtained from the patients or subjects, and, for US authors, the study is in accordance with HIPAA regulations. Alternatively, the authors can state that the IRB (name the IRB) waived the need for IRB approval; the authors, however, cannot make the decision that IRB approval was not needed. If waived, the authors must confirm that the study and data accumulation were in conformity with all country, federal, or state laws, informed consent was obtained, and the study was in adherence to the tenets of the Declaration of Helsinki. Do not use patients' names, initials, dates, or hospital numbers, especially in illustrative material.

Informed Consent for research requires that the subjects agreed to participate after explanation of the nature and possible consequences of the study. This Informed Consent for Research is distinct from the simple informed consent to perform a procedure or test on a patient.

Legends
Figure legends should be listed together on a Legends page after the references. Each legend should be numbered consecutively in the text, have a brief title specifying the disease process or study topic, and contain a complete description of each figure. The title and caption should contain enough information so that the figure can be understood independently of the manuscript text and "stand alone". Use complete sentences for the captions except in the title, and avoid abbreviations. Single figures should not be numbered.

When multiple-panel figures are submitted, you may refer to them by location, e.g. Top left, Top right, etc. or letter them on the figure, e.g. Figure 1A, etc.
Example. FIGURE 1. Patient 3 with staphylococcal corneal abscess. A. The patient's cornea is shown preoperatively with the abscess located superior to the visual axis, B. 3 days postoperatively with the corneal transplant well centered and clear, and C. 4 months postoperatively with a crystal clear cornea. D. The patient, 1 year postoperatively, shows smooth corneal surface with all sutures removed.

Table legends should be within the table. All abbreviations in each table must be defined even when repetitive to other tables.

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Manuscripts should be double-spaced, in a single column, on standard 8.5 x 11 in. pages. One-inch margins should be used on all sides. The right margin should be ragged, not justified. Follow guidelines of style, terminology, measurement, and quantitation as set forth in the *American Medical Association Manual of Style* (10th ed. Oxford University Press, NY, 2007). Arial font size 12 is recommended, as this font causes the fewest problems during conversion to PDF.

*Units* - Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

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- Meeting presentations
- The name, address, phone number, fax number, and e-mail address of the Corresponding Author. The Corresponding Author will be responsible for all questions about the manuscript and for reprint requests and should therefore ensure their email address is correct in the system for at least a year after publication.

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Number the pages of the manuscript consecutively, beginning with the Title Page as page 1. For Full-Length Articles, the text should, in general, not exceed 8 single-spaced typewritten pages. Please use a spell-checker in addition to careful editing of the manuscript before submission. Authors should not add line numbering as this is automatically added by Editorial Manager.

Organize and prepare the manuscript to include the following sections:

a. **Introduction**: Describe the purpose of the study, the research rationale, and any major hypothesis that was tested. The Introduction should present the hypothesis and limit references to only the most pertinent previous publications.

b. **Methods**: The Methods section should provide sufficient detail to enable others to duplicate the research. The first paragraph of the Methods section should describe all the specifics of the study design (see glossary of study designs below) and information about human informed consent or animal care. State whether the IRB approval was prospective (before the study began) or retrospective and indicate precisely what the IRB approved. Name of IRB that approved the research or provide a statement and rationale as to why the named IRB waived approval. Indicate proper informed consent for the treatment and/ or participation in the research, and confirm compliance with HIPAA, Clinical Trials registration (number and location of the registration), Investigational New Drug (IND) or Investigational Device Exemption (IDE) (provide number), and Institutional Animal Care and Use Committee guidelines. If the IRB waived the need for approval of this research or study, then indicate adherence to the Declaration of Helsinki and all federal or state laws in your country. Authors cannot make the decision as to whether IRB approval is needed; your IRB should make that decision and provide a waiver if they feel it does not require IRB approval. Biomedical research involving animals must conform to generally accepted principles of animal maintenance and care, such as those of the Association for Research in Vision and Ophthalmology (http://www.arvo.org).Methods section should also include setting (multicenter, institutional, or
clinical practice); patients and study population (including patient numbers, selection procedures, inclusion/exclusion criteria, randomization, and masking); intervention or observation procedure; and main outcome measure(s). Previously published procedures should be identified by reference only unless they are uncommon to AJO readers. Use standard chemical or nonproprietary pharmaceutical nomenclature. Identify in parentheses specific sources by brand name, company, city, state, and/or country.

c. Results: Describe outcomes and measurements in an objective sequence with a minimum of discussion. Tables and figures should be cited in text in sequence. Data should be accompanied by confidence intervals (usually at the 95% interval) and exact P values or other indications of statistical significance.

d. Discussion: Elucidate (but do not reiterate) the results, identify any statistically or clinically significant limitations or qualifications of the study, provide responses to other and contradictory literature, and state the conclusions that are directly supported by the data. Excessive generalization and undue speculation should be avoided. Give equal emphasis to positive and negative findings, state whether and what additional study is required, and conclude with the clinical applications or implications supported by the study. The conclusions should be incorporated into the end of the discussion. Authors should avoid statements of economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority (first publication) of the content unless you provide the literature search protocol used. Do not allude to work that has not been completed.

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New Microbial Organisms in Ophthalmic Infections
The AJO is interested in confirming that certain organisms participate in ocular disease. The text must provide adequate laboratory information that can substantiate the microbial identification. This requires that any unusual pathogen be confirmed by two different methods or at two independent laboratories. The journal Cornea initiated this confirmatory policy (Wilhelmus KR. New corneal infections: preventing a crisis of identity. Cornea 2003;22:95-96)

Ocular Trauma

Perspectives
Invitation-only AJO Perspectives are focused opinions regarding the evidence supporting the use of a current technique, procedure, therapy, or clinical approach, tempered by the experience and viewpoints of the author(s). Perspectives should not be a review article. Perspective preparation should follow the guidelines of a Full-Length Article. Perspectives should be of appropriate length but should not exceed 9 pages of single-spaced typewritten text, 35 references, and 8 figures or equivalent tables. Authors share the cost of color figure reproduction. Perspectives are subject to the standard peer-review process.

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The AJO discourages statements of priority (such as "we are the first to report...") because of the inability to be familiar with all published works or presentations on a subject. Avoid claiming priority (first publication) of the content unless you provide the literature search protocol used, such as, "We are unaware of previous reports of this finding (phenomenon, procedure, or other appropriate wording) and could find no reference to it in a computerized search (include the name of the database, such as PubMed)."

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Retinal Imaging
To safeguard the future confidentiality of a patient whose retinal or anterior segment photographs may appear in a publication, the AJO requires that authors obtain written permission of patients to publish their ocular images. This policy applies only to those photographs appearing in print or online rather than all images that may have been investigated in the course of the study.
For further information on the development of this policy, see the following editorial: Parrish RK, Pasquale LR, Lee AY, Folberg R, Stewart MW, Duncan Powers SL. Who could know who I am? The possibility of patient identification with retinal imaging. Am J Ophthalmol 2020;216;A3-A4.

**Statistics**
The AJO requests authors to ensure statistical expertise for a study that has statistical content. Statistical methods must be identified in the manuscript whenever they are used. Software programs used for statistical analyses should be identified so reviewers or readers may verify calculations. When P values are used, the actual P value (for example, P = .032) is preferred to an inequality (for example, P < .05). Reporting basic summary statistics, such as the mean and the standard error, as well as confidence limits, also helps the reader understand the conclusions of the study. Models such as analysis of variance, covariance, multiple regressions, and the like must be specified. A sample size calculation and power analysis should be included when appropriate. Authors should state the levels for alpha and beta errors and the clinically significant difference that was used to determine the power calculation. Numeric equivalents should precede all percentages, as in the following examples: "Of 80 patients, 20 (25%) had retinopathy" or "20 (25%) of 80 patients had retinopathy."

**Supplementary Material**
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References
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Tables should be numbered consecutively in Arabic numerals by order of citation in the text. Single tables should not be numbered. Each table should have a brief title so that the reader can understand what is being displayed in the table without reference to the text. Each table should be submitted individually and separately from the manuscript text file. The table number and table title should be on the same line at the top of the table. The title and caption should contain enough information so that the table can be understood independently of the manuscript text and “stand alone”. Avoid abbreviations in any titles. All abbreviations within the table and comments about the table should be included in a footnote to the table.

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