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Citations may be made directly (or parenthetically). Groups of references can be listed either first alphabetically, then chronologically, or vice versa.

Examples: ‘as demonstrated (Allan, 2000a, 2000b, 1999; Allan and Jones, 1999)…. Or, as demonstrated (Jones, 1999; Allan, 2000)… Kramer et al. (2010) have recently shown …’

**List:** References should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters ‘a’, ‘b’, ‘c’, etc., placed after the year of publication.

**Examples:**
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- Reference to a journal publication with an article number:
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Appendix

Authors: These minimum items of information are needed by our referees and Editors to evaluate your manuscript. Additional information may be appropriate, depending on your study design and objectives.

Excellent guidelines for standardizing and strengthening the reporting of biomedical research are available from the CONSORT, MOOSE, PRISMA, REFLECT, STARD, and STROBE-VET statements. We strongly urge you to consult these guidelines before submitting papers to Preventive Veterinary Medicine. The guidelines are freely available (with considerable elaborations and explanations) at the following websites:

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   c. **Sample-size justification** appropriate for the study design and primary hypothesis. This should include details of adjustment for clustering (including the levels of **clustering**, the assumed cluster size, and either the **design effect** or the **intracluster correlation**) if clustering was present.
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   a. Numerical descriptions of **all tested risk factors** or pre-intervention characteristics of the subjects, **stratified** on the primary hypothesis/outcome of the study
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b. Methods by which the owners of the animals gave informed consent for their animals to be in the trial

c. Methods used for allocation concealment after the animals were determined to be eligible for random assignment to the various experimental or control groups

d. Description and justification of the "control" group's "treatment" (e.g., standard therapy, placebo to mimic the delivery system in the absence of a standard therapy, or "do nothing" to mimic both the treatment and its delivery)

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c. Description of numbers, training, experience, and representativeness of any "experts" used to provide opinions
d. Declaration of the stakeholders for any risk assessment
e. Distinction between assumptions, input data, calculations from intermediate steps in the modeling process, and model predictions
f. Descriptions of the assumed chance variation and assumed knowledge uncertainty in the inputs, and methods used to deal with those sources of total uncertainty
g. Sensitivity analyses of key assumptions and of the input variables that had the greatest uncertainty
h. Descriptions of the variability in the "outputs" from stochastic models

5. For statistical-hypothesis tests:

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b. Alpha and tails, and any methods used to adjust for multiple comparisons (to protect experiment-wise alpha from the problem of multiplicity)
c. Methods used to adjust for clustering within the data
d. Methods used to determine that the statistical assumptions were met (e.g., that the data were Gaussian or that the odds ratio or hazards ratio was constant across the observed range of the risk factor)
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AFTER ACCEPTANCE

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