DESCRIPTION

Preventive Veterinary Medicine is one of the leading international resources for scientific reports on animal health programs and preventive veterinary medicine. The journal follows the guidelines for standardizing and strengthening the reporting of biomedical research which are available from the CONSORT, MOOSE, PRISMA, REFLECT, STARD, and STROBE statements. The journal focuses on: Epidemiology of health events relevant to domestic and wild animals; Economic impacts of epidemic and endemic animal and zoonotic diseases; Latest methods and approaches in veterinary epidemiology; Disease and infection control or eradication measures; The "One Health" concept and the relationships between veterinary medicine, human health, animal-production systems, and the environment; Development of new techniques in surveillance systems and diagnosis; Evaluation and control of diseases in animal populations. The journal encourages the submission of clinical and field-trial studies, particularly those related to new vaccines and other preventive measures. These studies, however, should follow the Consort Statement (http://www.consort-statement.org) or Reflect Statement (http://reflect-statement.org).

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AUDIENCE

Research Workers in veterinary epidemiology and animal health.
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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.

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   h. Descriptions of the formal random mechanism (e.g., lottery or table of random numbers) and the list frame (enumerating every eligible subject and/or cluster) used at any step claimed to be "random"
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2. For comparative studies (including both observational and intervention studies):
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b. Methods by which the owners of the animals gave informed consent for their animals to be in the trial
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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

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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)
e. Methods used to look for collinearities or other interrelationships among the risk factors being tested
f. Methods used to select or to retain risk factors within multivariable models (including the test criterion)
g. Clear declaration of any variables "forced into" the model (not allowed to drop out; this implies a need to account for that factor) or offered to the model on a priori grounds despite any screening results (this implies that the factor was part of a major hypothesis)
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